



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

## Issued by the Chief Inspector

Name of designated centre:	Vale Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	03 March 2021
Centre ID:	OSV-0004458
Fieldwork ID:	MON-0027881

## About the designated centre

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

The centre is set up to provide a service to a maximum of five adults however, currently it is set up to provide a service for four adults. The provider describes the service as a residential service for people with disabilities and can accommodate people who have varying levels of need. The centre is located outside a town in Co. Wicklow. It is a detached, dormer-style bungalow on its own private grounds. All residents' bedrooms are located on the ground floor and there is a sleep over room for staff. The staffing compliment is made up of a qualified person in charge, nursing staff, social care workers and health care assistants. The centre is staffed on a 24 hour basis with a minimum of two staff during the day and two staff at night. There are systems in place to ensure the residents health care needs are comprehensively provided for and residents are supported to use their local community and amenities such as shops, restaurants, cafes and other community based facilities.

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

Number of residents on the date of inspection:	4
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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 3 March 2021	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account.

The previous two weeks before the day of inspection, three residents had been self-isolating in their bedrooms and one resident was temporarily staying in the organisation's isolation house. The residents were deemed a close contact. As such the residents were considered as suspected of an infectious disease and required to follow public health guidelines.

The inspector found that residents were provided with good quality healthcare during this period and on the day of the inspection, all four residents were back living in the house with the self-isolation period completed. The inspector observed all residents to be presenting well and healthy.

The inspector had the opportunity to meet with four of the residents living in this centre and as much as possible, conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and were time limited in adherence with national guidance. The residents used verbal and non-verbal communication and where appropriate, were supported by staff when engaging with the inspector.

The inspector reviewed feedback that had been submitted by families in advance of the inspection. The families expressed that they were satisfied with the quality of care and support provided to their family member. Families said that they were happy with the level of communication between them and the staff, they were happy with the choice provided to their family member and that they considered their family member was supported appropriately in making decisions about their care. On review of compliments received by family members, the inspector saw that a card and treats had been posted to staff from a resident's family to thank them for the care and support provided to their family member.

Where appropriate, residents were actively supported and encouraged to connect with their family on a regular basis. During the current health pandemic, this had primarily been through telephone calls. On the day of inspection, a family had posted a care package to their family member which appeared to bring the resident joy and delight.

On entering the centre the inspector observed that overall, the house had a warm and homely feel. The physical environment of the house was clean however, some improvements were required to the decor of the house. The inspector observed that storage was limited and this was particularly evident in the residents' art and

crafts/sensory room. The change in use of this room had positive outcomes for residents and in particular, to assist with their creative and sensory needs and likes. However, due to lack of storage this room was also used as a storage room for wheelchairs and fire safety equipment. This made the room very cramped with minimal space for the residents to move around.

The inspector observed staff facilitated a supportive environment which enabled the residents to feel safe and protected. The residents' modesty and privacy was observed to be respected and the inspector heard staff requesting permission from the residents to enter their rooms. Where appropriate, and to ensure that the dignity of each resident was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs.

During the morning of the inspection, the inspector could hear a resident vocalising loudly for almost an hour. The vocalisations could be heard throughout the house and sounded as if the resident was in distress. However, on speaking with the staff and person in charge, the inspector was informed that this was how the resident communicated and that they were not in distress. On enquiring about how this impacted on other residents, the inspector was informed by staff that sometimes the loud vocalisations could upset another resident. Throughout the rest of day the inspector observed there to a relaxed atmosphere in the house and on meeting the resident in afternoon, they seemed content and happy. However, for a brief period during this time, the resident began to vocalise loudly resulting in another resident appearing upset. The inspector observed staff to support and reassure both residents during this time.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, jovial and caring interactions. On observing the residents interacting and engaging with staff, the inspector saw that staff could interpret what was being communicated by the residents. On speaking with staff the inspector found that they were familiar with the residents' different personalities and were mindful of each resident's uniqueness and different abilities.

In the afternoon, the inspector met a resident who was being supported by staff to engage in art work. Through the assistance of the staff member, the resident advised the inspector about their passion for painting and all their artwork achievements. The resident appeared happy while painting their picture and proud of the work they had completed. There was a framed picture, which had been painted by the resident, hanging on the wall of the room.

Residents were encouraged and supported around active decision making and social inclusion. The inspector found that each resident's choice and decision around their preferred activity was respected. For example, where one resident had chosen to go for a walk by the local riverside trail, and one resident had chosen to go to the shops to pick up some cosmetics, these choices had been respected and the activities were made available to the residents. Residents were also supported around their food and beverage choices through weekly meal planning and if a resident changed their mind on the day, the inspector was informed that there was

always other options made available to them.

