Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Kyle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0003625
Fieldwork ID:	MON-0029613

About the designated centre

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

Camphill Community Kyle provides long-term residential services for a maximum of 17 residents, over the age of 18, of both genders with intellectual disabilities, physical disabilities and autism. The centre is located in a rural setting and comprises six units of two-storey detached houses and standalone apartments with each accommodating between one and five residents. All residents have their own bedrooms and other facilities throughout the centre include kitchens, dining rooms, sitting rooms, utility rooms, bathrooms and staff offices. In line with the provider's model of care, residents are supported by a mix of paid staff (including a nurse, social care staff and care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
Wednesday 29 July 2020	09:00hrs to 17:00hrs	Tanya Brady	Lead
Wednesday 29 July 2020	09:00hrs to 17:00hrs	Conor Brady	Support
Wednesday 29 July 2020	09:00hrs to 17:00hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

This centre is currently home to 16 residents and all were present on the day of inspection. Inspectors had the opportunity to meet with and observe 6 residents over the course of the day. A number of residents did not communicate verbally. Some of the residents were busy on the centre's farm which forms part of the site of this centre, some residents sought to meet inspectors and others had requested not to meet with inspectors and this was respected.

One of the residents was waiting for lunch and seen to be in the kitchen-dining room with staff while the meal was prepared. They were listening to music on an iPad with their favourite songs gathered in a playlist which was next to them. The resident used headphones to listen from time to time and indicated via gesture, facial expression and gesture that they enjoyed the music. Staff reported that the resident will also bring them towards items to request something as a means of their communication. The resident sang a song for the inspector and also held out their hand to indicate they had had their nails painted.

In one house a resident asked the inspector about their job and why inspectors visited their house. They also explained they were interested in cars and wanted to know what car the inspector had driven to the centre. The resident was seen to engage with all staff in the house and was familiar with the routines and was seen to set their place at the table with support. A peer who was out on the farm also had a place set at the table for them and their lunch had been prepared for them to have at a time that suited them.

One resident communicated with an inspector that they loved the staff they worked with and spoke at length about the many activities and educational courses they were enjoying. However they also communicated that at times, they thought the weekly house budget was not enough to purchase all of their preferred food items. They also communicated that they did not like some of the food items supplied by the centres farm. The provider cited at feedback that what this resident was saying was not in fact the case - and asserted that the house budget was sufficient. Other residents met by inspectors did not communicate verbally with inspectors.

Capacity and capability

In November 2019, the Chief Inspector of Social Services received information of concern submitted through statutory notifications by the provider relating to a number of incidents of alleged financial abuse of residents. On the basis of that information, inspectors prioritised this centre for a risk based inspection in December 2019 whereby the centre was found not compliant with regulations

regarding governance and management and resident protection and safeguarding. Assurances were made and submitted to the Chief Inspector by the provider at this time following these concerning findings.

Prior to this inspection, Camphill Communities of Ireland had been required to submit a number of formal assurances to the Chief Inspector regarding the safeguarding arrangements for residents and the safety and quality of care delivered across a number of their designated centres.

This inspection was also a risk based inspection and was scheduled to review the provider's governance and management arrangements to ensure good quality care and support was provided to residents.

Overall inspectors found increased compliance with the regulations since the last inspection, with improved systems for auditing and monitoring in place to provide a good quality and safe service to residents. However a number of serious regulatory concerns remain in relation to provider level oversight of the service. A serious safeguarding review of the management of residents finances in this centre which was still not completed as per the providers time lines submitted to the Chief Inspector was of particular concern. This matter related to the reported retrospective misappropriation of large sums of resident monies over a number of years. Inspectors were informed that this matter was not yet concluded at the time of inspection despite the completion date for this review (set by the provider) as March 2020.

Staff and management were found to be welcoming and available to the inspectors throughout the inspection day, inspectors found no difficulties with accessing and reviewing all requested documentation. A full time person in charge was in place who had the experience and skills necessary to manage the designated centre. Inspectors attributed a number of the positive changes found in the centre to the management of the person in charge. The centre comprised of six houses and each house or paired houses had a house co-ordinator who reported to the person in charge on a daily basis. The person in charge and the house co-ordinators were a regular presence in the centre and all were involved in oversight of the daily running of the centre. However, oversight and monitoring of the centre at a provider level required improvements at times. An annual review of the care and support was completed for the centre for 2019 with actions identified. A six monthly unannounced provider audit of the safety and quality of care and support provided in the centre had taken place in February 2020 as required by regulation but prior to that the previous one had been in April 2019. In addition, provider led reviews of substantive financial safeguarding concerns had not yet been completed as per the providers timelines submitted to HIQA. Given the content and nature of the findings this was a significant concern.

