



Office of the Chief Inspector

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

Name of designated centre:	Nephin Lodge Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	27 June 2019
Centre ID:	OSV-0002614
Fieldwork ID:	MON-0023340

About the designated centre

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

This centre is managed by the Health Service Executive (HSE) and comprises of two community houses in a small village in Co Sligo. It provides residential care to 13 adults with high support needs who have an intellectual disability. Residents receive support with their social, physical, and mental health needs. Many of the residents have mobility difficulties and require the use of wheelchairs, or mobility aids. One house accommodates ten residents, which is divided into two units and joined in the middle by a foyer. Each unit has a kitchen, dining room, sitting room, utility room, two bathrooms and five bedrooms. Residents also have access to a shared garden space both to the front and rear of the centre. There is also an office room in one of the areas which staff uses to coordinate the running of the centre. The second bungalow is located a short distance away and accommodates three residents. They each have their own bedroom and the house is wheelchair accessible. Residents are supported by nursing and care staff in line with their assessed needs over 24 hours. Wheelchair accessible transport is provided which facilitates residents freedom to access their local community. Some residents use public transport to attend their day service and to visit family members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
27 June 2019	09:00hrs to 19:00hrs	Thelma O'Neill	Lead
27 June 2019	09:00hrs to 19:00hrs	Angela McCormack	Support

Views of people who use the service

Inspectors met the thirteen residents living in this centre during the inspection. Two residents told inspectors that they were very happy living in the centre and that the staff were very good to them. Three residents were observed relaxing in one of the sitting rooms, watching TV. One resident was making a jig-saw in the kitchen and told the inspectors that she had been to a music concert, and enjoyed shopping in Ballina. One of the residents showed the inspectors around their house and said they were happy living in the centre and staff were kind to them. Other residents were non-verbal and the staff told inspectors about their lives in the centre.

Capacity and capability

The provider had applied to renew the registration of this centre and inspectors completed this inspection to inform this decision.

Inspectors found that the provider had ensured that residents living at the centre received person centred care and they had opportunities to attend meaningful social activities in the community. There was a consistent staff team working in the centre that was familiar with residents' care and support needs. All staff working at the centre were recruited and supported through education and training as per the organisation's policies and procedures and staff members were knowledgeable about residents' care and support needs. However, findings also showed improvements were required in the governance and management and oversight of the centre in areas such as; staffing, risk management, notifications, safeguarding and the premises. In addition, inspectors found some of the actions identified on the last inspection had not been effectively addressed.

There were some residents in this centre that required 1:1 supervision due to fall and choking risks; however, inspectors were told when reviewing the night time staffing arrangements with staff, that they had to leave the residents unattended in one unit, while supporting residents in the other unit with their personal needs. Therefore, inspectors found the provider was not ensuring the residents' safety was maintained at all times. This issue was brought to the attention of the person in charge during the inspection, and he increased the staffing support hours immediately, pending a full review of residents support needs at night. Furthermore, inspectors found the staff roster did not accurately reflect the actual hours the staff worked in the centre and required updating.

The provider had completed unannounced provider audits and an annual review of the quality and safety of care and support. These audits contained details of the actions taken to manage the centre and action plans had been devised to address

outstanding issues as a result of these audits. However, the audits failed to identify issues that needed addressing; such as, fire safety, falls management, the use of all restrictive practices, staffing, safeguarding and the submission of notifications.

The provider had submitted an application to register this centre, however, the required documentation under Schedule 2 and 3 of the registration regulations were not complete.

Residents' rights were actively promoted in the centre. Staff were very respectful in their approach to care and were knowledgeable about each resident's care and support needs. Weekly meetings were held with residents in the centre, which provided residents with an opportunity to discuss areas such as activity planning, meal planning and any other topics of interests to them. Information which was also reviewed showed that residents were very complementary of the care and support they received at the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider did not submit the required documentation to complete the application to renew the registration of this centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge had the skills and experience to manage this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place which ensured that staff had regular access to mandatory training to meet both the assessed needs of residents and regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

