



## Office of the Chief Inspector

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

Name of designated centre:	St. Anne's Residential Services - Group D
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	26 July 2019
Centre ID:	OSV-0003947
Fieldwork ID:	MON-0023916

## About the designated centre

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

St. Anne's Residential Services - Group D consists of two adjoining two-storey semi-detached houses located in a housing estate on the outskirts of a town. The designated centre provides a residential service for a maximum of six residents with intellectual disabilities, both male and female, over the age of 18. Each resident has their own en suite bedroom and other facilities in the centre include kitchens, utility rooms, sitting rooms, dining rooms and bathroom facilities. Staff support is provided by a Home Manager and care staff.

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

Number of residents on the date of inspection:	5
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## 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
26 July 2019	09:00hrs to 17:40hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The inspector met four of the five residents who were living in this designated centre. Not all of these residents communicated verbally with the inspector who did not have an opportunity to engage meaningfully with all residents. As a result it was not possible to directly get all residents' views regarding the centre where they lived and how they were supported. However, the inspector did have an opportunity to observe some residents in their environments and their interactions with staff.

On arrival at the designated centre two residents were met by the inspector who were preparing to leave the centre to attend a day service. Both of these residents greeted the inspector but otherwise did not engage. It was observed though that both residents were well presented. The inspector was informed that one of these residents was going to visit their family later that day to commence a holiday. Shortly after the inspector's arrival in the centre both of these residents left the centre to attend their day service.

Two other residents were also present, both of whom were on a rest day. During the course of the inspection these two residents were seen to be supported to go on an outing before returning to the designated centre in the afternoon for a meal. One of these residents said they liked the meal they were provided with and gave the inspector a tour of the designated centre that included showing the inspector their bedroom. The resident indicated that they liked living in the centre and liked their bedroom. While present in the designated centre, this resident was seen to carry out household tasks such as emptying the dishwasher. Towards the end of the inspection, the resident was observed to be relaxing while watching television.

The second resident who was on a rest day was also met by the inspector. This resident said that they loved living in the centre and really liked their bedroom. During the course of inspection, some maintenance work was being carried out on the resident's bedroom and after this was completed, the resident again expressed satisfaction with their room. This resident also talked about some of the things they liked to do such as making jigsaws and was later seen colouring in their bedroom. Throughout the inspection this resident was seen to appear very happy while in the centre and it was also generally observed that staff members engaged in a positive and social manner with residents.

The fifth resident living in the designated centre was not met by the inspector and was in attendance at a day service for most of the inspection day. The inspector was informed that this resident would also be going for visit to stay with their family later that day.

## Capacity and capability

The provider had systems in place to provide support to residents and was making active efforts to respond to residents' changing needs. However, it was seen that the person in charge arrangements required review to ensure effective governance, operational management and administration of this centre. Management systems and some staffing arrangements were also found to be areas in need of improvement.

The provider had appointed a suitably qualified and experienced person in charge who was not present on the day of inspection. The person in charge was responsible for a total of three designated centres and was supported in this role on a day-to-day basis by a Home Manager who themselves was involved in total of two designated centres. Based on the findings of this inspection, it was not demonstrated that the person in charge arrangements put in place by the provider were ensuring effective governance, operational management and administration of the current centre. For example, key responsibilities of the person in charge, such as personal planning and the submission of required notifications to HIQA were found to be areas for improvement.

Under the regulations, HIQA is required to be notified of particular prescribed events within specified time frames depending on the event in question. In addition, HIQA must also be notified at particular six months intervals if there been no occurrence of such prescribed events. Prior to this inspection it was observed that there had been no notification received for this centre since April 2018 but no six month notification had been received to confirm that such prescribed events had not taken place. In addition, when reviewing accident and incident records during this inspection, it was noted that there was two incidents which were required to be notified to HIQA within three working days but which had not been notified as required.

The provider had management systems in place to monitor the running of this designated centre that included audits, provider unannounced visits and various reviews. It was noted though that these systems did not highlight some key issues found on this inspection such as the person in charge arrangements and the management of notifications. For example, some management systems specifically indicated that notifications were being submitted in a timely manner. In addition, while the provider carried out regular health and safety checks in this designated centre, during this inspection the inspector observed two kitchen appliances, which residents availed of, which were clearly in need of cleaning. Such findings did not provide assurances that the management systems in place for this designated centre were operating as intended.

