



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

Name of designated centre:	Woodvale Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	02 May 2018
Centre ID:	OSV-0003058
Fieldwork ID:	MON-0021315

About the designated centre

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

Woodvale services provides residential services to adults with an intellectual disability. The service provides 12 full-time residential placements to a mixed gender who are over 18 years of age and have a mild to severe intellectual disability and or autism or mental health difficulties. Some residents are provided with individualised day programmes which incorporates home based activities. The designated centre consists of two houses. Both houses are two storey dwellings and are located in a suburban area. There are gardens to the front and rear of both houses. Both houses are in short distance from each other. Residents are supported by a staff team that includes a nurse manager, nurses, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep over in both houses at night to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	11/10/2018
Number of residents on the date of inspection:	12

How we inspect

To prepare for this inspection the inspector or 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
02 May 2018	09:30hrs to 18:20hrs	Catherine Glynn	Lead

Views of people who use the service

Inspectors met with 11 residents who used this service. Residents, who spoke with inspectors, confirmed they were happy with the service and care provided, they enjoyed activities that they took part in at their day services. Some residents did not speak with inspectors. However, inspectors observed that all residents appeared comfortable and relaxed in the company of staff and with each other, and they were involved in activities that they enjoyed.

Capacity and capability

The provider's governance and management arrangements had not ensured that a good quality and safe service was provided for residents living at this centre. The provider failed to identify deficits in the centre through use of their own internal audits. Furthermore, inspectors found that the provider had not put measures in place to ensure that the previous inspection's findings were addressed.

Although the provider had a schedule of audits and monitoring mechanisms in place the inspectors found that there were gaps in audits completed and they had failed to identify or escalate areas of concern effectively. This did not ensure that an improved standard of care, support and safety was being provided to residents living at the centre. Six-monthly unannounced visits and the annual reviews were being completed by the management team however they failed to identify the gaps in service provision. Staff completed regular audits of areas such as, medication management and residents' finances. Records showed that these audit also failed to identify or address issues in a timely manner.

The person in charge was based in the centre and worked closely with staff. She was, therefore, well known to the residents and was very familiar with their up-to-date care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty. However, further improvement was required regarding protected time for the person in charge, to ensure that administrative work could be completed or maintained.

The provider failed to ensure that measures were in place to ensure that staff were competent to carry out their roles and that all staff were up-to-date with mandatory training. Inspectors found a number of gaps in mandatory training, on review of training records in the centre. Training needs were not reviewed for all staff working in the centre and therefore, these gaps were not escalated or addressed in a timely manner. The provider had failed to ensure that all staff were up-to-date in their

training and that all refreshers were completed in-line with a schedule of refreshers.

The management team had not ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. On review of staff files, inspectors found overall, they did not meet the requirements of Schedule 2 of the regulations this included the requirement to have up-to-date Garda vetting for each employee.

There was a planned and actual roster in place in the centre and available for staff and residents if required. The person in charge worked as part of the staff in the centre and their hours were clearly identified on the roster. Regular staff meetings were conducted in the centre and minutes were provided for review. Staff were provided with supervision and a schedule was in place at the time of inspection.

Inspectors noted that in one part of the service, the complex support needs required resulted in limited choice or opportunity for social engagement and was task orientated. At the time of inspection a comprehensive review of the service and supports required was not completed to provide a thorough oversight of the service.

Overall, inspectors found that there were poor systems in place for the management of information governance in the centre. For example; documentation was stored in various areas in one house, which included the living space of residents. In addition, documentation had not been managed in-line with local policy.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced; and had a knowledge and understanding of the residents' care needs. The person in charge maintained an accurate rota.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing numbers were in place to meet the assessed needs of residents and continuity of care was provided in the centre. The person in charge had maintained an accurate rota, however, prescribed information in relation to staff files, as stated in the Regulations, was not maintained

as required.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors found that issues arising from the last inspection were not completed with regard to gaps in training required for staff. This included;

- four staff had out of date fire training
- six staff had not completed safeguarding training as required
- some staff did not have manual handling as required
- only six staff had completed the course on "managing challenging behaviours" in the centre.

