



## Office of the Chief Inspector

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

Name of designated centre:	James Connolly Memorial Residential Unit
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	09 August 2019
Centre ID:	OSV-0002502
Fieldwork ID:	MON-0027587

## About the designated centre

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

James Connolly Memorial Residential Unit is a congregated setting providing care and support to 16 adults with disabilities (both male and female) in Co. Donegal. The premises consist of a large two storey building and are institutional in design. Communal facilities include two large sleeping dormitories (where five female residents sleep in one dormitory and four male residents sleep in the other). There are also three single and two double occupancy bedrooms. All bedroom facilities are on the ground floor of the centre. The ground floor also comprises a large bright sitting/TV room, multiple bathroom/restroom facilities, a relaxation/sensory area, dining rooms and a small kitchenette which is available for residents to use. There is also a larger industrial-style kitchen on the ground floor (not accessible to the residents) that provides meals at specific times throughout the day to residents. The second floor of the building comprises of facilities for management and staff of the centre to include offices, a kitchen, a dining area and staff restroom. The centre is located on a site from which a range of other Health Service Executive (HSE) services are accommodated. The building is surrounded by gardens and grounds that are well maintained and private parking facilities are also available. The centre is staffed on a 24/7 basis with a full time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants. Access to GP services and other allied healthcare professionals form part of the service provided to the residents. Transport is also provided for residents to have access to nearby towns and go on drives to the local countryside and nearby beaches.

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

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
09 August 2019	08:30hrs to 15:30hrs	Raymond Lynch	Lead
09 August 2019	08:30hrs to 15:30hrs	Gary Kiernan	Support

## What residents told us and what inspectors observed

The inspectors met and spent some time with five of the residents who live in this centre. Residents communicated by use of body language and/or facial expression and were supported by staff at all times throughout the inspection process.

As with the inspection on June 06, 2019, the inspectors observed that the centre remained institutional in design, did not provide for a homelike environment for people with disabilities to live in and residents experienced institutional living conditions on a daily basis. For example, sleeping accommodation provided to some residents was in open ward, multi-occupancy dormitory style rooms which limited their opportunities to the right of privacy. Hospital style cubicle curtains were being utilised to separate each bed and for some residents, they had spent a large portion of their adult life living in these conditions.

Parts of the premises were also in a state disrepair and not maintained to an appropriate standard. For example, the residents dining room ceiling was damaged and leaked during adverse weather conditions. In order to mitigate the risk this posed to residents, staff were required to collect rainwater in buckets so as to ensure the the dining room floor did not flood. Thermostats on some radiators were not operational and the heat coming from them could not be regulated. In order to mitigate the risk of burns to residents, staff were required to turn these radiators on and off with a pair of pliers. While there was documentation in the centre which showed that these issues had been identified and risk assessed, they had not been escalated to the provider and had not been remedied at the time of this inspection. As a result residents were observed to be living in a poorly maintained building and substandard accommodation at the time of this inspection.

As with the previous inspection, residents were observed to be relaxed and comfortable in the presence of staff members and staff were seen to be attentive to their needs. The inspectors sat with some of the residents and staff members in the sitting room and observed that staff understood and were respectful of the communication style of each resident. Staff were also aware of how best to manage and meet the assessed needs of the residents and were familiar with their individual care plans. Staff members were also observed to interact with the residents in a warm, caring and professional manner at all times during this inspection process.

## Capacity and capability

This inspection was carried out as a follow up to the inspection of 06 June 2019 which found poor levels of compliance and a failure on the part of the provider to take action to address failings which were adversely affecting residents. Following

the inspection a warning letter was issued to the provider requiring steps to be taken to address issues of concern within specified time frames. The issues referred to in the warning letter were also detailed in the inspection report of 06 June 2019. This inspection found that while the provider had taken some steps which resulted in improvement for residents there was continued non compliance with regard to governance and management, risk management, re-sourcing, staffing and social care. Additionally the provider, had not adequately addressed the requirement of the warning letter to produce an appropriate and deliverable plan to address the accommodation needs of the residents.

This inspection found that the governance and management arrangements in place were ineffective in ensuring that the service provided to residents was safe, appropriate to their needs or effectively monitored. The centre was institutional in design, did not provide for an appropriate living environment for people with disabilities, did not adequately protect their rights to privacy and dignity and parts of it were in a state of disrepair.

