



Office of the Chief Inspector

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

Name of designated centre:	Castletownbere Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	08 January 2019
Centre ID:	OSV-0002108
Fieldwork ID:	MON-0022449

About the designated centre

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

The service provided is a social care model, facilitating residents to access the services and benefits of the local community. The service is for adults with an intellectual disability who require either residential or respite services. The centre is currently in the process of increasing its capacity from 12 to 13 people. Residents have access to a suitable day service locally and are supported to access employment should they wish to.

The premises of this centre consist of two pairs of two semi-detached houses which have been joined internally. One of these has an extension to the rear. These are located within a hundred meters of each other. Bedrooms are located on both the ground and first floor, with each bedroom having an *en suite* bathroom. Some bedrooms have the benefit of track hoists. Each pair of houses have their own kitchen and sitting room, the sizes of which are adequate to provide suitable common space for the number of residents. In addition the new extension should add an additional living-room to the centre. Each house has a garden to the rear and access to scenic views. These houses are located on the outskirts of a rural town.

The following information outlines some additional data on this centre.

Current registration end date:	04/09/2019
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
08 January 2019	09:50hrs to 19:00hrs	Cora McCarthy	Lead
08 January 2019	09:50hrs to 19:00hrs	Liam Strahan	Support

Views of people who use the service

The inspectors met with 10 residents who resided in this centre. Some residents communicated in a non verbal manner and therefore could not tell the inspector their opinions of the service. The inspector interacted with the residents through facial expression and gestures which indicated satisfaction with service. The inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff were able to interpret resident's vocalisations, needs and preferences. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. Residents who were verbal stated they were happy with the care they received and appeared content. The residents in general were very complimentary regarding the service and the staff. The inspector observed staff members supporting residents with cooking and at mealtimes and the residents appeared happy with the care and support provided by staff. Staff on duty in the centre interacted with residents in a warm and caring manner and both houses were decorated with personal items of the residents such as photos of family members.

Capacity and capability

Overall this centre was found to be a well-managed centre and provided a safe quality service to residents.

The provider had ensured that there was a clear governance and management structure in place to ensure that a safe service was provided to the residents. The person in charge provided good leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There was a system of audits, unannounced inspections and annual reviews in place which evidenced good oversight and monitoring of service provision.

During the inspection the person in charge outlined their plans for the new extension, and the input from the residents regarding decoration. The person in charge informed inspectors that resources for the extension had been allocated. However with the increase in resident numbers access to a house vehicle required review.

There were adequate staff resources and skill mix to meet the residents' assessed needs and staff were appropriately trained and competent. Recruitment for one additional part-time staff member was ongoing. Training was monitored by the

person in charge and refresher training was scheduled as required.

A sample of staff files were reviewed. These were seen to contain all information required by Schedule 2 of the regulations.

While staff meetings were not currently held on a regular basis the person in charge planned that these would happen on a monthly basis beginning in January 2019. Similarly the undertaking of supervision and appraisal for all staff was starting, but was not in place for all staff by the time of inspection.

There had been no recent admissions to the centre therefore admissions was not reviewed on this occasion.

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up. The person in charge audited the complaints log in order to maintain oversight of complaints. The residents were familiar with this and several residents informed inspectors as to how they would raise concerns should they wish to do so.

Inspectors note that the interaction between residents and staff was respectful and warm. A positive atmosphere was observed throughout the inspection.

Registration Regulation 5: Application for registration or renewal of registration

At the time of inspection the provider had submitted an application to re-register the centre with an increased footprint to reflect an extension to one of the buildings. All information was submitted as required.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced person in charge was appointed to manage this centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing for the centre had been reviewed in the months prior to this inspection and this review had identified the need to increase the number of staff. Records

indicated that recruitment had been ongoing, new staff had been hired and that one more part-time post remained under recruitment. This process was mindful to increase the number of driver qualified staff available to further enable residents to access the community. An on-call relief panel was also available to increase staff:resident ratios where this may particular needs may arise.

A review of a sample of staff files indicated that all documents required by Schedule 2 were held on file.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training. The person in charge had a suitable system in place to confirm that training was up-to-date. This system had identified a small number of training gaps but the required training had been scheduled before the inspection and was due to be completed shortly after the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

An adequate directory of residents was available within the centre.

Judgment: Compliant

Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

A clearly defined management structure identifying line of authority and accountability was in place.

A range of audits were in place. These included reviews of accidents, incidents,

training and medication. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The annual review included consultation with staff, residents and relatives. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

Inspectors were also verbally informed that there was a strategic plan in place for the service. This plan when implemented would include the movement of some residents between the houses that make up this designated centre. In conjunction with these movements residents would be afforded choices around the redecoration of the houses that they were moving into, in line with their choices and preferences. Transport arrangements were also due to be altered in line with a strategic review of transport arrangements for the registered provider.

Management meetings were taking place on a six weekly basis. Records of these indicated that these included oversight of services.