Judgment: Not compliant

Regulation 19: Directory of residents

The person in charge had maintained a directory of all residents in the centre and this contained the information required by the regulations. It also reflected any nights when residents did not reside in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had failed to ensure that records under Schedule 2 of the Regulations were maintained as required. Inspectors completed a review of staff files and found that there were significant gaps evident. This included;

- no training records for qualifications
- gaps in references from previous employers
- gaps regarding up-to-date Garda vetting.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management arrangements in the centre did not show that the systems in place were effectively monitored, and actions addressed in a timely manner. The management structure in place did not have an effective oversight of the management systems in the centre. For example, the annual review and the six month unannounced audit had failed to identify issues, such as gaps in training, medication management practices, maintenance of premises and quality of audits completed. Inspectors also noted that there was a failure to escalate certain practices and risks within the centre, to ensure that these were addressed. Overall, there were poor systems in place for the management of all documentation in the centre in-line with local policy and information governance requirements.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had ensured that the centre's statement of purpose was subject to regular review; however, further improvement was required with regard to the information required by schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Following the centre's last inspection, the provider had put arrangements in place to ensure that notifiable events under the regulations were submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had appropriate arrangements in place to ensure that complaints would be effectively managed. There were no active complaints on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had not ensured that all policies were maintained in-line with the requirements of the Regulations.

Judgment: Substantially compliant

Quality and safety

Inspectors reviewed the quality and safety of the service provided to the residents and found that although residents were being supported to achieve best possible health improvements were required to ensure residents were living a life of their choosing and one that was meeting all aspects of their assessed needs. The fire arrangements also required a review to ensure that residents' would be well supported in line with their needs should a fire occur. The practices regarding medication management were also found to not be sufficiently robust.

Inspectors found that the assessments of residents health and social needs were completed and had been updated, since the last inspection. Arrangements were in place to support residents on an individual basis to receive services to enjoy best possible health. Residents had access to a General Practitioner (GP), and other allied health care professionals as required. However, residents social goals were not clearly identified in their person-centred plans and while they were supported to participate in local community activities, it was not clear that these activities were their individual choice, or solely the activity available to them in this service at the time. In addition, inspectors noted that goals were focused on medical needs and did not ensure that the social needs were met through short, medium and long term planning arrangements.

Furthermore, no review of the service had been completed with regard to assessed needs, use of restrictive practices and compatibility of residents in the centre.

The provider failed to ensure that medication management was in-line with local policy and residents were not protected by safe medication management practices. Inspectors found that the person in charge had failed to identify issues with effective storage of medication. Medication was stored in two areas of the house due to lack of storage. In addition, out-of-use medication was stored with current medications, medicinal products were found with no labels identifying the person they were prescribed for, and staff had not adhered to guidelines in place for prescribed creams. Audits were not completed as required by the person in charge; did not provide a comprehensive review of all aspects of effective medication management systems and did not identify any of the issues found during the inspection. These audits were not shared with senior management to ensure that an

effective review system was in place and that the nurse led service was in-line with requirements of the Regulations.

Inspectors found that the provider had not ensured that fire safety management in the centre was effective. For example, evacuation plans did not provide the required information to guide staff and to outline required support needs for all residents. Furthermore, additional equipment provided to assist some residents to evacuate was not clearly identified. Staff spoken with were also not confident regarding evacuating all residents as directed.

There was a risk management policy in place to address the risks present to residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register; however, the inspector found this was not occurring. The risks in the centre were not recorded on the risk register, such as medication errors or practices, infection control risks and fire safety risks.

Improvement was also required regarding the upkeep and maintenance of the centre. General maintenance requests in the centre were not well managed; inspectors found that a maintenance was still required for issues identified during the previous inspection. This included; mould in several rooms in one house, missing covers to gas and electrical boxes, and the general upkeep of exit routes in both houses. Gaps were also evident in relation to infection control procedures.

