



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

## Issued by the Chief Inspector

Name of designated centre:	Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0004131
Fieldwork ID:	MON-0026642

## About the designated centre

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

This designated centre provides seven day a week residential care and support to 11 adults and respite care to 4 adults at any one time. The centre provides services to both male and female adults with an intellectual disability. The centre consists of five separate units in the community in a large town in Co. Dublin. There are three two storey residential homes in the community, one two bedroom apartment in an apartment complex and one level access house. There are gardens to the rear of each of the houses and small but secure patio area at the back of the ground floor apartment. Each of the residents living in the centre or availing of respite had their own bedroom which had been personalised to their own taste. There centre employs sleepover staff, five social care workers, five nurses and four care assistants.

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

Number of residents on the date of inspection:	10
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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 29 July 2020	11:30hrs to 18:00hrs	Jacqueline Joynt	Lead
Wednesday 29 July 2020	11:30hrs to 17:15hrs	Valerie Power	Support

## What residents told us and what inspectors observed

During the inspection, the two inspectors had the opportunity to meet and engage with eight residents living in the designated centre. Each inspector visited one house within the centre. During this time the inspectors spoke with a number of residents alongside observing residents being supported by staff to engage in activities they enjoyed. A number of residents communicated with the inspectors independently, whilst other residents were supported by staff to talk with the inspectors. Where appropriate residents' views were relayed through staff advocating on their behalf.

In one of the houses one of the inspectors met with four residents and in that house three of the residents chose to speak with the inspector. Residents advised that overall, they were happy with the support they received from staff and were happy with the layout and design of their bedrooms. The residents told the inspector that overall, they liked the meals provided in the centre and enjoyed getting take-away meals from time to time.

One resident advised the inspector that they had missed going to work during the current health pandemic. The also said that they miss part-taking in community activities and were looking forward to the next phase where they hoped to return to their daily routine and meet up with friends at social events such a basketball games and competitions.

Some of the residents told the inspector that they did not feel comfortable or safe in the house at times. They said that they did not always enjoy being in communal spaces and often found themselves staying in their own bedroom more so than other areas of the house. Residents advised that, at times, there was shouting in the house and that this upset them. During a conversation with the inspector one of the residents went into details about a specific incident that had occurred in the house and how it had a negative impact on them.

All residents advised the inspector that they were keen to have visitors return to the their home and in particular be able to visit their own family and friends. The inspector observed that there appeared to be a level of uncertainty amongst the residents regarding the plans in place for visiting.

In another house the other inspector had the opportunity to briefly meet and speak with four residents. However, the time spent in the centre and interactions with residents and staff were limited for infection prevention and control purposes. On arrival to the house, the inspector noted a peaceful and homely atmosphere. Residents who were relaxing in the living area greeted the inspector and briefly spoke about the television programme they were watching. Another resident was seated with a colouring book and crayons at a nearby table, and showed the inspector some examples of recently completed artwork.

Another resident was watching television in their bedroom, and a staff member was

heard offering this resident the choice to come to the living area to meet the inspector. The staff member supported the resident to do so, and also supported this resident to use an individualised communication board to converse with the inspector about their interests, their favourite football team and the sports they were watching on television that day. Staff appeared to know this resident and their specific needs and preferences very well. In general, staff were seen to be respectful and supportive in their interactions with all residents.

The inspector found that the main living area was bright and comfortable, and provided space for residents to maintain physical distance while undertaking their preferred activities. The inspector was told about recent gardening projects that residents had undertaken with the support of staff, such as hanging colourful lanterns and planting. Staff noted that gardening, baking and arts and crafts were some of the activities residents enjoyed at home during recent months. However, staff acknowledged that the restrictions in place due to COVID-19 also posed challenges for the residents. For example, some residents missed being able to attend their usual day services, go out for coffee or meet up with friends in the community.

## Capacity and capability

The inspectors found that the provider had arrangements in place to assure itself that for the most part, a good quality service was being provided to the residents. Overall, the provider had appropriate governance and management systems in place to monitor the safe delivery of care and support to residents. However, the inspectors found that an action was warranted in one of the houses in the designated centre to ensure the safety and protection of residents at all times; This is discussed in full in the quality and safety section of the report.

There was an annual review of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. Furthermore, the registered provider carried out an unannounced visit to the centre every six months and had completed a written report on the safety and quality of care and support provided in the centre and had put a plan in place to address any concerns regarding the standard of care and support. The inspectors found that most of the actions on the plan had been completed by the person in charge.

