



Office of the Chief Inspector

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

Name of designated centre:	Woodview
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 February 2019
Centre ID:	OSV-0003413
Fieldwork ID:	MON-0026520

About the designated centre

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

Woodview is a purpose built bungalow within easy walking distance of a town centre. It provides community based living in a homely environment for seven adults with mild to moderate intellectual disability. Woodview has eight single bedrooms one of which is used for staff to sleep over. The staff bedroom also serves as the office. It has ample parking and a large garden which the residents enjoy and are actively involved in maintaining. This centre seeks to maximise the participation of the individuals who live there in the ordinary life of the community and supports them in developing valued social roles.

The following information outlines some additional data on this centre.

Current registration end date:	09/09/2020
Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 February 2019	09:30hrs to 18:00hrs	Laura O'Sullivan	Lead
19 February 2019	09:30hrs to 18:00hrs	Tanya Brady	Support

Views of people who use the service

Inspectors met with all seven residents over the course of the inspection. One resident was in the centre for most of the day and another for part of the day with the majority of residents only present for a short period following day services. All seven residents were happy to engage and speak with inspectors. They reported that they were happy living not only in the centre but also with each other. They were familiar with staff and one resident was seen to enquire after the well being of a staff family member.

One resident spent a period of time with the inspector, chatting about the local community and activities they enjoyed both with the centre and in the local community such as going to mass. This individual proudly invited the inspector to look at their gardening work and their sheds which they used regularly to maintain the garden of the centre. They discussed that at times their peers would help but they preferred time on their own pottering away. This individual interacted regularly with the inspectors throughout the day ensuring that tea and coffee was available and that inspectors felt welcome and comfortable in the centre.

It was apparent to inspectors that the residents were fully involved in the running of the centre and they viewed it as home. One resident had peeled the potatoes for dinner and others were observed to have selected tasks they enjoyed such as digging or weeding the garden or dusting in the house. Inspectors noted one of the residents checking a weekly activities sheet and then speaking to staff about getting football kit ready for the next day. On return to the centre following their day a number of residents were observed interacting with staff, telling them of their day and enquiring to the activities in the house that evening.

Residents socialised together and decided on matters such as who had access to the large television for soap operas or football matches between themselves.

Capacity and capability

The inspectors reviewed the capacity and capability of the centre and found evidence that residents who resided there, were provided with a good quality of life. This was facilitated through the supports of the service that were in place by the registered provider. However, there were a number of areas of changing needs for the individuals who lived here and improvements were required to ensure that staffing levels were sufficient to meet their needs.

The registered provider had ensured the appointment of a person in charge to the centre. This individual possessed the regulatory required skills, knowledge and experience to fulfill their governance role within the centre. The person in charge was not available on the day of inspection. It was clear that during periods of absence of the person in charge that while some managerial oversight had occurred, the registered provider had not implemented effective measures for the ongoing review of service provision and overall arrangements for the day to day monitoring and auditing of the service had lapsed. It was also noted that a number of notifiable events were noted as not reported to the authority as required, for example, the absence of the person in charge and a serious injury to a resident requiring medical treatment.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Staff who spoke with the inspectors were clear about who to speak with when they had concerns or queries. However, it was apparent that in the absence of the person in charge the day to day duties had not been delegated resulting in for example gaps in recording and reviews of resident files.

The registered provider had ensured that implementation of organisational monitoring systems to ensure the ongoing review of service provision. An annual review of the quality and safety of care in the centre and six monthly unannounced visits had been implemented to assess the quality and safety of the service as required by the regulations. At centre level through consultation with the person participating in management, the person in charge had ensured a number of audits had been undertaken and there was some evidence that actions had been taken to address a number of issues identified but not consistently and areas such as finance audits were still outstanding. The person in charge for this centre was not available on the day of inspection and had been off for a period of time, and it was clear that in their absence while some managerial oversight had occurred, overall arrangements for the day to day monitoring and auditing of the service had lapsed.

Residents had contracts in their personal files for the service they received however these were not updated and a number were not signed by either the resident or their representative. The fees being charged to residents for some services, for example transport costs was required to be reviewed when a resident's profile changed for example no longer attending day services and staying in the centre during the day. Additionally where residents had self identified wanting changes to their savings or spending amounts this was not reviewed and the contract amended accordingly.

