



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

Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	22 September 2020
Centre ID:	OSV-0004694
Fieldwork ID:	MON-0030520

About the designated centre

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

Holly Services is a residential service which is run by Brothers of Charity Services, Ireland. The centre caters for the needs of five female and male adults who have an intellectual disability. The centre comprises of two houses, one of which is located on the outskirts of a town in Co. Roscommon, and the other house is located in a village in Co. Roscommon. Both houses are within easy access to all local amenities and the community. The houses are comfortable and suitable for purpose with two residents living in one house and three residents in the second house. Staff are on duty both night and day to support residents living in this centre

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 22 September 2020	09:30hrs to 16:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

As part of the inspection, the inspector met with three of the five residents in one of the houses which comprise the centre at various times during the day. The inspector also viewed some records pertaining to the residents and practices in the second house which comprised the designated centre. The residents told the inspector they felt very safe living in their home, they loved living there, got on very well together and looked after each other. They told the inspector how much they enjoyed their hobbies and jobs. However, they did say that the restrictions during the full lockdown because of the COVID –19 pandemic, had been hard for them. They were glad to be able to go out and about again. They explained that we all had to be very careful, wear masks and keep social distance as they did not want to get sick .They said they were glad to be getting back to having visitors, meeting heir families properly and going out and doing their part time work again.

The residents said the staff and manager looked after them well, they had freedom to come and go so long as the staff knew where they were and they were making plans for their holidays and social activities. They said they enjoyed planning their own day and also the freedom freedom of not having to go to day services all the time. They showed the inspector their garden which they said they liked working in, the chickens and the vegetables and flowers they had grown in the polly-tunnel. They mentioned their friends in the local community who they worked with.

The inspector observed that the residents were very much at home, doing their own various activities, going out for walks locally, out to the shops, and having their morning coffee break together. They did the activities they liked to do during the day, and on a cold wet afternoon, were watching their favourite television programmes in the cosy living room.

Capacity and capability

This risk inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations and the providers' planning for and management of the COVID-19 pandemic. The centre was last inspected in October 2018 for renewal of the registration and a good level of compliance was evident.

Overall, this inspection found that this was a well-managed centre with good systems and levels of oversight, ensuring the residents' needs, well being and quality of life were prioritised.

The person in charge was suitably qualified and experienced and was fully engaged in the management of the centre. Although responsible for two designated centres this was not found to have negative impact on the residents care support.

There were good reporting and quality assurance systems in place, which supported the residents' quality of life and safety and was responsive to their needs. These included the provider's monitoring of the centre which had continued remotely during the pandemic and audits undertaken on a range of relevant issues including medicines and errors, incidents and accidents, risks to the residents, and health and safety issues. Where issues were identified in these audits they were managed by the person in charge, for example, updating of the risk assessment for the residents' as needs changed.

However, the inspector found that the out-of-hours on call management arrangements were not satisfactory to provide the support or assistance which may be required. For example, from 23:30 there was no formal management on-call arrangement. Staff are advised to contact the relevant emergency services. However, this does not take account of situations where this may not be the guidance or support needed. The inspector was advised that the managers in the organisation do provide an informal / good will arrangement to staff and they can contact colleagues, but this is not sufficient.

The annual report for 2019 was available and the views of the residents and their representatives were elicited in a number of ways regularly. Some matters in relation to the content of the annual report were discussed with the provider and person in charge who agreed to review this.

There was evidence that the provider dealt with any concerns or complaints raised by the residents in a supportive manner. In the main, these related to ordinary day-to-day shared living experiences and were fairly resolved.

Overall, the staff ratio and skill mix was suitable to the needs of the residents, overseen by the person in charge who was a qualified nurse. The staff worked alone and in most cases this was satisfactory as the residents did not require full support. They attended some activities alone and could also remain at home alone for short periods. These arrangements had been assessed as to their suitability and safety. In addition, some of the residents had personal alarms should they require assistance at such times. However, from a review of documentation, and speaking with the person in charge, the changing needs of one resident indicated that this may no longer be a suitable or safe arrangement. The provider was aware of this but had not as yet made alternative arrangements for staffing in these circumstances.

