



Office of the Chief Inspector

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

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| Name of designated centre: | Helen's Road - 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 September 2019 |
| Centre ID: | OSV-0003078 |
| Fieldwork ID: | MON-0022507 |

About the designated centre

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

St Helen's Road is a long stay low support community service for five adult ladies with mild and moderate intellectual disability. The aim of St. Helen's is to provide a safe, caring and welcoming residential setting, where residents who reside there are nurtured and facilitated in achieving their fullest potential and empowered to access the local community. The centre is located in a suburb of Co. Dublin within walking distance of good public transport links including bus and rail links. Residents' have an active social schedule through interaction with work friends, social clubs through work, independent activities, and family events. The building is two storey and contains a kitchen/dining room, small lounge, a living room, five bedrooms and three bathrooms, two of which have shower facilities. There are three single bedrooms in the house and one double bedroom, downstairs there is an office/staff sleep over room. Two residents currently share one double bedroom. The centre is staffed by social care workers. There is generally staff on duty when service users are in the house. Some service users are risk assessed to stay in the house independently. Service users are supported on a sleep-over basis seven days a week.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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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 |
|-------------------|----------------------|-------------|---------|
| 02 September 2019 | 09:30hrs to 17:00hrs | Marie Byrne | Lead |
| 02 September 2019 | 09:30hrs to 17:00hrs | Sarah Barry | Support |

What residents told us and what inspectors observed

The inspectors of social services had the opportunity to meet and spend some time with the five residents living in the centre. Each of the residents stated that they were very happy living in the centre and that they were satisfied with the care and support provided by staff. They described their involvement in the running of their home including preparing meals for themselves and their fellow residents and they also described their involvement in the upkeep of their home.

The residents described to the inspectors how staff support them to independently access the community, to spend time alone in their home and engage in activities of their choosing. In addition, they described how important it was to them to travel to work independently and to volunteer in their local community.

Throughout the inspection the residents appeared happy and comfortable in their home. They were observed coming and going to work and engaging in activities of their choosing throughout the day. The inspectors observed warm and caring interactions between residents and staff throughout the day. The residents told the inspectors how important each of the staff members were to them, and how well they supported them in their day-to-day lives. They described a time in the centre when the full staff team was not in place and described how much more settled things were in their lives this year since the team was now fully staffed. They did however refer to the fact that they would like to know in advance who the relief staff would be when regular staff were on leave.

Four of the residents completed questionnaires in relation to the quality and safety of care and support in the centre prior to the inspection. The feedback in these questionnaires was mostly positive, particularly in relation to the choice and control they have in their day-to-day lives. Areas for improvement were highlighted in relation to private space available to them and the consistency of relief staff in the centre.

A number of the residents spoke to the inspectors about the complaints process and how some of the complaints they had raised in the past had led to improvements for them in relation to their care and support. For example, two of the residents described how they now had their own bedrooms and how this had improved their experience of care and support in the centre. Two of the residents who spoke to the inspectors referred to an open complaint in the centre in relation to the use of birthday candles. One of the residents had raised this concern through the complaints process to the local complaints officer. They were not satisfied with the response and were being supported by the local complaints officer to escalate their complaint within the organisation.

Capacity and capability

There were systems in place to underpin the safe delivery and oversight of the centre. However, they were not proving effective due the providers failure to act on key concerns which were impacting negatively on residents' experience of service provision. Examples of the key concerns included; the premises not meeting residents' needs, lack of continuity of care at times of planned and unplanned staff leave, staff training gaps and risk management in the centre.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The provider was identifying these areas for improvement in their annual and six monthly review of care and support in the centre and were recognising the impact of these areas of improvement for residents in the centre. However, they were failing to implement the required actions to address these areas for improvement.

The provider had submitted an application to renew the registration of the designated centre and had submitted all the information required by the regulations with this application.