There was a consistent group of core staff employed in the centre however inspectors did have concerns regarding some staffing arrangements operating within the centre. It was observed that the staff engaged in an appropriate and caring manner with residents in their homes. A number of staff personnel files were reviewed and it was found that all Schedule 2 documents were in place as required.

This included employment history, Garda vetting, employment references and evidence of qualifications. Line managers were completing regular one to one supervisions and appraisals with all staff. However, the inspectors discussed concerns on the day with the person in charge and the management of the centre regarding the level of responsibility and number of hours worked by short term co-workers (volunteers) in the centre. On reviewing the centres rosters, inspectors noted that the short term co workers were, in some of the houses, the only staff cover at night and were the identified persons responsible for the care and support of the residents, in addition to being listed as shift lead, first aider and fire marshall. These volunteer co workers were found to be working hours over and above the employed staff in the centre in order to ensure there was support for residents. For example, on two rotas reviewed the short term co-workers were working in excess of 70 hours per week. This demonstrated an over reliance on the part of the provider on unqualified volunteers for the extensive care, support and supervision of resident safety and care.

The inspectors reviewed contracts of care for residents' and noted that they contained information required by the regulations including charges and additional charges that the residents were responsible for in relation to their day to day support. However, inspectors found ambiguity as to what was covered by fees and what residents paid for in practice. For example beds and toiletries were marked as included in resident charges but some residents were found to purchase these items separate to their charges. In addition, some residents charges had not been reviewed or updated since 2017. The provider highlighted at preliminary feedback that they planned to introduce a new contract for all residents (nationally across their service) which had been a feature of a number of recent inspections. Given the gravity of the financial issues identified and currently under provider investigation this issue left centres reliant on 'local protocols' some of which had not been appropriately reviewed in a number of years which was a concern.

The registered provider is required to have specific written policies in place and these are to be reviewed at intervals no longer than three years. Policies reviewed by the inspectors on the day had not been reviewed as required by the registered provider within the required time frame. This was particularly relevant as the provider had set time lines for the review and amendment of key policies and procedures and notified the Chief Inspector of Social Services of same. These had not been met and staff were therefore operating in the absence of provider led and approved polices. For example, the providers safeguarding policy was last reviewed in 2016.

Regulation 14: Persons in charge

There was a full time person in charge in this centre who had the experience and skills necessary to manage the designated centre. It was seen that the person in charge was engaged in the governance, operational management and

administration of the centre on a regular and consistent basis.

Judgment: Compliant

Regulation 15: Staffing

There was a core group of staff working in this centre to ensure consistent care and support to residents. However the level of responsibility and number of hours being worked by co-workers (volunteers) required review, in particular as they are named and used as staff without the corresponding qualifications.

A number of staff personnel files were reviewed and it was found that all Schedule 2 documents were in place as required.

Judgment: Not compliant

Regulation 16: Training and staff development

Training was provided in areas including fire safety, manual handling, medication management, safeguarding, and infection control. Some refresher training in safeguarding was postponed due to COVID-19 restrictions. The provider had facilitated some online learning in light of this.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place which was known to residents, staff and co-workers in the centre. Audits had been carried out in key areas such as health and safety, complaints and medicines. Outcomes from audits were maintained in the centre which included an action plan to address any issues found. Inspectors saw evidence that the person in charge had taken action in response to such issues.

The annual review had been carried out as required by regulation. However, the six monthly unannounced visits had not been conducted at the required intervals with one in April 2019 and most recently February 2020. Provider led reviews of serious incidents had not been completed within provider timelines. Review of 'local protocols' was required to establish clear provider led policy and guidance was implemented and guiding practice.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Contracts for the provision of services to residents were reviewed and they contained details of the services and facilities to be provided to residents. A number of local protocols were in place regarding the areas covered by the charges however there were discrepancies between these in areas . In addition, for some residents the detail of charges had not been reviewed or updated since 2017.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider is required to have specific written policies in place and these are to be reviewed at intervals no longer than three years. Policies reviewed by the inspectors on the day had not been reviewed as required by the registered provider within the required time frame.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the day to day service provided for residents was facilitated in a person centred manner based on observations. However the inspectors found that improvements were required by the provider in areas such as safeguarding residents, and in supporting residents in the management of their personal possessions and finances. In addition, this inspection afforded review of the infection control measures in place, in light of the COVID-19 pandemic.

