



Office of the Chief Inspector

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

Name of designated centre:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	27 August 2019
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0022540

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hour, seven day residential services on a 52 week cycle each year for 26 residents in a rural location in Co. Kildare. The designated centre consists of eight residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Residents are supported by a team of social care workers, care assistants and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 August 2019	09:30hrs to 20:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector meet with a number of residents throughout the course of the inspection and residents greeted the inspector as they walked around the large site. Residents were aware of the inspection process and some had an interest in talking with the inspector in greater detail. Residents were engaged in various activities as observed during the inspection, some were returning from day services and workshops for lunch and others were availing of the centres transport to access the community.

The inspector found that residents were enabled and assisted to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care as discussed below under quality and safety of services.

One resident spoke to the inspector in relation to their proposed transition to an apartment on site in line with their assessed needs. The resident was excited about this move and showed the inspector the plan they had worked on, in conjunction with their keyworker, that detailed what they would like in their new home.

One of the residents advised the inspector about their role as a representative in the organisations' health and safety committee. The purpose of the role was to liaise with other residents regarding health and safety concerns that were important to the residents themselves. A walking path was improved as a result of the residents' consultation.

Residents' views were also taken from the Health Information and Quality Authority's questionnaire forms, of which eight were completed for the inspector to review during inspection and one was received post inspection. These questionnaires were completed by residents themselves, with the support of staff and the support of families. Staffing support provided in the centre was rated positively in all questionnaires. Of those who had made complaints, all but one were happy with how these had been addressed. Residents were very happy with the recreational and social activities that took place in the designated centre and those outside of the centre. Some residents requested to avail of extra activities or to attend more of these activities including bowling, swimming and trips to restaurants, pubs, music and dancing.

Through the continuity of the workforce, relationships between residents and staff were being maintained. The inspector observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

Overall the inspector found that this centre was well-governed and that the provider was in the process of addressing previous failings so as to ensure the delivery of a good quality and safe service. The provider had effective systems of review and involved residents in decisions about the operation of the designated centre, improvement was noted on previous inspection findings. The provider had self-identified that further improvements were required in policies and procedures, the directory of residents and staffing arrangements.

The management system had been reviewed since the previous inspection to ensure that the monitoring of the service was appropriately overseen and consistent; this had resulted in a more cohesive sharing of information between the managers of residential services and the manager for health and safety of the campus. There was evidence of open communication that supported good governance such as the meetings that took place between staff, between management, between staff and management and residents and management. Minutes seen of these meetings demonstrated that relevant information was exchanged. Staff and residents were supported to raise queries and concerns about the service and staff advocated for residents; for example in pursuing individual interests through keyworker sessions. The management structure was clear as was individual responsibility, reporting relationships and individual accountability for the quality and safety of the service. This was evident in the improvement of quality outcomes for residents and addressing non compliance's from previous inspections.

The provider had conducted an unannounced audit of the care provided in the centre which identified areas for improvement. There was a system of audits in place which gathered data on various elements of the care provided such as medications and adverse events. An annual review of the service was carried out and an action plan was developed, to address any identified issues. The inspector found that actions generated from these internal audits had been addressed by the person in charge and management team in a prompt manner, which resulted in continuous improvements in the quality of care provided to residents. Throughout the course of the inspection, all requested documentation was easily retrievable and maintained to a high standard.

The inspector found that the staffing whole time equivalent (WTE) had increased since the previous inspection and there was approval for one further social care worker post. This was the result of a finance and operational review of the centre to ensure it was effectively resourced. There was a reduction on the reliance on agency and volunteer workers, with support being provided as described in residents' personal plans and associated support interventions. There was evidence of collaboration between residential and day service staff ensuring continuity of care for residents.

The staff team were found to be well-trained and knowledgeable about residents' needs and preferences. There was evidence of good oversight of training needs in the centre, with all staff up-to-date in mandatory training. Based on residents' needs other appropriate training had been identified and all staff were facilitated to attend.

The inspector noted that there was a comprehensive supervision system in place whereby all staff and volunteers were involved in a formal one to one supervision process to support staff to perform their roles to the best of their abilities.

