



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

## Issued by the Chief Inspector

Name of designated centre:	MooreHaven Centre (Tipperary) DAC
Name of provider:	MooreHaven Centre (Tipperary) Designated Activity Company
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	20 January 2021
Centre ID:	OSV-0003723
Fieldwork ID:	MON-0030851

## About the designated centre

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

The designated centre is located in a large rural town. It provides residential care for adults over the age of 18 years. The centre provides supports to full-time residents both male and female with an intellectual disability and autism. Respite support can be afforded to one service user at any one time. The centre is comprised of five dwellings in close proximity to local amenities and facilities within the town. The service operates on a 24 hour, seven days a week basis with staff present by day. Four dwellings had one staff member allocated by day and all four had one sleepover staff by night. One resident required one to one staff support and this resident had a designated staff allocated to them by day and a waking staff member by night which was supplementary to the allocated staff member referred to above. One dwelling was specifically for use as a COVID-19 isolation centre and was not in use at the time of inspection. The isolation unit comprised of a sitting room, a kitchen / dining room, 4 single bedrooms and a bathroom / toilet. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room, a bedroom for staff and a bedroom en-suite. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One house was a two storey dwelling comprised of a ground floor with a living room, a kitchen / utility room and a bedroom. The first floor contained a bedroom en-suite, 3 bedrooms and a bathroom. One of these bedrooms was the staff sleepover room. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen, a bedroom for staff and a bedroom en-suite, 4 bedrooms and a bathroom. One house was a bungalow comprised of a ground floor with a sun room, a living room, a kitchen / dining room and utility room, a bedroom for staff, 5 bedrooms and 3 bathrooms. All dwellings had front and rear gardens. The staff team was supervised by a person in charge who was a qualified intellectual disability nurse and a team leader who was a social care leader. The staff supporting residents were social care workers and care assistants.

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

Number of residents on the date of inspection:	17
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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
Wednesday 20 January 2021	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector reviewed previously requested documentation in the registered providers in advance of attending one of the residences attached to the designated centre. The inspector reviewed documentation in a day service close to the registered centre, with the permission of the provider. Social distancing was observed and discussion with residents was limited to 15 minutes each. Hand hygiene was practiced and the inspector and staff wore a face mask.

The person in charge introduced the inspector to two residents who were sitting in the sunroom. One resident was engaged in colouring and one resident was busy on their mobile phone. They offered the inspector a cup of tea. When finished on the phone, a resident offered to show the inspector their bedroom. The resident was very proud of their room which was very tidy, homely and warm. The walls had been recently painted and the resident had received presents for Christmas of bedding and curtains which they were very happy with. The resident told the inspector of how they had come to live in the designated centre and stated that this was the house they had been happiest in. This resident was hopeful of living independently and stated that they had applied for a council house with staff support. The resident described a number of medical conditions that they had, which they managed independently with staff supervision. The resident was very complimentary regarding staff and their general practitioner. While their medical conditions required the use of specific equipment, the resident was proficient and confident in their use. This resident also said they were focused on weight management but found public health guidelines and travel restrictions difficult. This resident liked to make flapjacks in the kitchen. This resident had a life partner who they missed seeing due to public health guidelines. This resident had also successfully given up smoking cigarettes and was using an electronic cigarette which they felt improved their breathing and was significantly cheaper. This resident used their phone to maintain contact with relatives and friends and enjoyed using the internet.

Another resident stated they were happy living in the house and they liked their bedroom and possessions very much. Photographs and personal items were on display in their bedroom which was clean, tidy and homely. The resident had an activities bag and showed the inspector some of the activities they had been engaged in over lockdown. This resident liked to take part in creative writing. They were writing a story about the pandemic where the central character was the evil queen Corona who was holding everyone hostage. This resident was also an avid knitter and liked to knit animals. School programmes on the television were also of interest. This resident also had two pet goldfish - Pebbles and Bambam. This resident also liked to engage in baking and had recently made queen cakes for the house. The resident stated that they liked to go out and get fresh air everyday. This resident said that all shopping supplies were delivered by the local supermarket. One of the spare bedrooms in the house was been utilised by them as an activities room. The inspector referred to some documentation that implied that residents

were not getting a peaceful nights sleep. The resident confirmed that this had previously been the case but that it was not longer an issue and had not been for a long time. This resident said they enjoyed an undisturbed nights sleep, got up at a reasonable hour each day and liked to keep to a routine. This resident wished to have a non carpet covering in their bedroom which they felt would make life easier for them. The person in charge was addressing this matter but contractors were impacted by the pandemic.

A resident preferred to spend their day in their bedroom. This resident had previously broken their arm but stated they had made a full recovery. There were many photographs in this residents bedroom and were of the residents parents who they told the inspector were now in heaven. This resident had recently acquired a new television and they enjoyed watching programmes on British channels. This resident also cared for two goldfish. This resident did not use a mobile phone but would take a call on the house phone when their nephew called.