Inspectors found that the provider had very poor oversight arrangements in place to ensure that the rights of residents were prioritised. For example, parts of the premises were in a state of disrepair. There were records in the centre which showed that some of these premises issues had been documented locally as far back as 2017, however, despite being documented and risk assessed, they had not been escalated in accordance with the HSE's procedures for risk management. As already highlighted in this report, the residents dining room ceiling was damaged and leaked during adverse weather conditions. This resulted in staff having no alternative but to collect rainwater in buckets so as to ensure the the dining room floor did not flood and to maintain a safe dining area for the residents. Thermostats on some radiators were not operational which meant the heat coming from them could not be regulated. Staff were required to turn these radiators on and off with a pair of pliers so as to ensure residents safety. At the time of this inspection the inspectors observed that residents were living in these conditions, and the premises were not being appropriately maintained as required by the regulations.

The centre was institutional in design and did not provide for an appropriate or homelike environment for people with disabilities to live in and residents experienced institutional living conditions on a daily basis. As already highlighted in this report, sleeping accommodation provided to some residents was in open ward, multi-occupancy dormitory style rooms where hospital style cubicle curtains were used to separate each bed. Mobile screens were also in use when residents accessed their corridors to use bathroom facilities. A large industrialised kitchen formed part of the premises of which residents were not permitted to access. This arrangement was impacting on the residents rights to privacy and dignity with regard to their personal and living space. The inspectors observed that for some residents, they had spent a large portion of their adult life living in this environment and experiencing these institutionalised conditions.

In accordance with the warning letter issued following the previous inspection the provider was required to produce a time-bound, deliverable plan to address the

premises by 11 July 2019. While the provider had submitted documentation in relation to proposed plans and proposed interim arrangements to address the premises these arrangements had not been agreed or funded and definitive time frames were not in place. Therefore the provider did not demonstrate that they could appropriately respond to identified regulatory non compliance.

Issues continued to remain with the staffing arrangements at the time of this inspection. For example, due to shortages of nursing staff, the person in charge was required to provide cover on the floor to ensure adequate nursing cover was provided for the residents at all times. Again, the provider had failed to put appropriate resources in place to address this issue.

The previous inspection found that there were some gaps in staff training. The person in charge had ensured that most of those issues were addressed at the time of this inspection however, some gaps remained with regard to training in positive behavioural support. That said, from observing staff in practice, the inspectors were assured that they had the knowledge and skills required to meet the assessed needs of the residents in a caring and competent manner.

Some improvements were also observed regarding the operational management of the centre. For example, since the previous inspection the person in charge had put systems in place so as to better meet the assessed social care needs of the residents. This resulted in residents having more regular access to their community. The person in charge had also put systems in place to better monitor and respond to adverse incidents occurring in the centre which had resulted in a reduction of minor injury and/or bruising to residents.

Overall, this inspection found that the governance and management arrangements in place for the centre were ineffective in ensuring that the service provided to residents was appropriate or effectively monitored. The centre was found to be institutional in design, not an appropriate living environment for people with disabilities and it was very poorly maintained.

#### Regulation 14: Persons in charge

The person in charge was aware of her remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. She was a qualified Clinical Nurse Manager II (CNM II) with many years experience of working in and managing services for people with disabilities.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements required review as due to shortages with nursing staff, the person in charge was required to provide cover on the floor to ensure adequate nursing cover was provided at all times.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Gaps were found in staff training for positive behavioural support

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and management arrangements for the centre required review as they were ineffective in ensuring the centre was effectively resourced to provide a safe and appropriate service to the residents. Systems of auditing were also ineffective as a number significant issues regarding the upkeep and maintenance of the premises were not being addressed adequately or appropriately.

The provider did not demonstrate the capacity to put appropriate plans in place in response to identified regulatory non-compliance.

Judgment: Not compliant

### Quality and safety

The premises were found to be institutional in design (which was impacting negatively on residents' rights to privacy and dignity) and as already discussed in section one of this report, the way in which some environmental risks were being managed required urgent review. As found in the the last inspection, residents' healthcare needs continued to be comprehensively provided for and access to community based facilities had improved. As a result some residents had more



opportunities to leave the centre and to participate in activities which they enjoyed.

The registered provider did not have systems in place to ensure residents rights to privacy and dignity were respected in relation to their personal and living space. Residents remained subject to a number of institutionalised practices and the design and layout of the premises did not provide for an appropriate or homelike environment for 16 adults with disabilities. For example, there was inadequate private accommodation available resulting in a number of residents having no alternative but to sleep on ward style dormitories (with four male residents sharing one dormitory and five female residents sharing the other) and residents were not permitted to access a large industrialised kitchen despite it being registered as part of their home.

The risk management process also required urgent review as some environmental risks were not being dealt with in a adequate or appropriate manner. As already discussed in part 1 of this report, parts of the premises were in a state of disrepair (and not maintained adequately) which were impacting negatively on the residents living conditions. Despite these issues being risk assessed as serious issues in the centre, they had not been escalated and addressed in accordance with the provider's procedures. It was also observed that some risks were not being managed or mitigated safely or in an appropriate manner and remained ongoing at the time of this inspection.