<p>The centre insurance certificate expired on the 1st June 2019 and required updating.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 23: Governance and management</p>
<p>Governance and management arrangements were not robust at the centre and had not ensured that issues of concern were responded to effectively in regards to fire safety, falls management, staffing, submission of notifications, and safeguarding.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The Statement of purpose required updating as the submitted document did not accurately describe the premises, including room size and primary function.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The person in charge had failed to notify the chief inspector in writing of events occurring in the centre in line with the regulation; including injuries, restrictive practices and safeguarding concerns.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 15: Staffing</p>
<p>The provider failed to ensure that there were sufficient staff working in the centre at night to ensure residents' safety and meet their assessed needs. Furthermore, the person in charge did not maintain an accurate staff rota..</p>
<p>Judgment: Not compliant</p>

Quality and safety

The provider ensured that the service provided to residents provided them with opportunities to engage in activities in-line with their personal preferences. However, improvements were required in fire safety, falls management, restrictive practices, premises, and safeguarding.

The person in charge worked full-time and had a good knowledge of the centre and the needs of the residents. He was able to describe each of the resident's care and support needs and told inspectors of the improvements in their quality of life since moving to live in the centre from a congregated setting. Residents' person centred planning had ensured that residents were supported to achieve their personal goals. All residents had an annual health assessments, and healthcare records were up-to-date and multidisciplinary recommendations were implemented as required. However, there was a delay in accessing some allied health professionals.

The provider had fire safety systems in place such as; a fire alarm, fire extinguishers and emergency lighting. An alarm panel was also provided and serviced as required. However, inspectors found improvements were required in regards to the evacuation of residents should a fire occur in the centre. Some residents had high mobility needs and required the use of mobility aids, such as a wheelchair and rollators. However, three fire exits which were in close proximity to residents' bedrooms were inaccessible due to the presence of steps. Furthermore, external evacuation routes were blocked by refuse bins and an external shed. This issue had not been identified by the provider prior to the inspection of this centre.

Staff described the evacuation procedure to the inspectors which indicated that residents were to be moved to the other unit on a phased basis during a fire; however, this was not evident in the fire procedure displayed in the centre. Additional improvements were also required as fire drills did not ensure all residents could be evacuated fully where minimal staffing was available. Furthermore, there was no evidence in the fire records that oxygen equipment was used in the centre.

Inspectors reviewed risk management procedures and found there were a high incidents of falls. 16 falls were recorded since November 2018, with seven slip trips and falls recorded for one resident in the five months previous to the inspection, but the provider had not completed a comprehensive review of these risks in the centre. Furthermore, there were several incidents of choking in the centre, where direct intervention from staff members was required to ensure residents' safety, however, inspectors found the residents' care plans and risk assessments had not been updated. Referrals had been made for further speech and language review but these review had not yet occurred.

Inspectors found the premises' were generally maintained to a high standard. However, renovation works were required in the kitchen, to replace damaged work

tops. Inspectors were also told by the staff that due to the increasing use of wheelchairs in the centre, they had to introduce two meal time sittings, as the kitchens are too small to accommodate all of the wheelchair users at the same time. The provider had identified this issue in their quality improvement plan and six monthly unannounced audit of the service in 2018. However, it has not yet been addressed.

Where residents presented with behaviours that challenge, positive behaviour support plan were in place to manage the situations. Staff were familiar with the residents' needs and a proactive approach to care was in place. Inspectors reviewed the use of restrictive practices in the centre, and found that there were protocols in place where restrictive practices were required, such as locked doors and keypads to access the front door. However, one resident was using a mobility alarm, but this restriction was not assessed, and its use had not been notified to the chief inspector of social services, as required.

Safeguarding arrangements were in place to protect residents, however, inspectors found that the residents' safeguarding plans did not record all safeguarding concerns identified in the residents' behaviour support plans and required review. Furthermore, safeguarding concerns identified in 2017 remained active in the safeguarding plans, but inspectors were told that they were not deemed a risk following a review, but the plans were not updated to reflect the current risks.

This centre was a nurse led service and were suitable practices relating to ordering, receipt, prescribing, disposing and administering of medicines in the centre.

Regulation 13: General welfare and development

The provider ensured that there was appropriate care and support in accordance with evidence based practice.

