



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

## Issued by the Chief Inspector

Name of designated centre:	Kerry Cheshire
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	21 November 2019
Centre ID:	OSV-0003447
Fieldwork ID:	MON-0025755

## About the designated centre

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

The mission of Cheshire Ireland, as set out in its statement of purpose, is to work with the resident to design supports that help residents to "live the best possible life" and to work with the residents in a manner which "is respectful and honest". This centre provides support to residents 24 hours per day, seven days per week. Staff support residents with a variety of disabilities such as stroke, multiple sclerosis and cerebral palsy. The age range of residents varies from 30 to 65 and caters for both male and female residents. The centre is a single-storey purpose built apartment complex in Co. Kerry. Each resident's apartment has an open plan ground floor, single occupancy bedroom, kitchen and living area. Each apartment has accessible toilet and shower facilities. All apartments are connected to a communal area that includes a large meeting room, a television area, staff office and facilities. Some residents have their own personal transport vehicle and the designated centre also has transport available for residents.

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

Number of residents on the date of inspection:	11
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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
21 November 2019	08:30hrs to 18:30hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with seven of the residents during the inspection. Some residents informed staff during the day when they were available to speak with the inspector.

All residents were able to express their views to the inspector on the service. Overall, residents felt that the facilities suited their needs and assisted them to lead independent lives in the community. Residents regularly attend a variety of different activities; some attend college and one resident spoke of how they had just completed a course in personal development where they enjoyed the company of the fellow attendees and felt that they were a valued member of the group which was very important to them. This person also discussed with the inspector how they were considering continuing their education in an area of interest to them. Residents attended community access group meetings held in the designated centre. The person in charge outlined how residents were active participants in this group supporting community improvement initiatives in the local area. Some residents were also part of a knitting group.

A resident spoke with the inspector before they headed out for the day with a social club. This person told the inspector of their plans to attend an upcoming sporting event in a stadium which they were looking forward to. They had a personal assistant who was known to them for many years and who supported them both in the designated centre and in the community. The resident regularly met with close family members and outlined their plans to celebrate Christmas.

One resident talked about their independent use of their own personal computer and how they enjoyed listening to classical music in their apartment. This person was looking forward to attending a planned Christmas party in the coming weeks with a social club that they attend weekly. They also outlined the many and varied activities that they enjoyed in this social club.

Later in the morning another resident welcomed the inspector into their apartment. The inspector had met this person during the last inspection and the person outlined changes that had occurred since they had last met. They proudly spoke of how they had been invited to join a choir group. The resident continues to enjoy a local part-time job which they have been doing for a number of years.

A resident told the inspector they had been living in the designated centre for a long time and were very happy with their life outside of the designated centre. They had a large network of supportive family and friends in the community and enjoyed going to the cinema and meeting friends for coffee. The resident spoke of how they enjoyed using their kindle and computer and spoke of how they would email individuals regarding different issues they may have. They took great pride in their appearance and liked to get assistance with their hair and make-up.

Other residents attended training courses such as art and one resident actively had

their art work on display in the designated centre which was for sale. Residents were aware of the complaints procedure and had participated in fire drills. Residents were consistent in their view that the support they required was physical assistance with some daily activities such as getting up out of bed and that they tried to be independent in all other aspects of their lives. Some residents did express an observation to the inspector that on occasions they felt they were unnoticed by staff and they also felt additional staff resources would benefit the resident group to engage in more recreational activities with staff; who at times were focused on the need to get tasks completed. In addition, residents felt the amount of documentation that was required to be completed by staff regarding their care was excessive. Some residents referred to the restrictions they encountered with their individual physical disabilities and the supports they required from staff in the designated centre. However, they also wished to make the inspector aware that they did not have an intellectual disability and the supports they required differed to other designated centres. The inspector was also informed that some residents would like to be considered to be part of the interviewing process for new staff in the designated centre in the future.

## Capacity and capability

The provider ensured effective governance and management arrangements were in place. There was evidence of improvements since the last inspection and actions identified at that time had been addressed. The provider had conducted an annual review in February 2019 and six- monthly provider led audits which identified areas that required further actions. While all actions had not been completed there was evidence of review and progression. For example, the documentation of personal goals was difficult to review and progression of goals was unclear to the auditors. An action to streamline documentation to allow for ease of follow up and review of goals was in progress at the time of inspection. Some residents' files had been updated and further work was planned to ensure this action was completed. In addition, communication between the staff team and management was on-going with regular meetings and updates evident. The resident forum meetings also have continued to be accessed by some residents. The person in charge outlined how the provider has facilitated residents who do not wish to attend the resident forums to have individual meetings to ensure there are opportunities where issues can be discussed and followed up as per individual residents' wishes.