Current staffing arrangements within the centre required review to ensure that this was adequate to meet the assessed needs of the residents. Staff spoken with did articulate that due to current staffing levels in the morning it can be difficult to spend time with residents and to ensure each resident is supported to meet their assessed needs. A risk assessment had not been completed to

ensure effective current control measures were in place to support staff at times of lone working. The registered provider had recognised the need for recreational support on a number of evenings a week and assurances were given by the registered provider that a review of the rosters within resources would take place. On a strategic level the registered provider was developing services for residents who were aging and this was seen to be discussed with staff at staff meetings. A support system of on call was in place and used appropriately. An actual and planned staff roster was in place.

The registered provider had not ensured that training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development audit in place which was utilised to ensure that training was up to date and reflected to the needs of the designated centre. A training programme was also in place which was coordinated by the providers training department. However, training records showed that not all staff were up-to-date with mandatory training requirements, with lapses in fire safety training for example. Not all staff had medication training and this was an identified need by the provider due to the changing requirements of residents and there was a reliance on staff from other aspects of the service to give medication, this was under review by the provider. The registered provider acknowledged the gaps in staff training and following a request for assurances the registered provider ensured that staff with identified gaps were scheduled to receive refresher training within the following couple of months.

Staff supervision was reported to be in place in the centre however no records were available for inspectors to review as they were not accessible in the absence of the person in charge. On speaking to staff they reported that while they had had supervision they were unable to identify a time frame within which it had last taken place. No supervision had happened in the absence of the person in charge. The reported inconsistency in the provision of supervision meant that staff might not be appropriately supported to ensure they perform their duties to the best of their abilities. The registered provider also had a system of performance management in place, however these were sporadic and on some, identified actions had no time lines and no identified person against the actions.

There was a complaints procedure in place and overall there were a low number of complaints in the centre however there was no consistently clear detail available of the assessment of a complaint or on the resolution. A detailed audit of complaints was taking place annually across the organisation by the provider but at a ground level staff did not have access to guidelines of steps to follow if for example an allegation was made by a resident about them. Complaints made by residents were held in their personal files and these contained information about other named individuals and the storage location of these was to be reviewed by the registered provider.

Regulation 15: Staffing

Current staffing arrangements within the centre required review to ensure that this was adequate to meet the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspectors found that staff had the required competencies to manage and deliver person centered, effective and safe care and support for residents. However a number of staff required refresher training courses as their initial training was out of date. This was identified on the day of inspection and staff were scheduled to attend required training within a few weeks by the provider.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure that identified the lines of authority and accountability in the centre. The provider had ensured that an annual review of the quality and safety of the service in the designated centre was completed and the six monthly audits of the service were complete. Actions from these audits were not consistently followed through on.

While the centre in general was well managed, the inspectors found there was not effective oversight and implementation of the organisational procedures to ensure risks in the centre were effectively managed in the absence of the person in charge.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured there were written contracts in the residents files, however these were not consistently signed by the resident or their representative. Contracts were not reviewed when changes were made to charges or to conditions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider has a statement of purpose in place that included all information set out in the associated schedule.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all required notifications had been submitted to the chief inspector in line with regulatory requirements.

Judgment: Not compliant

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

The person in charge had been absent from work for more than 28 working days on the day of inspection. The provider submitted retrospective notification of absence to the chief inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaint policy was present within the centre but not all guidance for staff was clearly outlined in relation to complaints procedure. A complaints log within the centre was maintained but evidence of complaint resolution was not apparent.

Judgment: Substantially compliant

Quality and safety

The residents who lived in this centre were found to have a good quality of life and they were active within the local community. It was observed that the residents who were able to independently access the community were supported to do so, such as

attend mass or visit family or friends independently. Other residents were afforded the opportunity to engage socially and to enjoy a good quality of life although this was not flexible as was dependent on staffing levels. The residents were happy to engage with inspectors and to show inspectors their favourite areas in the centre such as the shed in the garden. The individuals who lived in this centre were seen to be fully participating members of the household and staff were knowledgeable about the preferred tasks of the residents such as peeling potatoes or arranging the magazines on the coffee table. There were a number of areas inspected against however that required improvements to improve the overall quality of life for residents.