The inspector found that 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. Where residents required specific support with their intake or preparation of food this was provided and in a dignified and respectful way, and in a way that did not limit residents' choice or enjoyment of the food or drink.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Overall, the inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support however, some improvements were warranted to the residents' living environment and to positive behaviour supports, but overall, through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. The provider had ensured that the centre was adequately resourced and that there was a clearly defined management structure in place. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for the residents, and in particular relating to fire safety, medicine management and the addition of an arts and crafts/sensory room. However, the inspector found that actions relating to the centre's premises remained outstanding from the last inspection, and that additional actions were now required.

This risk-based inspection was completed as there had been no inspection carried out in this centre since October 2018 and an update was required in advance of the designated centre's registration renewal.

The inspector found that for the most part, there was satisfactory governance and management systems in place which enabled service delivery to be safe and of good

quality. To ensure better outcomes for residents, the person in charge carried out monthly audits to evaluate and improve the provision of service. The provider had completed an annual report in February 2020 of the quality and safety of care and support in the designated centre and this was made available to residents and their families. In addition, during 2020 two six monthly reviews of the quality and safety of care and supported had been carried out.

In February 2021, there was an update included in the centre's annual report which addressed the limitations of the two six monthly reviews. The 2020 reviews were not based on site and were not unannounced. The inspector found the limitations resulted in lack of action and timeliness in addressing issues. For example issues identified in the centre's previous inspection relating to storage had not been completed. The impact of this resulted in residents living in an environment where their creative and sensory space was cluttered with items not conducive to the function and purpose of the room.

There was evidence to demonstrate that the person charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. They shared their role with one other designated centre and were supported in this role by a deputy manager and a person participating in management.

The inspector found that staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a staff roster in place in the centre and overall, it was maintained appropriately. The staff roster clearly identified the times works by each person however, an improvement was required to the roster so that it clearly recorded when the person in charge was present in the house.

There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Many of the staff who were employed in the centre had worked there for over five years or more. During 2020, where staff had been redeployed to work in the centre, the inspector found that they were provided with an induction programme which was effective in familiarising them with the residents' needs and the supports required to meet those needs.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and their personalities. Staff were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. In addition the provider completed a risk assessment for the centre relating to COVID-19 risks, COVID-19 isolation protocol and had also drawn up a contingency plan specific to

the designated centre.

It was evident that the centre strived for excellence through shared learning and reflective practices. The outcomes of a recent inspection of a centre run by the same provider had been shared. As a result, improvements were made to the centre's COVID-19 contingency plans so that they provided better preparedness and planning in the event of an outbreak. For example, a new weekly location COVID-19 check list had been put in place alongside a monthly COVID-19 audit which included the review of individualised self-isolation plans and risk assessments. On the day of the inspection, individualised self isolation plans or risk assessments for each resident had not yet been completed however, the inspector was advised that this was in progress.

The provider had put a staffing contingency plan in place for the centre in the event of a COVID-19 outbreak however, on review of the plan the inspector found that it required further detail to ensure it provided better preparedness and planning. For example, there was insufficient detail on the plan regarding the skills and qualifications required of the redeployed staff to ensure they could support the specific healthcare needs of the residents.

### Regulation 15: Staffing

Overall, there were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to.

The staff roster clearly identified the times worked by each person however, an improvement was required to the roster to that it clearly recorded when the person in charge was present in the house.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall the governance and management systems in place were found to operate to a good standard in this centre.

Through shared learning, the provider had put in place new systems to improve their preparedness in the event of a COVID-19 outbreak however, further improvement was required to the staff contingency plan so that it provided sufficient detail to demonstrate it ensured the appropriate level of preparedness and planning.

The provider had completed two six monthly reviews of the quality and safety of the service in 2020 however, they had not taken place on-site and were not

unannounced. The limitations of these reviews resulted in previous and current identified issues not been addressed in a timely manner.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, all three day notifications and quarterly notifications were being submitted to HIQA as per the regulatory requirement.

Judgment: Compliant

## Quality and safety

The inspector found that overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, the inspector found, that to ensure better outcomes for residents at all times, improvements were required to positive behavioural supports and to issues relating to the premises.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. A number of residents' planned community based goals for 2020 had been put on hold due the the current health pandemic restrictions. However, residents were encouraged to

engage in other activities that were in line with their interests and were not impacted by the restrictions. For example, resident enjoyed going for local walks, taking part in arts and craft activities and enjoying a variety of sensory activities.