Staffing arrangements ensured the number and skill mix of the staff working in the centre met the assessed needs of the residents at the time of the inspection. Many residents were supported by personal assistants during the day. The person in

charge worked full time in the designated centre. A care co-ordinator and additional relief staff had been appointed since the last inspection. At the time of the inspection the provider had advertised for additional care staff reflective of the staffing requirements of the designated centre. To ensure care was provided by staff who were familiar to the residents, relief staff known to the residents were employed when required. In addition, the person in charge identifies additional shifts for which they require cover, staff can make their availability known to the person in charge and all shifts are allocated at least two weeks in advance. The inspector was told this new process was working well. A system was in place to ensure all staff received supervision from their line manager. Individual support meetings take place quarterly to support staff in their roles. Training arrangements ensured all staff received up-to-date mandatory training.

Following the last inspection a working group was set up for staff as a local forum to address concerns. The group had met on a number of occasions and collaborated to address issues such as the duty roster. As previously mentioned in this report a revised process was agreed between the staff team and local management to ensure effective and consistent staffing levels were maintained in the designated centre at all times. The format and timing of the staff meetings was also changed which had accommodated more staff to attend. Staff spoken to during the inspection reported that the staff meetings were structured and information was being communicated by management. The format allowed for participation of all attendees.

At the time of the inspection there were no volunteers working within the designated centre. However, the person in charge outlined that they were progressing the application of one individual known to the staff and residents who wished to commence supporting residents within the designated centre with different activities such as craft work. The person in charge was aware of their requirements to ensure compliance with this regulation prior to the individual commencing work in the designated centre.

During the inspection, the person in charge and the inspector reviewed the notifications submitted to the Office of the Chief Inspector as per the regulatory requirements. Not all environmental restrictions in use in the designated centre had been reported. The use of keypads on the office doors had not been reported. The inspector was advised that the requirement of the keypads would be reviewed by the provider following the inspection.

There were no open complaints in the designated centre at the time of the inspection. However, following review of the complaints log not all complaints had the satisfaction of the complainant or the resolution of the issue documented. Some of the complaints that required further information related to maintenance issues, for example an exterior bulb not working in one apartment. The inspector was informed that a new maintenance management system will be in operation in the designated centre in the coming months where all maintenance issues will be logged and dealt with as per the provider's policy guidelines.

<b>Regulation 14: Persons in charge</b>
The role of the person in charge was full time and the person who filled this role had the required qualifications and experience.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
Staffing levels and skill mix were sufficient to meet the assessed needs of the residents. Planned rosters had been developed by the person in charge and were updated to reflect any changes that had been required.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
All staff had received mandatory training in addition to other training relevant to their roles.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The registered provider had ensured that a contract of appropriate insurance was in place for the designated centre.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>

The provider had systems in place to ensure the centre was adequately resourced and that the quality and safety of care delivered to residents was regularly monitored and reviewed.

Judgment: Compliant

### Regulation 30: Volunteers

The registered provider did not have volunteers working in the designated centre at the time of this inspection. The person in charge was aware of the requirements under the regulations for volunteers to work in the centre and was progressing the application of one individual at the time of inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had arrangements in place to notify the Chief Inspector of events, in line with the regulations. However, not all restrictive practices had been reported by the person in charge in the quarterly notifications submitted.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. However, the satisfaction of the complainant and the resolution was not always documented.

Judgment: Substantially compliant

## Quality and safety

The provider's practices ensured that residents' well-being was promoted and they were kept safe. The inspector found that residents received person-centred care and support that facilitated them to participate in activities and lifestyles of their choice. However, some residents indicated that further improvements regarding supporting residents' as per their wishes would enhance their lived experiences. For example,

residents, through their forum meetings had requested the re-establishment of gym activities. In addition, some residents felt access to transport, either their own private vehicle or the transport allocated to the designated centre was restricted at times due to the availability of drivers. The inspector reviewed complaints made by residents which included these issues. While the provider had resolved the specific issues at the time, residents spoken to during the day reflected that greater collaboration between the residents and staff team regarding resourcing requirements and activities would benefit all those who lived and worked in the designated centre.