In general staff meetings were being carried out in each of the houses on a monthly basis. These meetings were resident focused and included items to ensure positive outcomes for residents. However, it was noted that the record of some meetings did not capture the actions from the meeting, who was responsible for completing the action, or associated time frames.

There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. On the day of the inspection the inspectors found that there was a satisfactory contingency plan in place for the centre during the health emergency. Risk assessments had been put in place to ensure effective self-isolation for each resident if required. A local outbreak control team had been set up by the organisation which met on a daily basis. The multi-disciplinary team included the campus general practitioner, pharmacy and nursing staff. The daily meetings were chaired by Director of Operations or Senior Manager.

The person in charge had commenced in the role in April 2020. The inspectors found that the person charge had the appropriate qualification and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. A number of staff who spoke with the inspectors advised that the person in charge was very approachable and supportive at all times. The person in charge was committed to continuous professional development. The inspector was informed by the person in charge that they were currently undertaking a course on leadership and management.

The inspectors spoke to a small number of staff and found that they demonstrated kind, respectful and person-centred approaches to supporting residents. Sample staff files viewed by the inspectors contained all the required information and documentation, as specified in Schedule 2 of the regulations. However, sample planned and actual staff rosters reviewed by inspectors demonstrated a number of areas of non-compliance. The number and skill mix of staff employed in the centre was not in line with the centre's current statement of purpose. As a result, there was considerable reliance on the provider's panel of relief staff to cover specific roles. A small number of unfilled shifts were also observed for a recent month. In addition, there was some lack of clarity as to the number of whole-time equivalent staff members employed and how they were assigned. The registered provider had made efforts to ensure continuity of care by assigning the same relief staff to specific houses in the centre, where possible, but for some houses a considerable number of relief staff covered a high proportion of shifts during the sample months reviewed. Furthermore, there was a large number of unassigned shifts on the rosters for the weeks following the inspection. While the registered provider stated that they were assured there were sufficient staff available to cover these shifts, this indicated an over reliance on relief staff.

The inspectors found that the provider ensured that the policies and procedure were consistent with relevant legislation, professional guidance and international best practices. They were written for the service and were clear, transparent and easily accessible. From speaking with staff and reviewing signature sheets there was evidence to demonstrate that staff understood and used the centres' policies and procedures to deliver safe and quality care. However, the inspectors found that a number of policies and procedures had not been reviewed in line with the regulatory requirement.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found

that overall, incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

### Regulation 15: Staffing

The number and skill mix of staff employed was not in line with the centre's current statement of purpose. As a result, there was considerable reliance on the registered provider's panel of relief staff to cover specific roles in the centre, which did not allow the provider to ensure continuity of care and support for residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall, there were satisfactory systems in place for the governance and management of this centre. However, the inspectors saw that improvements were warranted to ensure the effectiveness of the staff meetings; A large proportion of the staff meetings did not document the actions from the meeting to be carried out, who they were to be carried out by or the timelines for the actions to be completed.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Overall, the provider had systems in place to record and follow up on incidents in the centre and to notify them to the Chief inspector in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The majority of the centre's Schedule 5 written policies and procedures were adopted and implemented, made available to staff and overall reviewed and updated where necessary. However, the inspectors found that 11 of the policies were out of date and not in line with the required three year review as per the Regulations.

Judgment: Substantially compliant

## Quality and safety

The inspectors found that overall, the residents' well-being and welfare was maintained to a good standard; Care and support provided to residents was of good quality. However, The inspector found that in one of the five houses, actions were required to ensure residents were safe and protected at all times.

The provider ensured that the centre's safeguarding policy was adhered to. Overall, all incidents at the centre were investigated in accordance with the centre's policy. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The inspectors found that for the most part, incidents were recorded and followed up appropriately however, on the day of the inspection the inspectors found evidence to demonstrate that on one occasion the collective negative impact of a behavioural incident had not been notified to the Health Information and Quality Authority (HIQA) as required.

The inspectors reviewed a sample of incident reports and found that a high number of behavioural incidents had occurred in one of the houses in the designated centre during the months of January to May 2020. The number of incidents had increased significantly over the previous two years. Concerns about these incidents had been raised by residents, families and staff members. A number of residents who spoke with the inspector advised that they did not feel safe in their home at times and relayed the negative impact the incidents had on them. For example, one of the residents told an inspector that they spent a lot of time in their room as they did not always feel comfortable being in communal spaces in the house. One resident had been moved to another house in the centre so that their safety was ensured. A complaint by the resident's family had been made regarding this move. The provider had acknowledged the complaint and was currently putting plans in place to support the resident return to their home.