Inspectors observed that many residents were provided with a good quality of life in terms of day to day care. Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice. For example, residents spoke to inspectors of activities they enjoyed, these included listening to music, gardening, social events and trips away. However in one house there were safeguarding concerns that residents were clearly not compatible. Inspectors found that curtains were erected and pulled across a hall (to remove visual trigger of escalated behaviours) and one resident was required to eat their meals in another location/building and spend a lot of time outside of their

home due to the levels of incompatibility of the residents. On further review of incidents inspectors noted that while meetings had occurred citing an alternative more appropriate placement was being considered, this had not yet formulated into planning stage. The provider highlighted they had not necessarily considered this a safeguarding concern.

All staff had received training in the safeguarding and protection of vulnerable adults. However, inspectors noted in addition to the situation outlined above that the provider had not concluded the process of reviews into areas of significant financial safeguarding concern. Inspectors reviewed 50 safeguarding concerns with management on the day of inspection. These varied from alleged cases of physical, psychological, sexual, financial, neglect and institutional abuse occurring in this centre. While inspectors found a much improved system for the reporting and recording of safeguarding concerns (than had been evident on the previous inspection) further improvements were still required in this area. For example, the volume of safeguarding concerns, the emergence, management and conclusion of retrospective/current allegations. In addition, improvements were also required in safeguarding follow up and response (in some cases). For example, a number of cases had no reported evidence of follow up following a recent meeting between the provider and local HSE safeguarding team. This was a reported current priority of management. It must also be noted that there was evidence of some good work completed in some very complex safeguarding cases by a person in charge attempting to change the safeguarding culture in the centre.

Staff spoken with were knowledgeable regarding processes in place for the management of residents finances. Systems were in place for the recording of daily expenditure and these were signed and dated by a minimum of two senior staff members. Residents personal finances were stored in secure facilities, and following a check on a sample of residents finances, inspectors found that records accurately reflected sums of money in place for individuals. It was seen however, that there were some centre specific processes in place regarding the management of resident finances which from a provider perspective meant they were not in a position to oversee and audit practice across their designated centres. For example, inspectors found a 'local protocol for management of resident disability allowance'.

Some residents reportedly did not have full access to their own money at all times and some had no bank card or any sight of their accounts. In some instances, staff and management supporting the residents did not have oversight of the residents spending. For example, whereby some families reportedly supported residents with their finances the resident/provider had no copies of bank statements/finances, and therefore could not complete audits in line with the providers own service policy.

Overall, inspectors found that residents did appear to have some choice and control in their daily lives. Residents were regularly consulted regarding their preferences with mealtimes, activities and daily routines. Staff had supported residents to continue some of their daily activities in the centre during the COVID-19 lockdown period. There was evidence of referral to independent advocates for residents. In one instance a resident currently engaged with advocates shared with inspectors details of pieces of work they had identified as important to them and the

progress they had made to date in achieving their goals. Inspectors found that advocacy was also utilised in some instances whereby safeguarding concerns were apparent.

The inspectors found that the premises were visibly clean on the day of inspection. Clear cleaning schedules were in place that staff were adhering too. Staff and residents had access to hand washing facilities, alcohol gels and personal protective equipment (PPE). Upon request, one staff demonstrated appropriate hand washing techniques. The provider was adhering to national guidance when supporting residents in receiving visits from family members. Signage was observed around all areas of the designated centre, guiding staff and residents on protocols in place for infection prevention and control, and social stories had been developed for residents to communicate some specific measures in place. However, Inspectors reviewed a freezer storage facility for raw meat which was observed to be visibly unclean on the day of inspection and not subject to any regular cleaning and temperature checking to ensure appropriate hygienic conditions for the storage of frozen food items in the designated centre. This needed to be addressed and was highlighted to the provider once found by inspectors.

Regulation 10: Communication

Residents were observed to present with a variety of communication methods and with varying levels of understanding of language. Staff were observed to adapt their communication style and to use communication methods unique to each individual. Inspectors observed the use of a communication specialist software package, manual signing systems, objects of reference in addition to clear and simple language. Staff used gesture to support understanding when they were wearing face masks.

Judgment: Compliant

Regulation 11: Visits

The provider and person in charge had ensured that they had at all times adhered to national public health guidance on visiting during the COVID-19 pandemic. Clear guidance was available to the residents and the families or representatives during this period.

The provider was adhering to national guidance when supporting residents in receiving visits from family members as lockdown was easing.

Judgment: Compliant

Regulation 12: Personal possessions

Staff and management supporting residents who did not have access to their own finances did not have any oversight of the residents spending, at times they had no copies of bank statements, and therefore could not complete audits in line with the service policy.

Judgment: Not compliant

Regulation 13: General welfare and development

Inspectors were satisfied that residents were provided with a good quality of life in keeping with the ethos of the provider.Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice. The person in charge had endeavoured to ensure that these opportunities were maintained during the COVID -19 pandemic albeit with specific control measures in place.