Records of one staff meeting were available to inspectors and inspectors were informed that these would be occurring on a monthly basis going forward. Staff meetings are fundamental in affirming consistency of service. At the time of inspection new arrangements for supervision and appraisal of staff were being finalised. This had begun for some, but not all staff. Such supervision and appraisal of staff is paramount for maintaining and improving staff member's capacity and capability in their role and in succession planning.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A suitable Statement of Purpose was in place. An accessible edition of this was available to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

Records indicated that such notifications were submitted to the office of the chief inspector as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There had been a period when the person in charge was absent for more than 28 days and the provider had notified the office of the chief inspector as to the interim arrangements for the management of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and procedure was in place. This was displayed within resident's bedrooms and residents described their familiarity with it and what to do should they have a complaint. A person had been nominated as a complaints officer and another person was appointed to ensure appropriate follow up on complaints and recording of complaints. Records indicated that any complaint recorded had been resolved.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies available for staff, as listed in Schedule 5 of the regulations. While inspectors were satisfied from reviewing a sample of staff files that staff were Garda vetted, the need for Garda vetting of all staff before commencement needed to be reflected in the recruitment policy. Policies were seen to be kept in review in a timely fashion.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. However some care plans required review and update. There was a staff member identified to support the resident and a progress tracking system in place for achieving goals.

Overall the health and well-being of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to occupation and recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and homely. However overall improvement was required to the premises.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. Examples of these would be missing persons, injury to a resident, behaviours that may challenge and choking risks. There were arrangements in place for the investigation of and learning from adverse events. However the inspectors noted a health related risk where food and fluid intake monitoring was required, this risk had not been identified.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspectors observed that overall the resident's home was warm and homely and displayed personal items of the residents throughout. However overall improvement was required to the premises. Inspectors identified one bedroom in particular which had a distinct odour which required addressing. The air extractor fans in the bathrooms were not working and the centre required overall painting and general maintenance.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events. However the inspectors noted a health related risk where food and fluid intake monitoring was required, this risk had not been identified.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place.

Records of fire drills indicated that they were taking place quarterly in one house but were infrequent in another house (the last being in July 2018). Additionally records indicated that not all staff & residents had experienced a fire drill and that one house had no fire drill at night staffing levels.

A small number of staff require fire safety training. Prior to the inspection the provider had identified this training need and scheduled training to address it.

With regards to the extension that was being proposed for registration intumescent strips were required on each of the new fire-doors before this area could be registered.

Suitable personal emergency evacuation plan were in place and suitable arrangements were in place for the evacuation of the centre should it be necessary.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. However some support plans required greater oversight and monitoring.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. However one resident required support with monitoring food and fluid intake for a health related condition as recommended in guidelines observed in their personal plan. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in

the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castletownbere Residential OSV-0002108

Inspection ID: MON-0022449

Date of inspection: 08/01/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure the designated centre is resourced to ensure the effective delivery of care and support by ensuring the additional staff allocation is in place when the reconfiguration of the houses occurs. The budget to redecorate the premises will be used during the reconfiguration to ensure residents choices are accommodated where ever possible. In addition any further requirements will be agreed and acted upon.</p> <p>To ensure the ongoing support and performance management of all staff within Castletownbere residential a system of supervisions and appraisals has been implemented. Staff are now receipt of regular supervision and an annual appraisal is being coordinated.</p> <p>Regular residential meetings are scheduled these include the following:</p> <ul style="list-style-type: none"> • Social Care Worker Team and PIC meetings • Full team meetings <p>Notes from all meetings are made available to the relevant staff if they are unable to attend.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

CoAction has system to ensure policies are updated as required within this it is the practice within the organization to ensure they reflect the practice of the organization, legislative requirements and best practice. Changes to the recruitment policy will be completed as identified. It is the practice of CoAction to ensure all staff have up to date Garda vetting and this will be reflected in the policy.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication: Residents in the center are supported by staff to communicate in accordance with their needs and wishes. Staff are made aware of individuals specific needs and use the how you can support me plans and communication passports in place to ensure they do this effectively.

The individuals who require communication assessments have been referred to the Speech and Language Therapist for assessment any recommendations as a result of this will be included in the individuals file and plans.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: To ensure the houses are kept in a good state of repair a specific budget has been designated for the refurbishment and redecoration of the premises. This will be completed in consultation with the residents of the centre. The works will begin as part the centres reconfiguration.

A maintenance log is kept in the centre to ensure the timely and effective management of required maintenance and upkeep of the centre.

Maintenance work has been completed since the inspection and with the exception of the decoration all issues have been remedied.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to comply with the requirement to ensure both staff and residents are aware of the procedures to follow in the event of a fire the following will be completed:</p> <ul style="list-style-type: none"> • Maintenance and upkeep of the current documentation in place will continue as scheduled. • Routine checks of escape routes and fire safety equipment will continue. • Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting will continue as scheduled. <p>A new system has been implemented to ensure continuity of fire drills. These are now scheduled at regular intervals throughout the year in each house. The PIC will also carry out an unannounced fire drill annually in each house. All staff will participate in at least one fire drill per year to ensure familiarity with the evacuation plans, the PIC will monitor this. A night staffing level fire drill has been scheduled as required. The PIC will ensure the monitoring of these requirements are report any issues to the provider.</p> <p>In order to ensure there are adequate arrangements in place to contain a fire if it should occur the installation of intumescent strips the new fire-doors in the proposed extension has being arranged with contractors to ensure compliance.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: CoAction promotes safe and self-directed health care for its residents. Each resident has access to a general practitioner of their choice. Residents are supported to access allied health professional and appointments.</p> <p>Where indicated individual health care management plans are in place for residents. These plans are written in accordance to recommendation from medical practitioners and allied health professionals.</p> <p>From the day of the inspection a fluid intake and food monitoring diary was implemented as part of the health care support provided for the resident highlighted by the inspection.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/07/2019
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.	Not Compliant	Yellow	31/05/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in	Substantially Compliant	Yellow	30/06/2019

	accordance with the statement of purpose.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	28/02/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2019
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	28/02/2019
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	19/04/2019

	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 necessary, review and update them in accordance with best practice.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	09/01/2019