The person in charge has reviewed residents personal plans so as to better support the individual social care needs of the residents and to increase access to community-based facilities for recreational purposes. From viewing a small sample of residents files the inspectors saw that social outings to local shops, bowling centres, drives, walks on beaches and meals out were now being facilitated for residents. It was observed however, that this was a work in progress and some social activities such as swimming (which some residents very much enjoyed and which had previously been facilitated) were still not happening at the time of this inspection.

Residents continued to be supported to experience best possible mental health and where required, had access to psychiatry support. The issues identified with positive behavioural support plans in the last inspection was also in the process of being addressed by the person in charge. However, some staff continued to require training in positive behavioural support

As found in the previous inspection, there were systems in place to ensure the healthcare needs of the residents were comprehensively provided for and as required access to GP services (and other allied healthcare professionals) formed part of the service provided. Systems were also in place to ensure the safe ordering, storage and administration of medication and only qualified nursing staff were permitted to administer medication to residents. Issue regarding the recording of PRN medication (as found in the last inspection) had been addressed by the person in charge.

Due to issues related to behaviours of concern, a number of safeguarding plans

were in place for some residents. Staff also had training in safeguarding of vulnerable adults. At the beginning of 2019, quarterly notifications from the centre informed that there was a high level of minor injury and, or bruising occurring to residents (some unexplained) which was of concern to HIQA. However, the person in charge had commenced a detailed process of reviewing and investigating these issues since the last inspection and it was found that the level of minor injury/bruising to residents had reduced.

Overall, this inspection found that the person in charge had made some improvements with regard to the service delivered to the residents. However, the centre remained unsuitable for the accommodation of 16 persons with a disability and the provider had failed to put a suitable plan in place to address this in the long term. The premises remained unsuitable for the stated purpose and the registered provider had failed to ensure they were maintained appropriately. Some serious risks associated with the premises were not being escalated and addressed in a timely, safe or appropriate manner.

### Regulation 17: Premises

The registered provider did not have systems in place to ensure residents rights to privacy and dignity were respected in relation to their personal and living space. Residents remained subject to a number of institutionalised practices and the design and layout of the premises did not provide for an appropriate or homelike environment for 16 adults with disabilities.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The risk management process required urgent review as some environmental risks were not being dealt with in a timely or appropriate manner. Risks associated with the premises were not being managed or mitigated safely, appropriately or in a timely manner. The provider representative had failed to provide adequate resources to address these risks and they remained ongoing at the time of this inspection.

Judgment: Not compliant

### Regulation 28: Fire precautions

The issues pertaining to fire safety as found on the last inspection had been

addressed by the person in charge.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Systems were in place to ensure the safe ordering, storage and administration of medication and only qualified nursing staff were permitted to administer medication to the residents. An issue regarding the recording of PRN medication (as found in the last inspection) had also been addressed by the person in charge.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Improvements had been found with the individual planning process since the last inspection. Residents plans were under a process of redevelopment and review so as to better provide for their assessed needs. Multi-disciplinary input was available to support this process and the term '*patient*' was no longer in use to describe people with disabilities. However, this was a work in progress and had not been completed by the time of this inspection.

While social activities and levels of community participation had improved, further work was required in this area and some residents did not have access to their preferred activities.

Judgment: Not compliant

### Regulation 6: Health care

Systems were in place to ensure the healthcare needs of the residents were comprehensively provided for and as required access to GP services (and other allied healthcare professionals) formed part of the service provided.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The issues as found on the last inspection with regard to psychology input and support for positive behavioural support had been addressed and a process was in place to review and update all positive behavioural support plans as required. Staff had up-to-date training in positive behavioural support and were found to be knowledgeable on how best to support the residents in line with their positive behavioural support plans. The issue pertaining to the recording of prn medicines had also been addressed by the person in charge by the time of this inspection.

Judgment: Compliant

### Regulation 8: Protection

The issues as found in the last inspection had been addressed and there were systems in place to ensure the adequate safeguarding of residents. Where required, safeguarding plans were in place and reviewed by the person in charge accordingly. Systems were also in place to review, respond and learn from adverse incidents occurring in the centre and it was observed that there was a reduction in the level of adverse incidents occurring in the centre since the last inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider did not have systems in place to ensure residents' rights to privacy and dignity were respected in relation to their personal and living space.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for James Connolly Memorial Residential Unit OSV-0002502

Inspection ID: MON-0027587

Date of inspection: 09/08/2019

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Currently there is one permanent vacancy; this post is in the process of recruitment. In the interim an additional HCA is rostered on duty to ensure the required staffing levels are in place and are effective to respond to the assessed needs of the residents.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 3 staff members require training for positive behaviour support. These staff are scheduled to complete this training by 31.10.2019.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The CHO1 process for the Self-Assessment against the Judgement Framework is completed quarterly within the centre. A Quality improvement plan is in place in the	

centre and is reviewed weekly by the Person in charge and Director of Nursing and is further reviewed by the Provider Representative, Regional Director of Nursing with documented feedback provided to the centres management team.