Residents were engaged with independent advocates to support them in achieving goals that were important to them.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in place for protection against infection (COVID -19) in the designated centre. However conditions observed of raw meat and a lack of appropriate storage, cleaning and temperature/date checks was required to ensure the protection of residents from all health care associated infections.

Judgment: Not compliant

Regulation 8: Protection

While improvements in the systems of recording and reporting were apparent since the previous inspection, further improvements were required in the providers management and response to the high volume and substantive nature of

the safeguarding concerns in this centre.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Camphill Community Kyle OSV-0003625

Inspection ID: MON-0029613

Date of inspection: 29/07/2020

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Role of STCW's: • National Provider strategy meeting in relation to the role and remit of STCW's scheduled Friday 17th September 2020. The purpose of this review is to develop a national strategy for the reshaping of the volunteer role within CCOI to ensure it functions as an additional resource to enhance Residents life and to support and maintain the intentional communities of CCOI rather than as a sore support role for communities. • Roster review and analysis to be completed by PIC by 31st October 2020 and will included information where volunteers provide core supports to residents. Gaps in requirement for Personal File as per Schedule 2 • A full audit of staff files to ensure that all documents in respect of schedule 2 are held for all staff will be undertaken by the PIC/Community Q & S Officer by 30th September. Any gaps identified will be rectified by 31/10/2020.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • An unannounced inspection will be completed in the community by 15th November 2020 • An annual review report will be finalised by the 31th of January 2021, as per schedule. • The work of the Serious Incidents Management Team is in process. The SIMT	

appointed an external financial auditor in August 2020 to conduct a forensic analysis of the DA transactions which took place between 2003 and 2007. This review and analysis is completed and will inform part of an the interim report to the CCoI board meeting in October 2020. The Chair of the SIMT will supplement this information with an update on the overall SIMT process and additional actions / potential extension of the current ToR to enable completion.

• A full review of all local SOPs & Protocols will be undertaken by the national Q&S lead by 31st of October 2020
• Where national organizational policies exist a joint review of the local SOP/ protocol will be convened to get direction and guidance for the local team from the function lead on the appropriate implementation of the organizational policy or procedure.
• All reviews with functional leads will be completed by 15th of December 2020.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
• CCoI are in the process of implementing new contracts of care, a process of discussion and engagement is taking place with Residents at present. Families of residents and any responsible signatories have been notified of the arrangements which are coming into force from 10th of September 2020.
New contracts of care will be in place in September 2020.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
1) The CCoI Leadership Team commenced a process of updating overdue policies. A part time policy developer has been employed at national level.
2) The revised contract of care will be in place by the September 2020
3) Revised residents finance policy is complete, the associated SOP is being finalized and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint. A national implementation plan is currently being developed.
4) Review of money management assessments by PIC, ensuring that supports provided

to residents are in line with their assessed needs and consent for support is documented will be completed by 31st October 2020.
5) CCoI have recently appointed persons into key national positions, HR, Finance, Regional Operational Management, Regional Safeguarding Lead, Clinical Lead.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
1) Revised residents finance policy is complete, the associated SOP is being finalized and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint. A national implementation plan is currently being developed.
2) The PIC will do spot checked that all residents receive a money management assessment, a completed inventory list of possessions supported by an informed risk analysis any ambiguities or high risk assessment will be escalated to the regional manager.
3) A schedule of engagement with families will be in place to discuss residents assuming rightful control over their bank accounts and finances. Family engagement on this topic has been ongoing to ensure access to Bank statements and oversight.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Daily cleaning and temperature and date checks has commenced for the freezer on the 1st of August 2020.
• PIC/ Q&S Lead will undertake a weekly inspection of all community homes and buildings, commencing 21st September 2020. This inspection will incorporate an overarching audit of compliance with organization SOPs across aspect of infection prevention and control including oversight of the daily temperature checks and cleanliness as appropriate for food storage.
• Audit outcomes will be a standard agenda item in all weekly house meetings ensuring actions required are addressed and reported on in a timely manner.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

• All outstanding pre 2018 safeguarding concerns that are still open and require follow up are scheduled to be addressed and will be closed off by the 31/12/2020.

• Clinical support officer and Regional safeguarding lead have been providing and will continue to provide onsite support to front line staff and the PIC relating to the management of ongoing behaviour of concerns and safeguarding concerns.

• Cross functional review process has been undertaken of three residents who present of the highest levels of BOC and safeguarding incidents.

• A review of placement of one resident regarding his suitability and compatibility will be undertaken by the PIC and RM by 31/10/2020.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/10/2020
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.	Not Compliant	Orange	31/10/2020
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	15/12/2020

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	15/11/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and,	Not Compliant	Orange	30/09/2020

	where appropriate, the fees to be charged.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	21/09/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/10/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2020