Judgment: Compliant

Regulation 17: Premises

Residents could not comfortably access all areas of the premises; such as, the kitchen/dining rooms and sitting rooms. Residents could not all sit and eat together due to space constraints.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management procedures did not ensure all risks in the centre were appropriately assessed, managed, and reviewed. For example, choking risks, fall risks and general hazards in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire evacuation procedure was not being implemented as displayed throughout the centre. Also, fire exits were blocked by refuse bins, and a shed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable practices relating to ordering receipt prescribing disposing and administering of medicines

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' healthcare assessments were completed and all residents had an annual health reviews, Healthcare documentation was up to date and multidisciplinary recommendations were implemented.

Judgment: Compliant

Regulation 6: Health care

All residents had access to allied health professionals, however, there was a delay in accessing some allied health professionals following some accidents or incidents in the centre. For example, post choking or fall incidents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Restrictive practices were not appropriately assessed or deemed the least restrictive.

Judgment: Substantially compliant

Regulation 8: Protection

Residents safeguarding plans did not clearly identify the risks posed to the individual, their peers or staff and had not been appropriately reviewed. For example; residents making accusations towards others, or the risk of physical or psychological peer to peer to abuse.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide did not include the six criteria as required under regulation 20.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 15: Staffing	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 20: Information for residents	Substantially compliant

Compliance Plan for Nephin Lodge Services OSV-0002614

Inspection ID: MON-0023340

Date of inspection: 27/06/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: A new PPIM is now in place for the designated centre. Completed 25/07/19</p> <p>The Registered Provider has ensured that all documentation including employment history, references and Garda Vetting have been submitted to the authority for the Person in Charge. Completed:25/07/2019</p>	
Regulation 22: Insurance	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 22: Insurance: The Person in Charge and the Registered Provider have ensured the centre insurance certificate is updated is available and displayed at the designated centre. Completed 11/07/2019 (Copy attached)</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge and the Registered Provider shall ensure that an annual review of the quality and safety of care is completed in line with the regulations.</p> <p>A further annual review taking into account the findings of this action plan to include Fire Safety , Falls Management, Staffing, Submission of Notifications and Safeguarding will form this part review</p> <p>Completed: 23/08/2019</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Person in Charge and the Registered Provider has amended the statement of purpose to reflect</p> <ul style="list-style-type: none"> • New PPIM for the Designated Centre • Designated Centre now comprises of two houses. • The Floor Plans provide a clear plan showing the room sizes and primary function of each room. • A more detailed description of access to education, training and day service facilities. • All staffing in the centre. <p>Completed: 12/07/2019</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge and the Registered Provider shall ensure that all incidents are notified appropriately. A system has now been introduced through a weekly monitoring check to ensure timely notifications are submitted by the Person in Charge.</p> <p>Completed 12/07/2019 & ongoing.</p>	

A comprehensive look back review of a six months period has commenced to identify any incidents that require notification retrospectively.

Completed: 09/09/2019

Regulation 15: Staffing

Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The Person in Charge and the Registered Provider will ensure that the number and skill mix of the staff is appropriate to the assessed needs of the residents.

The staffing level has increased from 2 staff to 3 staff from 22.00 hrs to 23.00 hrs each evening to ensure the assessed needs of all residents are met and ensure safety at all times.

Completed: 27/6/2019

Review meeting was held with members of MDT to discuss the requirement of additional staff support for the twilight times, it was agreed this additional support will remain as part of the staff roster for this designated centre going forward.

Completed: 27/06/2019.

All hours have now been entered on the duty rota to reflect the actual hours worked.

Completed:01/07/2019

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The Person in Charge and the Registered Provider will address the issues as follows

- Due to the inability to increase the size of the sitting rooms and dining rooms in the designated centre, there will be no new admissions to the centre until the numbers reduce to eight thereby creating an extra sitting room to facilitate all residents to dine together.
- New dining tables, smaller in size will be introduced to one kitchen area which will provide additional space and facilitate the residents to dine together if the residents so wish.

- A seating/relaxation area will be created in each foyer to provide residents with extra space for privacy.
- Fire ramps will be introduced to exit areas.
- Paths will be widened and new paths were required will be developed.
- One kitchen will be re-fitted, to include new units, new work surfaces, existing excess kitchen units will be removed to facilitate additional space in the area.
- Second kitchen will be re-fitted with new work surfaces and excess equipment removed to facilitate additional space.

To be completed:30/09/2019

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The Person in Charge and the Registered Provider shall ensure that falls will be managed in accordance with the policy and all falls will be documented and notified in accordance with the regulations.