The inspectors found that the provider had put in place further control measures in May 2020 to support the residents living in the house and that there was a plan in place to support one of the residents to move to more suitable accommodation which better met their needs. However, despite the increased control measures in place, a multidisciplinary compatibility report completed in May 2020 stated that there was a high risk of further incidents occurring in the house.

On speaking with management and staff members the inspectors found that they were familiar with the specific assessed support needs of the residents. Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice

when necessary. However, on review of staff training records the inspectors found that a large proportion of staffs' safeguarding training was out of date.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis. Staff who spoke with the inspectors advised that there was clear guidance and information in place to support them appropriately and safely respond to residents' assessed support needs.

The inspectors found that staff had been provided with specific training that enabled them to provide care that reflected evidence-based practice. However, on review of training records the inspectors saw that a high number of staff training, relating to the management of behaviour that is challenging including de-escalation and intervention techniques, was out of date.

Appropriate healthcare was made available to residents having regard to their personal plan. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. From a sample of residents' personal plans the inspectors found that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate residents were supported to attend appointments with their psychologist, occupational therapist, chiropodist, social worker and speech and language therapist. Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital. Furthermore, the inspectors found that where residents required specific clinical procedures, there were clear and detailed plans in place for the procedures including information and guidance for staff to support the resident about the procedure.

The inspectors reviewed documents which demonstrated that fire drills were taking place at suitable intervals. The inspectors found that there was appropriate fire fighting equipment and fire alarm systems in place and overall, there were satisfactory systems in place for the prevention and detection of fire. However, on the day of inspection the inspectors found that the annual service of the fire fighting equipment had been delayed by two months. Furthermore, on the day of the inspection, the certification to demonstrate that the service had been completed throughout the whole centre by an external company was not made available to the inspectors. However, the person in charge submitted a copy of the certificate eight days post inspection.

Staff had received training in fire prevention and emergency procedures, building layout and escape routes, and for the most part arrangements were in place for ensuring residents were aware of the procedure to follow. However, a number of staff fire precaution training was out of date since 2019 and required refresher training. A sample of residents' personal evacuation and escape plans were reviewed and found to warrant improvements so that the appropriate amount of information

was provided to ensure the document sufficiently guided staff in supporting residents evacuate safely.

The registered provider had systems in place to identify, assess and manage risks in the centre. A risk management policy was in place, up-to-date and contained all required information. Sample risk registers reviewed by inspectors had been updated and demonstrated that the registered provider had assessed risks related to COVID-19 at provider level and at local levels for houses within the centre, and had documented control measures. Residents had individual safety plans which included individualised risk assessments and control measures, presented in a clear and prioritised format to guide staff practice. Sample individual safety plans reviewed for one house in the centre clearly described risks and control measures relating to the medical needs of the residents, and had been updated to appropriately reflect the high level of risk posed to certain residents by potential COVID-19 infection.

The registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. No suspected or confirmed cases of COVID-19 had been reported in the centre at the time of the inspection, however satisfactory control measures and contingency arrangements were found to be in place in case of infection. Inspectors saw documentary evidence of regular cleaning of the physical environment in the centre, and the limited areas of the centre seen by inspectors were visibly clean. Adequate supplies of hand sanitiser and hand soap were observed in appropriate areas of the centre, along with signage reminding staff, residents and visitors of hand hygiene practices. Staff training records indicated that staff were provided with training in hand hygiene and correct usage of personal protective equipment (PPE). Staff were observed wearing disposable surgical masks where it was not possible to consistently maintain physical distancing, in line with current guidance. The registered provider had adequate supplies of PPE and there were arrangements for each centre to access additional supplies as required.

The registered provider had also prepared care plans for residents with suspected or confirmed cases of COVID-19, and for residents who may be recovering from infection. Additional documentation specific to the residents in this centre was also reviewed, which outlined individualised supports the residents may require to isolate or transfer to acute care. Inspectors also saw evidence of good systems in place to educate and inform residents about how to stay safe during the ongoing pandemic. A variety of easy-to-read information and social stories were available for residents, for example to clearly explain and provide reassurances around the testing procedure. Sample records of residents' weekly house meetings showed that COVID-19 was openly discussed and residents had regular opportunities to voice their opinions, queries or concerns to peers and staff.