Regulation 10: Communication

Comprehensive communication assessments and plans were in place as part of residents' personal plans.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met residents' assessed needs. However, the provider had not ensured that actions identified from the previous inspection had been addressed. Inspectors observed mould in several areas in one house, damaged flooring in a kitchen, damaged garden gates on identified evacuation pathways. Furthermore, there were mops and rubbish littered on the external pathways of the houses.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured that residents had access to a 'resident's guide' which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to monitor risks and the occurrence of adverse events in the centre. Risks identified had a management plan in place; however, inspectors found that the risk ratings did not take into account controls which were identified to mitigate the identified risk.

The risk register was also not updated to reflect all risks at the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had infection control procedures in place; however, Inspectors found that practices in place on the day of inspection did not reflect the policy in place for the management of infection control. This included; inappropriate storage of mops, rubbish littered external to the centre, soiled bed linen not managed appropriately, storage of items in toilet areas and food probes left dirty after use.

Judgment: Not compliant

Regulation 28: Fire precautions

The providers' fire management system required improvement as:

- evacuation plans did not provide clear guidance
- evacuations completed were in excess of recommended times and no reviews were in place
- under stairs storage in use in one house did not have appropriate fire measures in place to contain fire to enable residents to evacuate safely from upstairs in the centre.

Although the servicing records were not stored in the centre on the day of inspection they were provided post inspection for review. This provided assurance that equipment in place was monitored on a regular basis by a competent engineer.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider failed to ensure that medication management was in-line with local policy. The storage of medication was found to be a risk on inspection as to were the medicinal products which were found with no labels identifying the person they were prescribed for. Staff had also not adhered to guidelines in place for prescribed creams.

Effective oversight arrangements such as medication audits were also insufficient.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Inspectors found the medical model of care in place resulted in social goals which were limited and did not provide long or short term goals for residents. Staff spoken with were knowledgeable and understood the supports required for all residents in the centre; however, they also spoke of the task orientated practices in place each day.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required, which ensured that they maintained a good quality of health in-line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours that challenge the provider had ensured that positive behaviour support plans were in place to both support the person and reduce any risk to others. Furthermore, staff were knowledgeable on residents' behaviour support plans; however, on review of training records, not all staff had completed training in positive behaviour support.

Judgment: Not compliant

Regulation 8: Protection

The provider had clear arrangements in place to safeguard residents from abuse which included clear reporting arrangements. On review of training records inspectors found that some staff did not have up-to-date training as required by the Regulations.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were promoted through consultation at weekly house meetings. However, residents' privacy and dignity was compromised as not all residents had their own bedroom in the centre.

Restrictive practices in place which were under review for the individuals that required them, had not been recognised as a restriction on other persons in the house therefore not assuring residents' rights and dignity were upheld.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodvale Group - Community Residential Service OSV-0003058

Inspection ID: MON-0021315

Date of inspection: 02/05/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>HR Department will ensure that all necessary information specified in scheduled 2 is available on staff files.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Staff scheduled to attend fire training refresher on 4+5July 2018 • Staff are scheduled to attend safeguarding training by 30/7/2018 • Staff will have completed manual handling refresher training 30/9/18 • Staff will prioritized to attend managing challenging behavior by 30/12/2018 • The Provider will review the protected time of the PIC with HR 31/10/2018 • The PIC will commence supervision with her staff team 31/10/2018 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>HR Department will ensure that all necessary information is available on staff files. The Provider will ensure that all records specified in scheduled 3 and 4 are available for</p>	

inspection.

The PIC will ensure that all records are stored securely and archived as per Records Management Policy.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The provider will ensure that 6 month provider visit are carried out and that issues of concern are identified and addressed.
- The provider will ensure that the annual review identifies issues of concern and that they are addressed.
- The provider will commission a comprehensive review of the Designated Centre by the Director of Nursing and the NPDC to look at the Service and Supports Required.
- The PIC has arranged off site storage for archived documentation.
- The Provider and HR will review the Protected Time of the PIC.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The PIC will review the statement of purpose to ensure that all information specified in schedule 1 is in place.