Multidisciplinary Team Meeting have occurred and risk assessments have been reviewed and updated.
 Completed: 08/07/2019

Falls training provided for all staff.
 Completed: 02/07/2019 & 08/07/2019.

Speech and Language Therapist has reviewed choking incidents and staff training has been completed in this area.
 Completed: 05/07/2019

All risk assessments have been reviewed and updated
 Completed: 08/07/19

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The Person in Charge and the Registered Provider shall ensure the fire evacuation is fully updated and reflects the actual procedure.

Completed:27/06/2019.

Ramps will be installed at each fire door at the rear of the building and new paths will be built to ensure residents can be moved safely.

All fire exits will be clear from obstruction to include moving of existing shed at the rear of the premises and refuse bins will be moved to an alternate area to ensure residents can exit safely from the building. The Housing Association have guaranteed these necessary works will be completed prior to or before the end of September 2019.
To be completed: 30/09/2019

The Person in Charge and the Registered Provider have updated the fire evacuation procedure to accurately reflect the evacuation procedure at the designated centre.
Completed: 27/06/2019

A fire drill under minimal staffing level (2 staff) for all 10 residents of the designated centre was carried out on 15/07/2019.
Completed: 15/07/2019.

A full fire training and evacuation session will be carried out with all Designated Centre staff, following the completion of building (in relation to fire safety) works.

Completed by:14/10/2019

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Person in Charge and the Registered Provider shall ensure prompt access to allied health professionals, to include occupational therapy and physiotherapy oversight and advice.

Full Multi-Disciplinary Review and staff training, as scheduled by the Person in Charge has been actioned.

Completed: 02/07/2019

Regulation 7: Positive behavioural support

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge and the Registered Provider will ensure that any restrictive practice used will be in line with national policy and best practice. Where intervention is necessary the least restrictive procedure for the shortest duration will be used. All alternative measures will considered by the MDT prior to the introduction of a restrictive practice A log will be kept to document the times the intervention is used and reviewed on a daily basis. A protocol is now in place for each restrictive practice. Completed: 12/07/2019</p> <p>The Registered Provider shall ensure the Restrictive Practice Committee Lead will deliver an information session for the Residential Management Team, to include DON/A/DON's & Person's in Charge for the wider residential area, the purpose of same:</p> <ul style="list-style-type: none"> • Provide a full understanding on the role and responsibility of the Restrictive Practice Committee • Review the updated Restrictive Practice Policy • Ensure Restrictive Practice going forward will be a standing agenda item at team meetings • Restrictive Practice Referral Form review • Ensure full overview/understanding of restrictive practices for staff • Enhance learning in the area of Restrictive Practice. <p>The Person in Charge will complete a self-assessment for restrictive practices for the designated centre and following same a Quality Improvement Plan will be developed.</p> <p>To be completed: 16/09/2019</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge and the Registered Provider will ensure that safeguarding plans clearly identify the risks posed. These plans will be reviewed on a six monthly basis or sooner if required and archived when the risk is no longer present.</p> <p>Completed 28/06/2019</p>	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The Person in Charge and the Registered Provider shall ensure that the residents guide includes all six criteria as required under regulation 20.</p> <p>Completed:15/07/2019</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	25/07/2019
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Substantially Compliant	Yellow	25/07/2019

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
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.	Not Compliant	Orange	27/06/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	01/07/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/2019
Regulation	The registered	Not Compliant	Orange	30/09/2019

17(1)(b)	provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
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	30/09/2019
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	15/07/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	15/07/2019
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the	Substantially Compliant	Yellow	15/07/2019

	procedure respecting complaints.			
Regulation 22(1)	The registered provider shall effect a contract of insurance against injury to residents.	Substantially Compliant	Yellow	11/07/2019
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 responding to emergencies.	Substantially Compliant	Yellow	08/07/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	15/07/2019
Regulation 28(4)(a)	The registered provider shall	Not Compliant	Orange	27/06/2019

	make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/07/2019
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	12/07/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated	Not Compliant	Orange	12/07/2019

	centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	12/07/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	30/09/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires	Substantially Compliant	Yellow	02/07/2019

	services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	12/07/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	12/07/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/06/2019