Inspectors noted that the designated centre was warm, clean and welcoming. The residents had input into the style of decor in their bedrooms and their personal items were evident in the communal areas. Residents were observed to relax in the sitting room with a cup of tea to catch up on the soap opera they enjoyed on return from day services.

All residents had individualised personal plans however they contained a lot of information that was not relevant to the current needs of the resident. Where goals had been set there was no evidence of progression or review, this was something that had been self identified by the provider. Staff present during the inspection had good understanding of the residents needs but did not always have the supports necessary to ensure care monitoring levels were safe. For example residents changing needs (dementia, intimate care) had placed increased care giving demands on staff.

It was also found that residents were for the most part supported to enjoy the best possible health. Residents were facilitated to access health care professionals such as a general practitioners. There were some care plans that were incomplete however, such as epilepsy management. When residents had regular health check assessments carried out there was no evidence of consistent follow up such as seeking test results. In the case of one resident with a history of frequent falls no falls assessment had taken place and appropriate assessment had not been initiated.

The inspectors were concerned that although some appropriate efforts were being made in the designated centre to promote the health and safety of residents, the assessment and monitoring of the risks within the designated centre were not satisfactory. A risk register was in place but was not complete nor up to date. Each resident, had some individual risk assessments in place to promote their quality of life and protect them from harm but there were a number of areas of risk absent in the recording. These included the risk of leaving the centre without staff knowledge or risk of falls.

The registered provider had ensured effective fire safety management systems were in place within the centre. These systems included a fire alarm system, emergency lighting, fire doors and fire extinguishers. Such equipment was being serviced at the required time frames by a competent person. Fire exits were observed to be unobstructed on the day of inspection although not all fire doors were closed in accordance with best practice. Residents had personal evacuation plans in place

which outlined the supports to be provided to residents to assist them in evacuating the centre. Fire drills were not however consistently taking place with all of the residents present. It was noted that one resident required additional support in utilising the correct evacuation procedure however it was not clear from fire drill records if this had been implemented. Also details within fire drill records were not clear, to facilitate a comprehensive review of evacuation plans and personal and centre evacuation plans.

Residents were observed to move freely through the designated centre and the surrounding environment with two residents holding their own keys. However, a number of restrictive practices were observed to be in use during this inspection. The registered provider had not recognised these practices as a restriction for the individual therefore these had not been identified and notified to the office of the chief inspector. These included an alarm on a residents bedroom door and the use of a sensor mat on a bed. Any restrictive practice utilised was done so as to ensure the safety and well being of residents was promoted at all times, however due to lack of documentation and guidance for staff it was not evident that these practices were utilised for the shortest period of time and in the least restrictive way.

Where required residents had positive behaviour support plans in place. Inspectors reviewed a sample of these plans and found them to be sufficiently detailed to guide staff who were able to outline the steps that they would take to promote positive behaviour among residents. The plans however had no guidance on the steps for staff to take if a resident made an allegation due to mental health deterioration or for example in managing a situation should a resident leave the centre without support as a result of their behaviour of concern. This required review.

While there were some appropriate procedures in place to ensure that each resident living in the centre was protected from all forms of abuse not all areas of vulnerability had been identified. This was with particular reference to monitoring and management of residents finances. There was no evidence of capacity for decision making for residents and their recorded wishes regarding how much money they would like to have was not always responded to. Ongoing monitoring and auditing of resident's finances had not occurred in a number of months. One resident had personal and sensitive information available in their personal plan, such as their last will and testament, the registered provider assured this would be removed following inspection. Inspectors saw evidence that reasonable and proportionate measures were taken to ensure the safety of residents where required. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff and volunteers. The provider had also ensured that residents received training to support them to develop knowledge, self-awareness, understanding and skills for self-care and protection.

Regulation 17: Premises

The registered provider had ensured that the centre was clean, well maintained and

suitable for the needs of the residents
Judgment: Compliant
Regulation 26: Risk management procedures
Improvements were required in the identification and review of risk within the centre. A number of identified risks such as lone working had not been addressed within the environmental risk register. Where an individual risk had been identified this had not been addressed within a risk assessment with current control measures not clear
Judgment: Not compliant
Regulation 28: Fire precautions
The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Containment measures in place required review to ensure that these were utilised in line with best practice. Improvements were required in the area of fire evacuation procedures and documentation of checks to ensure a safe and effective procedure was in place for evacuation.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required in establishing specific and measurable social goals for residents.
Judgment: Substantially compliant
Regulation 6: Health care
The registered provider was providing health care to the residents, however there

were some gaps in the maintenance of documentation and in follow up.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behavioural support guidelines were present for some residents as necessary. However, improvement was required to ensure reactive strategies and guidelines were in place to support all identified behaviours of concern.