The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre. Staff meetings were held regularly and agenda items were found to be resident focused. Audits were being completed regularly including care plan audits, medication audits, residents' finances, complaints, and first aid/fire/vehicle maintenance. There was evidence of follow up on the majority of actions from these audits. There were some outstanding actions and these related to actions also reflected in the annual and six monthly reviews by the provider.

Throughout the inspection, residents appeared happy, relaxed and to be engaging in activities of their choosing. Staff members were observed to be knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary, develop skills to become more independent. All residents who spoke with the inspector, spoke fondly of the staff team. They did however refer to sometimes not knowing what relief staff were on duty and the anxiety that could occur for them as a result of this.

The number of full time permanent staff in the centre was in line with the statement of purpose. There was an actual and planned staff rota in the centre. Inspectors reviewed a sample of rosters and found that there was a reliance on relief staff to cover planned and unplanned leave. As outlined previously, this was impacting on the continuity of care for the residents.

While all staff had received training in key areas such as safeguarding vulnerable adults and fire safety, some staff did not have all the necessary training to meet residents' assessed needs. These gaps had been identified by the provider and by the end of the inspection, staff were scheduled to complete the mandatory training

and refresher courses. The gaps in training were resulting in a medium risk to residents and the provider had not put sufficient control measures in place to keep residents safe. The provider put additional control measures in place on the day of the inspection to ensure residents were safe. The staff team had not received the organisation's hand hygiene or food safety training and there was no identified dates for these trainings to be completed by. Staff were not in receipt of formal supervision. The person in charge was booked onto supervision training and once this was completed formal supervision would commence for all staff.

Each resident had a written contract of care which outlined the care, welfare and support to be provided for them in the centre. It also detailed the services to be provided and the fees to be charged including additional fees if required. However, one residents' contract of care had not been signed by the resident or their representative in line with the requirement of the regulations.

A copy of the centre's statement of purpose was available in the centre. This contained all the information prescribed by the regulations and had been recently reviewed.

Residents were protected by appropriate insurance cover in the centre. Inspectors received written confirmation that the registered provider had valid insurance cover for the centre, in line with the requirements of the regulations. Cover was in place to insure against personal injury to residents and third-party property damage.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all the information required by the regulations with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

In line with the centre's statement of purpose there were enough staff to meet residents' assessed needs. However, there was a heavy reliance on relief staff to cover planned and unplanned leave in the centre and this was impacting on the continuity of care and support received by the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A number of staff had not completed training or refresher training in line with residents' needs. One staff had not completed medication training but was supporting residents in relation to medication management. Two staff members required training or refreshers in manual handling and managing behaviour that is challenging. Staff were scheduled to attend training to address these gaps. None of the staff team had completed hand hygiene and food safety training and dates had not yet been scheduled for staff to complete these.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. However, they were not proving effective due to lack of progress following audits and reviews in the centre which were impacting negatively on residents' experience of care and support in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admissions were in line with the statement of purpose. Each resident had a written contract of care which outlined the care, welfare and support to be provided, the services to be provided and the fees to be charged including additional fees if required. However, one of these contracts had not been signed by the resident or their representative in line with the requirement of the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information prescribed by the regulations. A copy of the statement of purpose was available in the centre and had been recently reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures including a user friendly complaints process. There was a local complaints officer and residents and staff who spoke with the inspector could describe this process. There was an open complaint which had been escalated within the organisation by the local complaints officer.

Judgment: Compliant

Quality and safety

The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents lived in a caring environment where they had opportunities to make their own choices and decisions. Residents who spoke with the inspector stated that they liked their home and were happy with the support they received from staff. They described opportunities for meaningful activities and told the inspector that they had things to look forward to. Residents' potential and independence were being encouraged. However, as previously outlined there were a number of areas for improvement in the centre which had not been completed in line with the timeframe identified by the provider and these were impacting negatively on resident's experience of care and support in the centre.