Residents indicated that they missed accessing the community and missed attending day services due to COVID-19 restrictions. Residents reflected that they felt very well supported and cared for by staff and that they enjoyed living in the service. Resident's stated they felt safe in the service. Residents were observed to move around the house, unrestricted. Residents were observed to be comfortable in each others presence. Three of the residents gathered in the kitchen area and discussed food choices and shopping. Residents were observed to assist each other with minor activities as well as assist each other with communicating their needs to staff. Some residents were also observed to attend to hand hygiene, without prompting.

## Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well cared for. The focus of care was person centred.

The registered provider had in place a team of care staff that were well trained. The person in charge was employed in a full-time capacity. The provider had also allocated an experienced team leader to the designated centre. Staff numbers allocated to the designated centre by day afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents also said that they felt safe and well supported by staff. The registered provider had increased the staff on duty in one house to provide one to one support to a resident with high medical needs. It was evident that the registered provider had exhausted other options and alternatives before introducing direct staff supervision and support of the resident.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19

restrictions. The training records of 23 staff were reviewed. 8% of staff required refresher training in fire and safety while one new staff member who had just started employment required full training. These staff were presently on extended leave and were scheduled for training on their return. 100% of staff had current training in the management and prevention of aggression and all staff had current training in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). Staff had undertaken hand hygiene training. Staff had undertaken additional training to meet the assessed needs of residents with conditions such as epilepsy.

The registered provider had in place a management team with oversight of all services provided. This group comprised of the registered provider representative, the person in charge, the financial controller, the day services manager and the human resources manager. Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified. All areas were actioned and completed. The registered provider also reviewed areas on non compliance as identified in the previous Health Information and Quality Authority (HIQA) inspection. The review did demonstrate a comprehensive review of the quality, safety of care and support in the designated centre. As part of the annual review, residents were surveyed, especially in relation to the quality of care. Overall feedback was positive. Recorded staff meetings were taking place between the person in charge, the team leader and all social care workers and support staff. Three staff meetings were recorded for 2020 and direct staff supervision was provided by the team leader who received their supervision from the person in charge. The registered provider representative provided supervision to the person in charge.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated and resubmitted to support the registered providers application to renew registration and to reflect the staffing resources allocated to the designated centre. The directory of residents was well maintained and all relevant information was current.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. The registered providers complaints policy had been reviewed in December 2019 and the service was adhering to a national complaints and governance guidelines. How to make a complaint was displayed in an easy-to-read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. Complaints did not have the satisfaction of the complainant noted and the person in charge undertook to reflect this in future.

Notifications of incidents arising per regulation 31 were notified to HIQA. Appropriate safeguarding actions were implemented by the provider and this was

evident through the allocation of additional staff resources during the evening and night time.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood.

The registered provider had not ensured that the application to renew registration of the designated centre had been made to the Chief Inspector in a timely manner. This application was in contravention of Section 48 (3) of the Health Act 2007 as amended. As a consequence, Section 48 protection was not applied to this designated centre. The registered provider did apply urgency to subsequent requests for the application and all other additional information to be provided to inform a renewal of registration decision.

#### Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents
The registered provider had in place a directory of residents for all residents availing of residential services.
Judgment: Compliant
Regulation 23: Governance and management
The registered providers had management systems in place to ensure the service provided was safe.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The registered provider had agreed with each resident or their representative a signed contract of the conditions that demonstrated the terms on which the resident resided in the designated centre.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had in place a current statement of purpose that was available to residents and their families.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.
Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed, however the complainants satisfaction with the outcome of complaints made were not noted.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. The general welfare of residents was promoted and concerns raised by residents were effectively dealt with. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents stated they liked living in the designated centre and enjoyed the homely atmosphere.

There was evidence that residents had a meaningful and active life despite the limitations due to the current COVID-19 pandemic. Residents were observed to be unhurried and given time and opportunity in the morning to have their breakfast and plan for the day at a pace that suited themselves. Staffing levels by day supported person centred planning and individualised support. Residents were supported by staff to partake in recreational activities. Some of the supported activities included walks in places of interest to residents. These were to parks, coffee shops and the town centre.

The support of residents' rights were evident through choice of activities and times of activities determined by the resident. There were communal areas as well as private areas for residents to spend time alone with their activity of choice, watch movies as well as receive visitors. Residents had individual bedrooms for privacy. Residents had unrestricted access to all areas of the house. Staff supported residents to have regular house meetings and all attendees were recorded. The minutes reflected that areas discussed related to complaints, resident safety, planning activities and meals, fire safety, advocacy, human rights and privacy.

Residents had defined goals that were subject to annual review. Each plan incorporated the input from the resident, their support worker, families and the multidisciplinary team. Some set goals had not been achieved due to current public health guidelines and restrictions. There was evidence that plans had been modified in this regard and focused on self care, nutrition and connecting with the local community. All personal care planning documentation was readily accessible and maintained in good order. Life long learning was embedded in the plan and while this was limited due to non attendance at the day service, residents relayed that they attended to household chores and activities that kept them busy. Each resident

had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up assessments and appropriate interventions. Residents who required medical or hospital interventions were supported to do so by staff and their families. Residents who demonstrated a change in mood due to the pandemic had been supported by mental health professionals and a counsellor attached to the registered providers day services.

Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas. Staff were split into separate rota's to ensure service continuity. The team leader maintained a record of staff temperatures which were recorded at the beginning and middle of staff shifts. The registered provider had recently undertaken and completed a comprehensive assessment and preparedness plan to combat an outbreak of COVID-19. All staff had undertaken training in breaking the chain of infection, hand hygiene, donning and doffing PPE as well as infection control prevention practices. Face masks were used by all staff and the number of residents in kitchen areas were limited at any one time.

It was evident that the residents all enjoyed full use of the house they lived in. Some rooms had recently received painting and a face lift but others had not. The designated centre while meeting the current assessed needs of residents, required additional cleaning and decoration. Some hallways and bathrooms reflected wear and tear that required repair to make the surfaces good again. Some residents bedrooms flooring and shelving surfaces were grubby and dusty.

Residents were supported by staff to administer their own medicines where appropriate. Each resident had a risk assessment to determine the level of support that was required. The registered provider had a safe system of administration and storage of medicines in place. Residents had a months supply of medicines in stock to ensure supply during the pandemic.

Staff in the designated centre had received training to support residents with behaviours that challenge. Each resident that exhibited such behaviour had a behaviour support plan in place. These plans were subject to regular review to determine their effectiveness.

The inspector reviewed specific notifications that had been made previously to HIQA. Incidents had been appropriately subject to preliminary screening and the designated officer had been informed. Safeguarding measures were still in place. The safeguarding action plan in place was subject to regular review.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. These restrictive practices were subject to regular review by the person in charge and the team leader.

The designed centres risk register had also been recently updated. The register and the risks identified were specific to each house that made up the designated centre. While the risks identified were very comprehensive and detailed, the registered provider had failed to risk assess regulatory required risks such as aggression and violence and self harm. The person in charge undertook to address this.

The fire and safety systems in place were to a good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. Not all staff had up to date fire and safety training as previously described under Regulation 16. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were recorded for drills that had occurred in the last six months. Residents names and staff names who had taken part were recorded accurately. Quarterly inspection records regarding the emergency lighting servicing in one house demonstrated repeated failure of some lighting. This matter had not been addressed by the registered provider and staff had not recognised the importance of highlighting the failures. This matter was addressed on the week after inspection by the providers fire competent contractor.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to communal televisions. Residents also had access to telephones within the designated centre and some used their own mobile phone. Each residents communication passport was part of their overall individual care plan.

Residents informed the inspector that they enjoyed the variety of food in the centre. It was evident that there was food and snacks of choice accessible to residents. Residents said they enjoyed cooking with staff. Each resident had adequate storage for their personal clothing and possessions.

## Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents wishes.

Judgment: Compliant

## Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in line with current public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own clothes as well as having adequate space to store personal property.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access occupation and recreation.

Judgment: Compliant

### Regulation 17: Premises

The designated centre while meeting the current assessed needs of residents, required additional cleaning and decoration. Some hallways and bathrooms reflected wear and tear that required repair to make the surfaces good again. Some residents bedrooms flooring and shelving surfaces were grubby and dusty.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had in place a residents guide that was provided to all residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had a current risk register in place and risk control measures were proportional to the risks identified, however some specific risks required by regulation were not included in the risk register - aggression and violence and self harm.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and the designated centre complied with current COVID-19 guidelines.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety. While an ongoing issue with emergency lighting had been noted on the day of inspection, this matter had failed to be addressed on a number of quarterly inspection reviews by the registered providers fire competent person. The registered provider had provided evidence that the matter was immediately addressed after the inspection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the least restrictive manner and were subject to regular review .

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for MooreHaven Centre (Tipperary) DAC OSV-0003723

Inspection ID: MON-0030851

Date of inspection: 20/01/2021

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The MooreHaven Centre Complaints Policy has been updated to reflect the outcome of the complaints process for the complainant i.e. was the complaint resolved to the satisfaction of the complainant. This is now being captured on The MooreHaven Complaints Form and on the Complaints log.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Maintenance works will be carried out, once Public Health Guidelines permit visits for maintenance work to be done by external maintenance personnel.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

Two outstanding risk assessments which are required under the Regulations have been carried out in the designated Centre 1. Risk of self-harm and 2. Risk of violence and aggression. These risk assessments are now part of the risk register and will be reviewed in line with The MooreHaven Centre Risk Management Policy.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
An audit system has been established to ensure all aspects of the regular fire safety checks are carried out and any issues that arise are reported and actioned.

## 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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/07/2021
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.	Substantially Compliant	Yellow	22/01/2021
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	Substantially Compliant	Yellow	22/01/2021

	actions in place to control the following specified risks: self-harm.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/03/2021
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	25/01/2021