The inspector reviewed complaints records and saw that staff supported residents to make a complaint and residents had access to senior management so as to progress and address their complaints. There was evidence that residents were assured that they should have no concerns or fears about raising any issue that they were not happy with. From the review of the complaints log made since the previous inspection the record indicated that all complaints were resolved to the satisfaction of the complainant.

There were a number of policies and procedures, required under Schedule 5 of the regulations, that had not been reviewed and updated within a three year period (the minimum review period outlined in the regulations) or were not aligned to the changes to the national organisation. This had been acknowledged by the provider previously and there was a plan in place to ensure all policies were up to date.

The statement of purpose and directory of residents required review to ensure that the information contained within was up to date, accurate and reflective of the service provided.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew registration of Dunshane Camphill Communities of Ireland was received by the Office of the Chief Inspector on 02 August 2019. It was noted that not all information required to accompany this application was submitted and the provider was requested to return this information no later than the 27 August 2019 which had not been received.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and had sound knowledge of the residents and their needs and of the general operation and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector met with three staff members who were found to have a good understanding of the residents' care needs. Residents who met with the inspector stated that they liked the staff on duty and could go to them if they had a problem. A review of rotas in the centre indicated that a core group of both full-time and part-time staff provided continuity of care to residents. Due to the approval of two additional social care worker posts the staffing levels and arrangements were sufficient to meet residents individualised needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were appropriately trained, including refresher training and also training in areas of good practice. Staff received formal and informal supervision by the management team which proved effective in providing a safe service to residents.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place that contained most of the required information but it was noted that there were gaps in the name and address of any authority, organisation or other body, which arranged residents' admission to the designated centre and dates of admission.

Judgment: Substantially compliant

Regulation 21: Records

All records and documentation reviewed on this inspection were found to be clear, accurate, safely secured and easy to retrieve.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents and other risks in the designated centre, including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively and consistently governed and resourced so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had systems of review and utilized the findings of reviews to inform and improve the safety and quality of the service. The provider had responded positively to previous inspection findings and had and was in the process of taking action to resolve matters that impacted negatively on residents lives.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of contracts for the provision of services and noted that they contained all of the required information including the services to be provided and fees chargeable.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available with the centre. Improvements was required to ensure all required information was within document in line with regulatory requirements including the WTE of staff / management and the service provided.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure on the receipt, recording, investigation, learning from and review of complaints. The inspector reviewed the management of complaints received since the previous inspection, including the actions required to address the complaint and complainant satisfaction with the management and outcome of the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all of the required policies were reviewed in line with changing processes, procedures and organisational reconfiguring.

Judgment: Not compliant

Quality and safety

The inspector found that the overall lived experience of residents availing of the services of the designated centre was positive and some areas of improvement were identified through the inspection process. Four of the seven regulations inspected against relating to quality and safety required review by the provider. Despite this, the inspector found examples of good practice which included the involvement of residents in shaping the service received, the development of relationships with the local community and personal networks of residents, and the creation of opportunities for long term valued social roles to be developed.

The inspector completed a full walk through of the site in the company of the person in charge. The designated centre consisted of eight properties and found that internal spaces were decorated and maintained to a high standard. Each residents' privacy was respected, with residents having their own rooms. Resident bedrooms were personalised according to individual tastes and requirements.

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Staff members spoken with during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. A sample of care plans and personal support plans reviewed, reflected the assessed needs of individual residents and outlined the supports required to maximise their personal development in accordance with their individual health, personal and social needs and choices. There were social goals in place that were set out by key workers, in conjunction with residents, and were reviewed on a regular basis. It was evident that staff were working with residents on a regular

basis to achieve these goals. The person in charge had ensured the personal plans and assessments were subject to regular reviews and were updated accordingly. The inspector observed that some residents were supported to take their first foreign holiday through the development of social stories and accessible information for residents. Personal plans were also adapted to meet the assessed needs of residents using Braille and assistive technology.