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). During the recent period of self-isolation the residents' healthcare was further supported with the assistance of the health service executive's frail intervention therapy team. The person in charge advised the inspector, that this was a positive addition to their own team during the year and in particular, during the last two weeks.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. 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. However, the inspector found that a resident who was presenting with behaviours that challenge, and had a risk assessment in place relating to the behaviours, had not been referred to the appropriate professional. In addition, the positive behaviour support plan in place for the resident did not include appropriate clinical oversight, both in the development and review of the plan. As a result, the resident was not adequately supported to manage their behaviours and at times, this had impacted negatively on other residents.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. However, informed consent had not been satisfactory established or documented in the residents personal plan. As a result, residents rights were not fully promoted and not all restrictive practices were in line with the centre's policy .

The residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Safeguarding measures were in place 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 the resident's dignity and bodily integrity. The provider had systems in place to ensure residents were safeguarded from financial abuse. The person in charge carried out a monthly audit of the residents' finances to ensure each resident's money was maintained appropriately.

The inspector found that design and layout of the premises ensured that each resident could enjoy living in an accessible and safe environment. However, due to

limited storage the inspector found that residents could not, at all times, enjoy living in a comfortable environment.

One of the bedrooms in the house had been transformed into an arts and crafts/sensory room for residents to enjoy. However, as this room was also being used as a storage room. This impacted on the promotion of recreation and leisure for the residents and could not fully ensure appropriate stimulation and opportunity for the residents to relax and enjoy the activities the room was set up for.

The inspector found that the change in use of this room meant that the requirement of ceiling hoists, that was raised in the last inspection, had now been risk assessed as no longer required.

The inspector observed that overall, the external and internal physical environment of the house was in good structural repair however, improvements were required to the decorative repair of the house. For example, to ensure residents were living in well maintained environment, areas of the house required painting inside and out.

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, to better ensure the safety of residents during an outbreak, specific individualised risk assessments to assist residents' self-isolation plans, were required.

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

## Regulation 17: Premises

For the most part, the design and layout of the premises ensured that the residents could enjoy living in an accessible and homely environment. However, due to limited storage, residents could not, at all times, enjoy living in a comfortable environment.

Overall, the external and internal physical environment of the house was in good structural repair however, improvements were required to the decorative repair of the house. For example, the front door and many walls throughout the centre required painting.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider had carried out a number of risk assessments associated with the current health pandemic however, the inspector found that residents were not provided with individualised risk assessments around the risks relating to self-isolation. Furthermore, there had been no documented risk-assessment put in place regarding the potential risks for staff during a suspected or confirmed outbreak in the centre.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

Staff had completed appropriate training in relation to the prevention and control of COVID-19. The training provided staff with the knowledge and skill necessary to keep residents safe and mitigate the risk of infection.

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections occurring in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that was regularly reviewed and detailed their assessed needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

## Regulation 6: Health care

Overall, residents were supported to live a healthy life. Appropriate healthcare was made available for each resident, having regard to their personal plans.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider promoted a positive approach to behaviours that challenge. However, not all residents, who required the support of a behavioural support professional, had been referred to one. In addition, where positive behaviour plans were in place, not all plans included appropriate clinical input.

Restrictive practices in place were reviewed by a rights committee and on regular intervals. However, to ensure residents' rights were promoted and that the restrictive practices in place were fully in line with the centre's policy, improvements were warranted to ensure appropriate informed consent had been sought and clearly documented in residents' personal plans.

Judgment: Not compliant

## Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that each resident's dignity, safety and welfare was guaranteed. The person in charge carried out audits of residents' finances to ensure that the systems in place to keep residents' money safe, was effective.

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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Vale Lodge OSV-0004458

Inspection ID: MON-0027881

Date of inspection: 03/03/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:                      The PIC will record on the roster their planned shift times and location going froward. Should this change from the planned roster the PIC will ensure changes are made to the actual roster. Where the PIC has to be in a number of locations in the same day the PIC will ensure they have documented these times.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:                      Onsite unannounced provider audits had resumed, however due to the increased risk of infection these will be desktop audit and phone communication until the majority of staff and clients have been vaccination in the center.</p> <p>The staff continency plans have been updated to record training and skills required to support clients in this center.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

A storage facility will be sought for the location, Covid level 5 restrictions have hindered attempts to purchase a shed.

Decorative repairs will be undertaken at this center when Covid restrictions allow for non-essential work to be carried out. The works required have been logged on the providers internal maintenance system which will be tracked.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Individual risk assessments in relation to clients unable to self-isolate and the risk to staff have now been completed.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

A referral has been submitted to the providers Behavior Support Specialist for clients who require clinical oversight on their positive behavior support plans. The PIC has consulted with the Behavioral Support Specialist and data gathering has commenced.

The PIC will provide information to the clients and their designated contact person in relation to any restrictive practices in place in order to obtain their consent, this will be documented on the clients file.

## 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 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	23/03/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	23/03/2021

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	23/03/2021
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	31/03/2021
Regulation 07(4)	The registered provider shall	Substantially Compliant	Yellow	30/04/2021

	ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	23/03/2021