The Disability Manager has met with the Person in charge and Director of Nursing for this centre and reaffirmed the risk management and escalation process that is in place for residential services within Donegal. The PIC will ensure that all centre risks are reviewed and escalated in line with this process to ensure that the provider representative is made aware of the risks within the centre in a timely manner in order to ensure that these risks are responded to appropriately.

In relation to staffing as stated previously, there is one permanent vacancy within the JCM workforce, this post is in the process of recruitment. In the interim an additional HCA is rostered on duty to ensure the required staffing levels are in place and effective to respond to the assessed needs of the residents.

A new Health & Safety audit for this centre has been completed, and risks identified have been escalated as per Risk Management Policy.

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

As previously indicated to HIQA, the HSE is committed to commencing decongregation from the JCM campus which is subject to resources being available to facilitate and support same. The HSE is, at present, assessing budget availability within the context of the 2020 budget announcements and is in a time-bound process with the Department of Health with regard to Service activity levels as part of NSP 2020. The HSE confirms that the matter of budget arrangements across the 9 X CHOS, including CHO 1, in respect of decongregation targets, is receiving consideration at present. CHO 1 will revert to the Chief Inspector in respect of the aforementioned by 23rd of October in respect of achievable targets regarding JCM and decongregation and is respectfully seeking agreement on this basis.

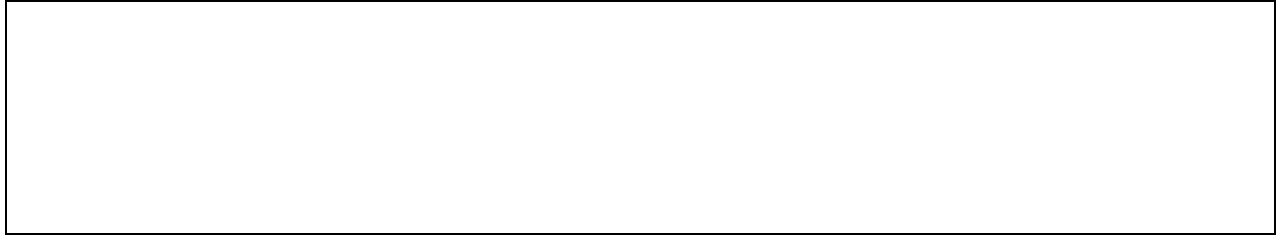
Premises Internal:

The Dining room roof and ceiling has been repaired 06.09.2019. The Center is currently being painted and this work will be completed by 30.11.2019. Whilst residents do not have access to the Large HACCP industrialised kitchen, residents do have access to a small fully equipped kitchenette off the center's main dining room. The dormitory bedrooms will be partitioned and personalised to promote privacy and dignity for residents. It is anticipated that this will be completed by 30.11.2019. Thermostatic valves will be fitted to radiators by 12.10.2019.

The Inspector has reviewed the provider compliance plan. These actions proposed to address the regulatory non-compliance do not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.



Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Disability Manager has met with the Person in Charge and Director of Nursing for this centre and reaffirmed the risk management and escalation process that is in place for residential services within Donegal Disability Services. The PIC will ensure that all centre risks are reviewed and escalated in line with this process to ensure that the provider representative is made aware of the risks within the centre in a timely manner in order to ensure that these risks are responded to appropriately. A new Health &amp; Safety audit for this centre has been completed 7.10.2019, and risks identified have been escalated as per Risk Management Policy.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Resident's personal and activity plans continue to be reviewed and updated in line with their personal preference. As per previous compliance plan submitted, the duty roster at the centre continues to be reviewed to ensure that all residents are supported to access community activities and achieve personal goals. Residents have been facilitated to access the community, including Northern Ireland for a range of activities (disco, multi-sensory facilities, meals out, shopping trips, holidays, beauty therapy, hair dressers, day trips, trips home for family occasions).</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>All efforts will be made by staff to ensure that the privacy and dignity and rights of each resident are fully respected. Please note further commentary listed under premises Regulation 17.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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	30/11/2019
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	31/10/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/11/2019

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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	Orange	30/11/2019
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 premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/11/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	30/11/2019

	is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	23/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	23/09/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Not Compliant	Orange	23/09/2019

	responding to emergencies.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/10/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/11/2019