Arrangements were in place to support residents on an individual basis to receive services to enjoy best possible health. Staff supported residents to access and attend healthcare services such as their General Practitioner (GP), dentist, psychiatry, psychology and chiropody. There was also evidence that National Screening Service appointments had been facilitated as necessary.

During the inspection, plans regarding the planned transition of two residents were outlined. There was evidence of accessible information provided to residents to support this transition. Staff outlined goals that residents were being supported to achieve to further support this transition. One of these residents was spoken with as part of this inspection and it was evident that consultation and transitional planning had taken place. It was clear that good governance, oversight and planning was in place regarding this transfer.

There was evidence to show that the registered provider protected residents from abuse. The person in charge had responded appropriately to any safeguarding concerns. Safeguarding plans that were implemented across the centre had been developed with input from the organisation's designated officer, demonstrating appropriate oversight. The sample of personal plans reviewed included individualised personal and intimate care plans for residents ensuring that support at these vulnerable times considered residents' personal preferences and dignity. While the person in charge conducted effective audits and reviews of cash expenditure, the auditing system needed to be widened to include banking transactions to ensure that residents had provided consent and to protect them from the risk of financial abuse. This was identified on a previous inspection and the provider could demonstrate that improvements had been made to a number of residents financial arrangements to date and that there was on going consultation with external agencies to ensure that this was completed for all residents.

Overall, the centre had an established medicines management system to support the residents' needs. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage and disposal of medicines and staff spoken with demonstrated good understanding of these systems. All records viewed were in line with the providers' policy and best practice. However improvement was identified in the administration of PRN (medicines as required) medication as the inspector identified one incident where the maximum dose in 24 hours for pain relief was succeeded in 23 hours. This was discussed at the feedback session and brought to the attention of management to ensure that the protocols accurately guided staff practice.

There were appropriate fire precautions in place and staff were conducting regular checks of emergency lighting, exits, fire doors, fire extinguishers and the fire alarm

panel. The provider had ensured that all fire precautions were serviced as required and emergency procedures were on display. Recommended areas of works regarding fire safety were brought to the attention of the inspector and a scope of works associated with this commissioned inspection. While this report outlined a number of areas that required to be addressed from a fire safety perspective, the provider was found to be acting in terms of ensuring all parts of the centre were fire safe and procedures were in place to ensure that all residents were protected. Regular fire drills were occurring in the centre which indicated that the residents could be evacuated in a prompt manner. Improvement was identified to the recording out of these fire drills to ensure that they included a night time stimulated fire drill.

The health and safety of residents, visitors and staff were promoted and protected. An improved risk management system had been implemented since the last inspection and the risk register was observed to be maintained as a live document. The inspector reviewed individual risk assessments for the residents which contained a good level of detail, were specific to the resident and had appropriate measures in place to control and manage the risks identified. Weekly health and safety checks were completed with appropriate actions taken to address issues identified. Residents were consulted with, for their opinions on health and safety matters as related to them through the appointment of a resident health and safety representation. The risk management policy in place required review to ensure to contained all relevant requirements of the regulations.

Regulation 13: General welfare and development

Residents were supported to take part in a range of activities that they enjoyed and which reflected their assessed needs, capabilities and interests. The management team and staff ensured that residents had choice in when they would like to attend day services and training by facilitating opportunities to partake in the community.

Judgment: Compliant

Regulation 26: Risk management procedures

An up-to-date risk register was in place which outlined risks in the centre and the control measures in place to reduce the level of associated risk. Some improvements were required to the risk management policy to ensure it includes all requirements of the regulations.

These were:

- the measures and actions in place to control the accidental injury to residents, visitors or staff
- the measures and actions in place for the unexpected absence of any resident
- the measures and actions in place to control aggression and violence
- the measures and actions in place to control self harm
- the 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.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were appropriate fire precaution measures in place for the prevention, detection and response to fire. Appropriate equipment, emergency lighting and fire evacuation drill were evident. Improvement was required in the fire drill procedures to ensure that there was a stimulated night time drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of prescription and administration records were reviewed by the inspector. It was found that the required information such as the medicines' names, the medicines' dose and the residents' date of birth were contained in these records. Appropriate storage facilities for medicines were also provided for. The inspector observed one incident whereby the maximum dose of a painkiller in 24 hours was reached in 23 hours and required review to ensure that the protocols accurately guided staff practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment used which clearly demonstrated the individual health, personal and social care needs of the resident. The outcome of the assessment was used to inform an associated plan of care for the resident and