It was seen though that the provider was making efforts to ensure that residents were provided with a service that promoted their safety and was appropriate to their needs. For example, the provider had carried out a plan previously submitted to HIQA to improve the provision of fire containment in the centre. This plan had

formed the basis for one of the designated centre's conditions of registration. It was also seen that active efforts were being made to respond to residents' changing needs. On the day of inspection it was observed that maintenance work was being carried out in one resident's bedroom to make some adjustments as recommended by an occupational therapist to ensure that the bedroom was appropriate for the resident's needs.

In reviewing residents' changing needs it was noted though that the provider had assessed that some improved staffing arrangements were required at particular times to support residents. The provider was making efforts to improve the staffing arrangements but also worked within their existing staffing compliment to provide for residents insofar as possible. It was also noted that the provider had ensured that a continuity of staff was provided which is important in ensuring a consistency of care and in maintaining personal relationships. During the inspection it was seen there appeared to be a close relationship between residents and staff who were observed to interact well together.

Staff members spoken with during this inspection also demonstrated a good knowledge of residents and how to support them with their needs. The provider had also ensured that staff members were in receipt of a wide range of training in areas such as fire safety, safeguarding, manual handling, medicines and epilepsy. It was seen though, from records reviewed, that not all staff members working in this designated centre had completed training with regard to residents' changing needs. The provider outlined plans to provide staff with this training during an upcoming staff team meeting. It was also noted that there were arrangements for staff members to receive supervision and support where they could raise any concerns they had.

Systems were in use for residents to highlight any issues which were impacting them. For example, it was seen that one resident expressed some unhappiness about a potential change in the designated centre. In response to this, a member of senior management met with the resident to discuss their concerns. The resident was satisfied with the outcome of this. This matter was handled through the complaints process that was in operation within the provider in line with their policies in this area. During inspection it was seen that information on complaints was displayed in the centre while regular resident meetings offered a chance for residents to raise any complaints they had. Records of any complaints made were also maintained as required.

## Regulation 14: Persons in charge

The person in charge was responsible for a total of three designated centres. Based on the findings of this inspection, the remit of the person in charge and the arrangements around this were not ensuring effective governance, operational management and administration of the current designated centre.

Judgment: Not compliant

### Regulation 15: Staffing

A continuity of staffing was provided to support residents while they lived in the designated centre. Based on assessments carried out by the provider improved staffing arrangements were required to support some residents at particular times of the week. Planned and actual rosters were maintained in the centre but it was noted that some of the actual rosters were difficult to follow in some places. Staff files were held centrally by the provider and so were not reviewed during the course of this inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision while training was provided in various areas such as manual handling, medicines and epilepsy. It was noted though that not all staff had undergone specific training in response to residents' changing needs.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems in place to monitor this designated centre required improvement to ensure that they captured key issues relating to the operations of the centre.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed but it was noted that the maximum capacity of the centre was incorrectly stated while not all information set out in the certificate of registration was provided for. In addition, it was noted that the whole-time equivalent figures for staff working in the centre

required review to reflect a recent change.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

An allegation of a safeguarding nature and one occasion where a resident had left the centre unknown to staff for a short period of time had not been notified to HIQA in a timely manner. Prior to this inspection, HIQA had not received any notification from this centre in a noticeable period of time but no six month nil return notification had been submitted to HIQA at the specified times.

Judgment: Not compliant

### Regulation 34: Complaints procedure

In line with the provider's policies in this area a log of recorded complaints was maintained in the designated centre. This log included details of any complaints made, actions taken in response to these and whether or not the complainant was satisfied with the outcome. Information on how to make complaints was on display in the designated centre while complaints were also discussed at regular resident meetings.

Judgment: Compliant

## Quality and safety

Active efforts were being made to ensure that the needs of residents were met while they lived in this designated centre. It was seen though that the personal planning process required review while aspects of the premises provided needed improvement.

Residents were seen to be treated respectfully during the inspection and were consulted in relation to the running of the designated centre. It was also observed that residents appeared comfortable in the presence of staff members on duty who had been provided with relevant safeguarding training. Residents had intimate care plans in place that provided guidance for staff in how to maintain the dignity and bodily integrity of residents. Evidence was also seen that if any safeguarding concerns arose, they were investigated and reviewed appropriately. Such findings

provided assurances that the safety of residents was prioritised.