Regulation 4: Written policies and procedures

Substantially Compliant

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

The Provider has informed the authors of the policies that need to be reviewed. All will be reviewed by 30/12/2018.
 Updated policies will be available to all staff.
 The Provider will ensure that Policies are reviewed every three years.

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

The Provider has arranged for the side gates of the Designated Centre to be repaired and litters in external pathways removed 10/6/18.
 The PIC will review the storage of mops in the Designated Centre 15/7/18
 The Provider has scheduled maintenance work to the kitchen area. 1/8/18
 The PIC has arranged for mould to be removed 10/6/18.

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 PIC and PPIM will review all Risk Assessments taking into account control measures in place 30/10/18
 The PIC and PPIM will review the Risk Register to reflect all risk in the center 30/10/2018

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The PIC has addressed the issues related to infection control including:

- Correct storage of mops
- Litter external pathways has been removed
- Soiled bed linen- will be removed in a timely manner
- Items stored in toilet area – has been removed
- Cleaning of food probes after use is in place

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider has installed appropriate fire measures in the under stairs storage area to ensure containment of fire 10/6/18. The PIC and PPIM will review the PEEPS and fire evacuation plan for the centre and the fire drill records 30/7/18. All staff will have received refresher Fire Training by July 2018.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Provider will ensure that medication management is in line with local policy. All medications will be labelled. Out of date medication will be returned to pharmacy and all medications will be stored in a locked press. Controlled drugs will be stored as per policy. The PIC and PPIM will review the medication audit process 10/6/18 The Provider will develop an assessment tool to assess Risk and Capacity of Residents to Self medicate.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC and PPIM will review Individual assessment and person centered plans incorporating long and short term goals for residents. Personal plans will be reviewed annually. The Provider will commission a review of the designated center by Director of Nursing and the NPDC to review the Service and Supports required.</p>	

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The staff will be prioritized to attend Managing challenging behavior training including de-escalation and intervention techniques.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Staff will have completed refresher Safeguarding training by 30/7/18</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Provider will review the Capacity of the Designated Centre and reduce the capacity if one of the residents moves to another Designated Centre. The PIC will review the impact of Restrictive Practices on other Residents. The PIC will continue to review all restrictive practices in the centre.</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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	IF	30/8/18
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	30/12/18
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/18
Regulation 17(1)(b)	The registered provider shall ensure the	Not Compliant	Yellow	30/7/18

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	10/6/18
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/7/18
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/9/18
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/9/18
Regulation 21(1)©	The registered provider shall ensure that the additional records specified in	Substantially Compliant	Yellow	30/9/18

	Schedule 4 are maintained and are available for inspection by the chief inspector.			
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre.	Substantially Compliant	Yellow	30/9/18
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 accordance with the statement of purpose.	Substantially Compliant	Yellow	30/12/18
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	30/9/18
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the	Substantially Compliant	Yellow	Jan 2019

	designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/10/18
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.	Not Compliant	Yellow	30/10/18

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	30/10/18
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/6/18
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	10/6/18
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/7/18

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.	Substantially Compliant	Yellow	30/7/18
Regulation 28(4)(a)	The registered provider shall 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.	Substantially Compliant	Yellow	30/7/18
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	10/6/18

Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	10/6/18
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant	Substantially Compliant	Yellow	10/6/18

	provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/10/18
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	30/7/18
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/12/18
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/12/18
Regulation 04(3)	The registered	Substantially	Yellow	30/12/18

	provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Compliant		
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/18
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/12/18
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	31/12/18

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/18
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Yellow	31/12/18
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	30/7/18
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	31/10/18

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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.	Substantially Compliant	Yellow	31/10/18