this was recorded as the residents personal plan. Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured that residents' healthcare needs were assessed on a regular basis and guidance was available to support staff in caring for the healthcare needs of these residents. Residents also had access to a wide variety of healthcare professionals, as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the management of safeguarding concerns was appropriate and in line with policy and best practice. All staff had received safeguarding and protection of vulnerable adults training. The auditing system needed to be widened to include banking transactions to ensure that residents had provided consent, and to protect them from the risk of financial abuse.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0022540

Date of inspection: 27/08/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: All relevant outstanding information requested by the regulator in relation to application for renewal of registration has been submitted by the person in Charge.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: The person in charge with support from the Deputy person in charge will contact each resident's family individually regarding their son/daughter's initial admission. As this information is not currently available for every resident currently in the designated centre. Each relevant CHO within the HSE will also be contacted in relation to gathering this information. All new information gathered will be placed onto the directory of residents.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Amendments were made regarding the WTE of staffing levels within the designated centre to reflect current staffing levels. This included the staff employed within the Day capacity providing additional 1:1 supports for residents within the designated centre accessing community inclusion specific to their care plan.</p> <p>Updates were all made regarding the provision of supports provided in a social context by the vocational volunteers.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: CCoI have appointed a policy coordinator to review and amend policies as required at senior management level. Currently the Policy coordinator is working on specific policies as identified by the Senior management team. This work is ongoing. The draft policy is referred to the Quality and Safety working group to review. On completion of the draft policy it is presented to the senior management team with final sign off from the board of directors.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The organisation risk management framework is in advanced draft form, this is then submitted to the senior management team for further review, and finally submitted to the Board of directors for approval. The HSE risk assessment tool was introduced and is currently in practice in the designated centre.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Comprehensive detailed Fire Drills are carried out in each house on a quarterly basis.</p> <p>Instruction issued to all managers in each house on site that as on from 23/09/2019 that the last fire drill for this quarter (Sept to Dec) will be a Simulated night-time fire drill. Each subsequent year will incorporate at least one of the four quarterly house drills as a simulated night-time fire drill.</p> <p>This will have oversight by the health and safety officer, with additional oversight from the Person in Charge.</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:</p> <p>Currently on the residents Kardex relating to PRN medication it states "see Protocol" within the additional comments section. This has been amended to include max dose and other relevant information necessary to ensure correct administration is adhered too.</p> <p>There will be an introduction of a handover document inclusive off all records of medication administration to each resident within a shift period, ensuring that all staff have full knowledge of all medications administered in the previous 24-hour period. This will be completed by each staff member during the rostered 'handover period'.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: CCoI are currently reviewing the organisation's 'Resident Contract' with a view to ensuring it meets with best practice.</p> <p>An internal auditor has been appointed at senior management level and is currently reviewing the area of resident finances to incorporate autonomy of personal finances. The finance working group within CCoI which will look specifically at the issue of</p>	

resident's finances, ensuring that best practice and safeguarding procedures are being adhered to in relation to Resident finances.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	11/10/2019
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Substantially Compliant	Yellow	11/10/2019

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/10/2019
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	10/01/2020
Regulation 26(1)(c)(ii)	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: accidental injury to residents,	Not Compliant	Orange	10/01/2020

	visitors or staff.			
Regulation 26(1)(c)(iii)	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: aggression and violence.	Not Compliant	Orange	10/01/2020
Regulation 26(1)(c)(iv)	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: self-harm.	Not Compliant	Orange	10/01/2020
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to 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	Not Compliant	Orange	10/01/2020

	of life have been considered.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2019
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	11/10/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/10/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief	Not Compliant	Orange	10/01/2020

	<p>inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</p>			
Regulation 08(2)	<p>The registered provider shall protect residents from all forms of abuse.</p>	Substantially Compliant	Yellow	31/12/2019