To further ensure the safety of residents while they lived in this centre, it was noted that the provider had improved the provision of fire containment by installing fire doors which are important in reducing the spread of fire and smoke in the event of a fire taking place. It was observed though that one fire door did not operate as intended thereby reducing its effectiveness. However, it was seen that each resident had a recently reviewed personal emergency evacuation plan (PEEP) in place that provided detailed guidance on how to support residents evacuate the designated centre if required. Records reviewed indicated that staff members had undergone fire safety training while other fire safety systems in place include a fire alarm, emergency lighting and fire extinguishers.

In addition to providing for residents' safety, the provider, as required by the regulations, sought to identify and meet the health, personal and social needs of residents. This was managed by the personal planning processes that were in use. As part of these each resident was provided with an individual personal plan which set out residents' needs and how to support them. The inspector reviewed a sample of these plans and noted that they had informed by relevant assessments and were subject to multidisciplinary review. Personal plans were also available in an easy-to-read format for residents and kept in their bedrooms.

In keeping with the personal plans in place, arrangements were in place to provide for the health needs of residents living in this designated centre. There was regular monitoring of residents' health while interventions such as flu vaccines were facilitated. Key health assessments were completed for some residents but other residents had yet to undergo such assessments although the provider was making efforts to ensure that these happened. Staff members spoken with demonstrated a good knowledge of how to support residents in maintaining their health although it was observed that one diabetes plan lacked guidance on how to fully support a resident in this area.

Under the regulations, personal plans are required to be reviewed at least annually and for this to be done with the maximum participation of residents. The provider had systems in place to ensure that residents were involved in the reviews of their personal plans. However, resident involvement in these was not happening consistently on an annual basis. For example, for two residents it was noted that they had not been involved in reviews of their personal plan for nearly 18 months. When residents were involved in such reviews they were carried out in a person-centred way and meaningfully goals were identified for residents such as trips away or visits to places of interest.

Such goals were reviewed to ensure that they took place and evidence was seen that some goals had been achieved by residents. It was noted though that there was inconsistencies in the reviews of some goals while for one resident it was found that that two specific goals, which had been identified in June 2018, had not been completed at the time of this inspection. The Home Manager indicated that these goals were planned to happen shortly after inspection. Aside from these specific goals there was evidence that residents' personal and social needs were supported

in some other ways. For example, residents were facilitated to attend events such as going to the cinema, attending a music festival and visiting hotels for meals out.

While the personal planning processes needed improvement, it was noted that the provider was responsive to residents' changing needs. Where such needs were changing there was good access provided to a range of relevant allied health professionals. It was also seen that due to a recent change, the location of one resident's bedroom had been moved from the first floor to the ground floor. Some alterations to this bedroom, as recommended by an occupational therapist, were observed to be carried out during inspection to ensure that it was suited to meet the needs of the involved resident. It was noted though that not all of the recommendations had been completed while the transport provided for this resident also required review.

Aside from that resident's bedroom, the premises provided for residents to live was laid out and suited to meet the needs of the remaining residents. Overall, the premises was presented in a homely manner was seen to be well-furnished. The inspector saw two residents' bedrooms and both residents commented that they were happy with these. It was also noted that there was a garden area to the rear of the premises which included a men's shed for one resident. While generally the premises was presented in a clean manner, the inspector did observe two kitchen appliances which were clearly in need of cleaning. These were highlighted to the Home Manager who informed the inspector that these appliances would no longer be used and that replacements were being sought.

### Regulation 17: Premises

The designated centre was presented in a homely and well-furnished manner on the day of inspection. While overall the premises was suited to meet the needs of residents living there it was noted though that not all the recommendations of an occupational therapist had been carried out on one resident's bedroom. The premises was generally presented in a a clean manner but during inspection, two kitchen appliances were observed that were in need of cleaning.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