The premises were warm, comfortable and homely. However, in line with the findings of the previous inspection and audits and reviews completed by the provider, there was insufficient private and communal space to meet the number and needs of residents living in the centre. Works had been completed in the centre since the last inspection including reconfiguring to facilitate two residents to have their own bedrooms who were previously sharing. In addition, one bathroom had been renovated in line with residents' needs and wishes, a new kitchen had been installed and a number of areas in the house had been painted and decorated in line with residents' wishes and preferences. However, two residents were still sharing a bedroom and the inspectors spoke to a number of residents who referred to a lack of private space in the centre. As highlighted in the providers own audits,

there were a number of areas which still required painting maintenance and repair such as painting to doors and other woodwork in the centre, works in the back corridor of the house and repairs to a loose paving stone in the garden. The provider had plans in place to complete these required works.

There were suitable arrangements in place to detect and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Works were required in relation to fire containment and the provider had a clear plan in place for when these works would occur. In the interim they had risk assessments and additional control measures in place. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills.

There were systems in place for responding to emergencies and arrangements were in place for identifying, recording, investigating and learning from serious incidents and adverse events. There were systems in place for keeping residents safe while responding to emergencies. The centres' risk register, general and individual risk assessments were reviewed regularly. However, some individual risk assessments required review to ensure they were reflective of residents' needs, clearly outlined control measures and were appropriately risk rated.

It was evident that the majority of residents were supported to make decisions about their lives and that they were listened to with care and respect by staff. Their views were taken into account and residents were free to choose how they spend their day. They were enabled to take reasonable risks within their day-to-day lives and consulted and participated in how the centre was planned and run. They had access to advocacy services should they require them. There was information available to them and on display in relation to their rights and what to do if they were not happy with any aspect of their care or support. However, as previously mentioned a number of residents' privacy were being affected by the design and layout of their home including a lack of private and communal space in the centre. Staff described plans in place to further explore options in relation to alternative accommodation for one resident in line with their wishes and preferences.

Residents' personal plans were found to be person-centred. Each resident had an assessment of needs and care interventions developed in line with their assessed needs. A number of residents described their goals and how they were supported to achieve them such as travelling independently, accessing their local community, volunteering in their local community, staying at home alone, attending education and training courses, and gaining employment.

Residents were supported to enjoy best possible health. Their healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs. Residents had support plans in place which were reflective of their current healthcare needs and which were clearly guiding staff to support them. In addition, they had health communication books in place with key information in relation to their care and support needs. They were

supported to access health information as required and were supported to access the national screening programmes in line with their wishes and preferences.

Residents had access to allied health professionals such as a behaviour specialist and psychologists in line with their assessed needs. Their plans were reviewed and updated regularly to ensure they were clearly guiding staff to support them. One resident had recently been referred for psychology and in the interim was being supported to attend a group session to support them to manage their emotions. Staff who spoke with the inspectors were knowledgeable in relation to residents' care and support needs. Inspectors observed staff support one resident in line with their support plan.

Residents were protected by the policies, procedures and practices in relation to safeguarding and protection in the centre. Safeguarding was discussed regularly at residents' meetings and staff had completed training to support them. Staff who spoke with the inspectors were knowledgeable on their roles and responsibilities in relation to the organisation's and national policy. Residents informed the inspectors that they felt safe in their home and described steps they would take if they had any concerns.

Regulation 17: Premises

The house was found to be clean, warm and comfortable. Residents who spoke to the inspectors said that they had lived there for a long time and were very much part of their local community. However, the design and layout of the premises was not meeting the needs of all residents in the centre and there were areas in need of maintenance and painting as outlined in the report.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to respond to emergencies. Incident review was being completed regularly and there was evidence of learning following these incidents. There were systems in place for keeping residents safe while responding to emergencies. The centres' risk register, general and individual risk assessments were regularly reviewed. However, some risk assessments required review to ensure they were reflective of residents' needs, clearly outlined control measures and were appropriately risk rated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were regular fire drills taking place in the centre and a schedule was available for the rest of the year. Fire equipment was checked as required and all staff had received the relevant training. However, the premises did not have adequate fire containment measures as there was no fire doors in the building. The provider had a clear timeframe to complete the required fire containment works and in the interim had put additional control measures in place such as risk assessments and regular fire drills.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' personal plans were reviewed by the inspectors. Each resident had a comprehensive assessment of their health, personal and social care needs. One resident spoke of a past goal and the support they received to achieve this goal. Residents were involved in the annual review of their personal plan.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health. Their needs were appropriately assessed and they had care plans in place in line with these assessed needs. They had access to the support of relevant allied health professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to allied health professionals in line with their assessed needs. Support plans were developed and reviewed as required. Plans were in place for