## Regulation 26: Risk management procedures

There were systems in place in the centre to ensure that risks were assessed,

managed and reviewed on an ongoing basis. Sample risk registers and individual safety plans for residents identified and assessed relevant current risks and adequately outlined proportionate control measures.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. No suspected or confirmed cases of COVID-19 had been reported in the centre at the time of the inspection, and satisfactory control measures and contingency arrangements were found to be in place in case of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, in the three houses the inspectors visited there was suitable fire precaution equipment in place. However, on the day of inspection the inspectors found that the annual service of the fire fighting equipment had been delayed by two months. Furthermore, on the day of inspection, the certification to demonstrate that the service had been completed throughout the whole centre by an external company was not made available to the inspectors. However, the person in charge submitted a copy of the certificate eight days post inspection.

A sample of personal evacuation and escape plans were reviewed. The inspectors found that a number of the plans required further information and detail to ensure the documents sufficiently guided staff in supporting residents evacuate safely.

Fire safety training was out of date for a number of staff and not all staff working in the centre had taken part in a fire drill in the house they worked in.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall, the health and wellbeing of the residents was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take

responsibility for their health.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. However, on review of training records the inspectors saw that a high number of staff training, relating to the management of behaviour that is challenging including de-escalation and intervention techniques, was out of date and a high percentage of this was since mid to late 2019.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspectors reviewed a sample of incident reports and found that a high number of behavioural incidents had occurred in one of the houses in the centre during the months of January to May 2020. However, despite increased control measures in place, a multidisciplinary compatibility report completed in May 2020 stated that there was a high risk of further incidents occurring in the house.

The inspectors found that for the most part, incidents were recorded and followed up appropriately however, on the day of the inspection the inspectors found evidence to demonstrate that on one occasion the collective negative impact of a behavioural incident had not been notified to the Health Information and Quality Authority (HIQA) as required.

On review of staff training the inspectors found that a large proportion of the staffs' safeguarding training was out of date.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght) OSV-0004131

Inspection ID: MON-0026642

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.

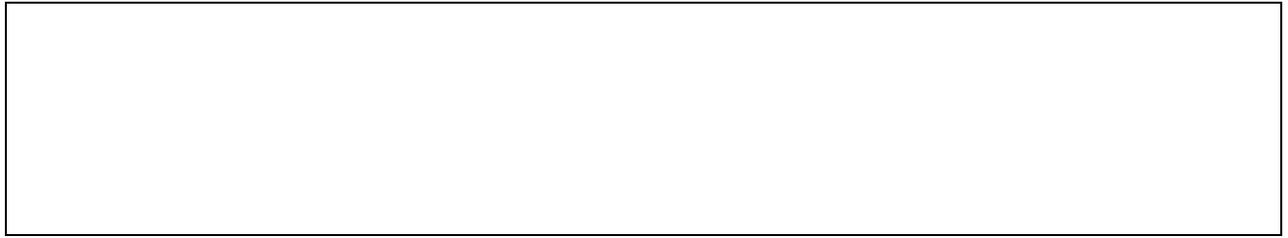
## Section 1

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The PIC will ensure that each location in DC8 has assigned numbers of staff to meet the assessed support needs of each individual.            The designated center has plans to offer specific purpose contracts to staff who provide support on a less than full time basis which will provide for continuity of care and support for all residents.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            All staff meetings will document the action plans and assign an accountable person to complete each action within an agreed timeframe.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies that are due for review are in process with the PPPG subgroups. Any policies that have been updated will include an implementation plan to ensure effective communication with all stakeholders and guidance for staff practice.</p> <p>Cheeverstown House will ensure that all policies and procedures are reviewed and updated at intervals not exceeding 3 years.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review and update has been completed on all PEEP's for individuals in DC8.</p> <p>All fire equipment service checks are complete for 2020 and service checks will be completed at the intervals as laid out within the regulations.</p> <p>All staff will attend fire training.</p> <p>All staff will participate in a fire drill/evacuation.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All staff in designated center 8 will attend MAPA training and refresher training as indicated.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Designated centre 8 has a plan for one resident to relocate to an alternative location that will better suit his needs. All staff are scheduled to attend safeguarding training and refresher training as appropriate.</p>	



## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 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	31/01/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	01/10/2020

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	14/08/2020
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	18/09/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	23/08/2020

	residents, are aware of the procedure to be followed in the case of fire.			
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.	Substantially Compliant	Yellow	02/10/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	24/09/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action	Substantially Compliant	Yellow	21/08/2020

	where a resident is harmed or suffers abuse.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	04/11/2020