At the time of the inspection, the provider was progressing with a quality initiative developing a new process to disseminate information and policies to staff. In addition, the inspector was informed that the provider has also undertaken work regarding a review of the use of restrictive practice within the organisation and a rights committee is to be formed to ensure there is consistent oversight nationally by the organisation.

Some residents were able to outline to the inspector how they were facilitated to maintain good relationships with their families and friends. Residents accessed a range of activities in the community, some independently and were supported to be involved in the decision making in the designated centre. However, the format of the resident forum did not suit all residents. To ensure all residents were supported the staff team also facilitated individual meetings for residents if they expressed a wish to participate in such meetings. It was evident while speaking with the residents that they had individual issues that were important to them. These included arriving at work on time and having staff available to drive the residents' private cars when required. This was discussed with the person in charge and the person participating in management during the inspection and they outlined measures that were in place to support the residents. This matter was to be followed up following the inspection to ensure the residents were aware of the arrangements in place. Another resident spoke of their appreciation of the support they required with daily activities. However, they felt that their apartment was not always viewed by staff as the resident's home. Some staff were task orientated rather than focusing on the resident as a person. In addition, they sometimes felt their point of view was not valued.

The provider had identified that the format of the personal plans needed to be changed in the annual service review. While this work was progressing the inspector agreed with the findings as the identification and progression of personal goals were not always clearly documented. The inspector was informed that the provider is developing a new template for goal identification and incorporating a future planning process for individual personal plans. In response to the needs of residents' with behaviours that challenge, the provider had a positive approach plan in place. This informed staff of measures to be implemented to assist residents' to express themselves, to facilitate a consistent approach by staff when supporting a resident and a plan to support the resident's well-being.

Individual health assessments were completed with residents. The inspector was informed that the provider is also reviewing the format of these assessments to ensure a comprehensive assessment is in place for each resident to ensure best possible health. On review of the current assessments for some residents, the inspector found that not all assessments had been updated to reflect appointments and referrals that residents had attended or were scheduled to attend.

The layout of the designated centre suited the needs of the residents. It was located close to local amenities. All residents had their own self-contained apartments which were decorated to reflect residents' preferences and interests. However, some areas of maintenance required attention. Scuff marks to paintwork were evident in some areas of the building. There was a leak in the roof over the communal reception area which had also resulted in damage to the flooring in the area. The provider was sourcing a contractor to repair the leak in the roof at the time of the inspection.

A risk register was in place to oversee the management of organisational risks and a procedure was in place to support the person in charge to escalate high-rated risks to senior management if required. However, some organisational risk assessments did not accurately reflect measures that were in place to manage specific risks in the centre. This was discussed with the person in charge during the inspection.

The provider had ensured all staff had received infection prevention and control training necessary to prevent Healthcare Associated Infections, HCAI's. There was evidence of good practice observed by the inspector during the inspection. However, the storage of mop heads in the laundry room required further review as discussed with the person in charge. In addition, the provider had not received an infection control report from the Health Service Executive regarding an outbreak of a notifiable disease that had occurred in March 2019 and had been reported to the Chief Inspector as per the regulations.

The provider had fire safety precautions in place including, regular fire checks, up-to-date staff training in fire safety, emergency lighting and regular maintenance of fire fighting equipment. However, on the day of inspection not all service records were in the designated centre for review by the inspector. Staff were aware of how to support residents in the event of a fire and residents outlined their involvement in regular fire drills. Following a review of the documentation used to record fire drills, the length of time taken to evacuate the centre was discussed with the person in charge. The evacuation times recorded were not reflective of the actual time taken to complete some drills. While minimal staffing fire drills had been completed, the information recorded on the documentation did not reflect the staff members who had actively participated in the drill. In addition, staff names were listed on drill records but had not participated; this was not clearly evident on the documentation. Residents' personal emergency egress plans, PEEPs, required further review. The actions documented to support one resident to have access to emergency medicine in the event of a fire evacuation were discussed with the person in charge during the inspection and required a review and updating on their PEEP.

The provider had measures in place to ensure the safeguarding of residents from

being harmed from abuse. All staff had attended safeguarding training which ensured that they had the skills and knowledge to recognise the signs of abuse and neglect. Residents were knowledgeable about their personal rights as well as the provider's policies such as how to make a complaint if they were unsatisfied with the care and support they received. Residents were also aware of how to access advocacy services.