A risk management process was in operation in this designated centre and as part of this a risk register and detailed risk assessments were maintained. Incident records were kept in the centre and evidence was seen that action was taken to mitigate risks following adverse incidents. It was noted though that there were inconsistencies regarding the level of risk associated with some issues when

comparing risk related documentation and the expressed views of those involved in the running of this designated centre. A car was provided for this designated centre which had undergone relevant tests to ensure it was roadworthy, was insured and was equipped with safety equipment such as a fire extinguisher and a first aid kit.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Each resident had a detailed PEEP in place outlining the steps to be taken in the event that the designated centre had to be evacuated. Improved fire containment measures had been provided for since the previous inspection although it was noted that one fire door did not shut fully as intended which reduced its effectiveness. Staff members were provided with fire safety training while fire drills were also being carried out. A fire alarm, emergency lighting and fire fighting equipment were also provided for which were serviced at regular intervals.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Some goals identified for one resident in June 2018 had not been completed at the time of this inspection. Reviews of other resident goals did not consistently demonstrate what actions had been taken to achieve identified goals. Some reviews of residents' personal plans which involved residents had not been carried out in over 12 months. A diabetes care plan for one resident was lacking in information. The transport arrangements for one resident required review given changing needs.

Judgment: Not compliant

### Regulation 6: Health care

Residents had good access to a range of allied health professionals. Interventions such as flu vaccines were provided while arrangements were in place for residents' healthcare needs to be monitored. Efforts to ensure some residents underwent key healthcare assessments were in progress at the time of inspection but it was noted that access to these assessments should have been followed up on sooner.

Judgment: Substantially compliant

### Regulation 8: Protection

Evidence was seen that any potential safeguarding matters raised were reported and investigated appropriately. Staff demonstrated a good knowledge of any potential safeguarding concerns while relevant training was also provided. Intimate care plans were in place to guide staff practice in this area.

Judgment: Compliant

### Regulation 9: Residents' rights

Frequent resident meetings were held in this designated centre where issues such as complaints, activities and food were discussed with residents. It was observed by the inspector during this inspection that residents were treated in respectful manner by staff members on duty.

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	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Anne's Residential Services - Group D OSV-0003947

Inspection ID: MON-0023916

Date of inspection: 26/07/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Since inspection the Service Manager has met with the Person in Charge and reviewed the findings of this HIQA inspection. The Person in Charge has been instructed in relation to the responsibility they hold in respect of the regulations The Person in Charge and Service Manager will meet monthly to review how they are meeting their role requirements especially in relation to centre governance, operational management and administration within this designate centre. The CNM3 linked to this area will meet the Person in Charge on a regular basis to support the Person in Charge and highlight ongoing areas for development. These meetings will take place once or twice per fortnight.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Since inspection the Home Manager and Person in Charge have updated the rosters and reminded staff to maintain the rosters in a clear and legible manner.</p>	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since inspection all staff who have not received specific training in relation to dementia have been placed on the list for next training scheduled for September 2019.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following this inspection the Service Manager has arranged monthly meetings with the Person in Charge to review governance within this centre. The CNM3 linked to this center will maintain frequent input to support the centre and highlight any areas of concern.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Since inspection an updated copy of the Statement of Purpose has been forwarded to HIQA.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Since inspection the Person in Charge has completed all outstanding notifications to HIQA. The Service Manager discussed these notifications with the Person in Charge .The Service Manager will monitor same at monthly supervision meetings. The CNM3 linked to this center will review notifications with the Person in Charge to ensure all notifications are sent as per regulation.</p>	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Since inspection both appliances referenced have been replaced.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Since inspection the Service Manager has reviewed with the Person in Charge the risk rating on relevant risk assessments. The Person in Charge has updated the risk assessment to reflect the appropriate level of risk.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since inspection the Person in Charge has ensured that the door referenced has been repaired to ensure it closes as intended and maintain its effectiveness.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Since inspection the Person in Charge has discussed with the staff team the importance of reviewing the individual goals, keeping them updated and completed within a timely manner. The Service Manager has met with the Person in Charge in relation to personal	

planning and positive outcomes. This will be discussed at monthly meetings.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
Since inspection the Person in Charge and Home Manager have continued to support the residents in relation to healthcare assessments. All residents within the relevant age group have been referred for bowel screening, monitoring of same will be undertaken by the Person in Charge.

## 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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	30/09/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2019

Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/09/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Not Compliant	Orange	30/09/2019

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2019
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	30/09/2019
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	30/09/2019
Regulation	The person in	Not Compliant	Orange	30/09/2019

31(1)(f)	charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Orange	30/09/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a	Substantially Compliant	Yellow	30/09/2019

	manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	30/09/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30/09/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such	Substantially Compliant	Yellow	30/09/2019

	services is provided by the registered provider or by arrangement with the Executive.			
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