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| staff to attend training in line with residents' assessed needs. |
| Judgment: Compliant |
| Regulation 8: Protection |
| Residents were protected by safeguarding policies, procedures and practices. Staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding. Allegations were reported and followed up on in line with national and the organisation's policy and safeguarding plans were developed and implemented as required. All residents who spoke with the inspectors stated that they felt safe in their home. |
| Judgment: Compliant |
| Regulation 9: Residents' rights |
| Residents had freedom to exercise choice and autonomy in their daily lives and participated in the running of the centre. They were supported to maintain their independence and had access to advocacy services if they so wish. However, a number of residents' privacy and dignity were being impacted by the design and layout of their home. |
| 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 |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and personal plan | 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 Helen's Road - Community Residential Service OSV-0003078

Inspection ID: MON-0022507

Date of inspection: 02/09/2019

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: <ul style="list-style-type: none"> • There is currently a full compliant of permanent staff on site in center. • Planned leave will be covered by regular relief/agency staff. • The provider continually recruits for the relief staff panel. • The PIC will audit and review the level of relief staff on site on a quarterly basis and discuss outcomes with PPIM. | |
| Regulation 16: Training and staff development | Not Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Mandatory training in safe administration of medication has been completed by 1 staff member. • Supervision training for PIC completed and supervision of staff will commence. • All other new/Refresher training requirements have been scheduled. | |
| Regulation 23: Governance and management | Not Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All training will be completed by 30/1/ 2020 • Supervision training completed and supervision of staff will commence. • Further Risk management training to be completed by PIC in Nov 2019 to ensure compliance maintained and achieved. • The provider will consult with the logistics office re: conversion of attic as a possible alternative bedroom. <p>The PIC will consult with residents regarding their preferred choice of residence location</p> | |
| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The PIC will continue to keep open lines of communication with families and focus on service user capacity to sign contract of care, focusing on Assisted Decision Making legislation. | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Scheduled completion of maintenance and paintings work to be achieved by nov 30th 2019 • The provider will consult with logistics office in relation to possible attic conversion. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Further Risk management training to be completed by PIC by 2019 to improve skills base and compliance with regulations. | |

Risk Assessments for Service users have been reviewed and updated to reflect a more comprehensive and inclusive aspect of the residents daily changing needs.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire door installation completed

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The provider will consult with logistics office regarding the possible conversion of the attic space to alternative bedroom accommodation.
- Addition of Privacy as a stand alone topic at service user weekly meetings to capture and reflect their input on topic accurately. E.g. taking of phone calls
- Should capacity in the center be reduced, the vacancy will not be filled

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(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 04/10/2019 |
| 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. | Not Compliant | Orange | 30/01/2020 |
| 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 | Not Compliant | Orange | 31/03/2020 |

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| | 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. | Substantially Compliant | Yellow | 31/12/2019 |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Not Compliant | Orange | 31/03/2020 |
| 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 | 31/03/2020 |
| 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 | Not Compliant | Orange | 31/12/2019 |

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| | the quality and safety of the services that they are delivering. | | | |
| Regulation 24(3) | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. | Substantially Compliant | Yellow | 31/03/2020 |
| 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 | 30/09/2019 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | 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 | Not Compliant | Orange | 31/03/2020 |

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| | communications, relationships, intimate and personal care, professional consultations and personal information. | | | |
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