### Regulation 10: Communication

The provider ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Residents were also facilitated to access assistive technology, aids and appliances.

Judgment: Compliant

### Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes and they were also supported to visit their family and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions as per organisational policies and procedures.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to access opportunities for education, training and employment. However, the opportunities to participate in activities were not always in-line with residents' wishes.

Judgment: Substantially compliant
<b>Regulation 17: Premises</b>
The centre reflected the residents' personal choices and interests. The design and layout was suitable for its stated purpose. However, some areas of general maintenance required review.
Judgment: Substantially compliant
<b>Regulation 20: Information for residents</b>
The provider had ensured that residents had access to information about the services and facilities available in the designated centre.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk. However, some risk assessments required further review.
Judgment: Substantially compliant
<b>Regulation 27: Protection against infection</b>
The registered provider ensured procedures consistent with the standards for the prevention and control of healthcare associated infections were in place in the designated centre. However, the storage of equipment required further review.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>

Fire safety records were reviewed. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. However, not all records were available for review on the day of inspection. Records of fire drills indicated they were taking place regularly but the information contained in the records did not accurately reflect the actual staff involved or the duration of the drills. Also, some personal emergency egress plans required further review.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider ensured there were robust reviews of medication management within the designated centre. However, daily checks of the medication fridge were not always documented in-line with the provider's own policy.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider was progressing with a new template for residents' personal plans which reflected residents' needs and staff knowledge. However, the documentation of personal goals and their progression required further review.

Judgment: Substantially compliant

### Regulation 6: Health care

The health needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. However, not all documentation was up to date regarding scheduled appointments for some residents and follow up was required by the person in charge following the review of referrals that had not yet taken place.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider ensured that positive approach plans were in place for residents that required this support. All staff had up-to-date knowledge and training to ensure the support provided was in accordance with the current practice developments.

Judgment: Compliant

### Regulation 8: Protection

At the time of inspection there were no safeguarding concerns at this centre. All staff had received safeguarding training and knew how to respond to a safeguarding concern.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Kerry Cheshire OSV-0003447

Inspection ID: MON-0025755

Date of inspection: 21/11/2019

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All restrictive practices to be reviewed and reported by the person in charge in the quarterly notifications submitted.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Quality Team are currently reviewing the complaints documentation. In the interim the feedback sheet introduced for one resident will be used for all others to ensure that residents know that they are listened to and resolution documented.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Social activities will be discussed individually with each service user on a weekly basis to arrange activities in line with their wishes. Also there will be a review of their goals</p>	

every quarter to evaluate the progress they are making towards reaching their goals.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Two areas identified during inspection.

There was a leak in the roof which was repaired on 05/12/2019.

Also an apartment had scuff marks from wheel chair and this is in the process of being redecorated with the service user's consent.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Risk assessments are in place. Risk management training has been provided to all management team. The updated organizational template will to be used and full review of the general risk ratings will be completed.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Storage of clean mop heads has been reviewed and are now stored separately.

Regulation 28: Fire precautions

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Full review of documentation of fire procedures has taken place. A fire drill has taken place since inspection. A new company has been contracted for servicing of fire safety equipment. Fire drill recording practice reviewed with Head of Safety and Risk Management and recording of simulation changed in line with the regulations. All PPEPS have been reviewed.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Policy reviewed and medications fridge checks recorded in line with provider's own policy since 25/11/2019.</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: A new template was introduced by quality partner for recording of goals so that they are clear and easier to follow.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Discussed at team meetings that all appointment logs to be kept up to date. All follow ups to be reviewed on a weekly basis with the management team of the service.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	17/01/2020
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	17/01/2020
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to	Substantially Compliant	Yellow	17/01/2020

	<p>in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.</p>			
Regulation 27	<p>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.</p>	Substantially Compliant	Yellow	30/12/2019
Regulation 28(4)(b)	<p>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</p>	Substantially Compliant	Yellow	19/12/2019

	procedure to be followed in the case of fire.			
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	25/11/2019
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	25/11/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at	Not Compliant	Orange	30/01/2020

	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.			
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	17/01/2020
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/01/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the	Substantially Compliant	Yellow	31/01/2020

	resident, such treatment is facilitated.			
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