The use of restrictive practice was in place to promote the safety of residents but improvements were required in relation to documentation of these practices to ensure guidance was clear for staff. This was also required to ensure that these practices were utilised for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from all forms of abuse. Throughout the inspection residents were seen to be comfortable in the presence of staff. Improvements were required to ensure that staff had guidance when managing allegations of abuse and procedures to should a concern arise. This approach was required to be consistent in nature.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The independence of residents was promoted by the registered provider. Each resident exercised choice and control in their daily lives in accordance with their preferences and were supported to do so by the staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodview OSV-0003413

Inspection ID: MON-0026520

Date of inspection: 19/02/2019

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Additional staff has been assigned each weekday morning to support residents. In Addition to current 25 hours recreational support hours at evenings and weekends. Current ratio of staff is also been looked at by the service provider in long term plan for the Centre.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All training gaps identified and staff have been scheduled to complete where required. Up dated training Audit available on request.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

The PIC/Team Leader will report progress on actions plans to the Director of Services on a monthly basis until all actions identified in the Compliance Plan have been completed. All PIC's will report on their respective Compliance Plans to the Quality Improvement on a quarterly basis.

In the absence of the PIC the senior manager for that sector assumes responsibility for the designated centre. If however the absence of the PIC is likely to exceed 28 days a new PIC will be identified. To assist the senior manager (Assistant Director of Services) a senior member of the frontline staff team (such as a Social Care Leader or Staff Nurse) in the designated centre will be identified/appointed to keep the senior manager abreast of day to day operational issues.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

All Contracts for service are been reviewed in centre.
Updates and changes made to current contracts where it was required.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All notifiable incidents will be reported within timeframes outlined within the regulations

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

Substantially Compliant

Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:

<p>In compliance with regulation 32, The service provider will inform the regulator if Person in Charge is absent for prescribed period (28 days).</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints will be reviewed /Audited to ensure they are in line with complaints policy and are resolved or actioned appropriately.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All individual risk assessments will be reviewed and some additional risk assessments added to manage risks identified such as a Falls assessment, self-harm and absconding etc...</p> <p>Additional staff as stated previously will support these assessments. (MDT)</p> <p>Risk register will be reviewed and a lone worker risk added to generic risk register.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All relevant fire safety documents in the centre are up to date.</p> <p>Staff that required refresher fire safety training have done so.</p> <p>A planned evacuation took place week ending 24/3/19 with all residents present.</p> <p>Any issues will be addressed in CEEPS and PEEPS.</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>A new personal outcomes template is been rolled out across the service for all people whom we support. Current plans however will be updated to reflect service user needs as they arise.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All Plans are now updated and completed to demonstrate all follow up required for residents.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Behaviour support plan identified updated and reviewed to reflect resident's needs and support strategies to manage behaviour.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Training has been provided for all managers on the 20/03/19 in relation to Trust in Care</p>	

and procedures around safeguarding. A tool guide and reference was provided so that managers can refer to same when reporting and investigating incidents. A set agenda has been formulated and safeguarding has been identified as a set agenda item at team meetings.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	05/04/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Substantially Compliant	Yellow	30/04/2019

	supervised.			
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	20/02/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/03/2019
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	30/03/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the	Substantially Compliant	Yellow	30/03/2019

	support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/03/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	20/02/2019
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Not Compliant	Orange	30/03/2019

	includes the following: the measures and actions in place to control the following specified risks: self-harm.			
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	30/03/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/03/2019
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Not Compliant	Orange	20/02/2019

	following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.			
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	31/03/2019
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the	Substantially Compliant	Yellow	20/02/2019

	information referred to in paragraph (2).			
Regulation 34(2)(a)	The registered provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.	Substantially Compliant	Yellow	05/04/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/03/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/03/2019
Regulation	The	Substantially	Yellow	30/03/2019

05(7)(a)	recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Compliant		
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	30/03/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30/03/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/03/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	30/03/2019

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/02/2019
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	30/03/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	20/03/2019