There was a contingency plan available in the event of staff shortages including a locum panel, during the pandemic, and some day service staff had been assigned to provide additional supports.

From a review of a small sample of personnel files, the provider had sought the necessary An Garda Síochána vetting, appropriate references and all other required documentation prior to the employment of staff. Volunteers who had been supporting a resident were not available during the the pandemic, the inspector was

advised that the appropriate checks were also carried out for these persons.

The provider ensured that staff had the training and skills to support the residents with any gaps noted due to COVID-19 or for day service staff who had relocated to the centre temporarily and these were scheduled. Records indicated that most, but not all staff, had undertaken COVID-19 specific training and regular updates were made available to them.

Staff spoken with demonstrated good knowledge of the individual residents and how to support them. There were effective systems for communication and team meetings had recently resumed. The records seen were of good quality and focused on the residents. Formal staff supervision systems had not been fully implemented but there was evidence of oversight and monitoring.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents.

While there were some further improvements required in some areas such as a implementation of residents rights, informed consents and fire safety outlined in the quality and safety section of this report, overall this was a well-managed centre which afforded the residents a meaningful and safe quality of life.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was fully engaged in the management of the centre. Although responsible for two designated centres, this arrangement was not found to have negative impact on the residents' care and well being

Judgment: Compliant

Regulation 15: Staffing

Overall, the staff ratio and skill mix was suitable to the needs of the residents, overseen by the person in charge who was a qualified nurse.

However, the changing needs of one resident indicated that being left alone in the house for periods of time may no longer be a suitable or safe arrangement.

From a review of a small sample of personnel files, the provider had sought the necessary An Garda Síochána vetting, appropriate references and all other required documentation prior to the employment of staff or volunteers.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider ensured that staff had the training and skills to support the residents with any deficits noted due to the pandemic of for day service staff who had relocated to the centre temporarily, scheduled. However, the records also indicated that most, but not all of the staff had undertaken COVID-19 specific training and regular updates were made available to them.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, this inspection found that this was a well-managed centre, with good systems and levels of oversight evident to ensure the residents' needs, well being and quality of life was prioritised. There were effective monitoring and quality review systems. However, the out-of-hours management system was not satisfactory. From 23.30hrs at night there was no formal on-call management arrangements should this be required.

Judgment: Not compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There were suitable arrangements in place for any absences of the person in charge and The Chief Inspector has been notified of these.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable procedures in place for the management of complaints and there was evidence that the provider dealt with any concerns or complaints raised by the residents in a supportive manner in order to resolve them.

Judgment: Compliant

Quality and safety

The inspector found that the residents' quality and safety of life was well supported. They had good access to a range of relevant multidisciplinary assessments and interventions including healthcare, physiotherapy, and neurology and psychiatry. These assessments informed the plans implemented by the staff to support the residents. The residents care was reviewed frequently and both they, and their representatives, were consulted with and involved in decisions regarding their care. The person in charge was monitoring the changing needs of one resident and planned to have a number of assessments undertaken to enable the best care and support to be identified. However, support plans were not available for all needs identified, especially in relation to health or dietary care. It is acknowledged that as yet these needs are not complex but adequate plans would prevent any deterioration for the residents. This may be due in part to the documentation used for these purposes. The records were cumbersome even for staff to use and locate, and did not support ongoing monitoring and review.

However, the residents' social care needs, personal goals and preferences were actively promoted and well planned for so as to ensure a meaningful and enjoyable life for the residents. They undertook a range of activities and were very involved in their local communities. A number of residents had part time supported work in local shops and bars, were involved in the tidy towns with residents committees, and made representations to local councils and advocacy groups. They acknowledged that they enjoyed these active roles and being busy with them.

While this access had been impacted on by the COVID-19 pandemic there was evidence that the residents had been supported by a number of strategies to understand the reasons for the restrictions, and suitable visual information was used to assist this. The provider had initiated a programme of activities which helped the residents during this time. Alternatives routines were devised, which included doing cookery, gardening in the centre, taking photographs, making a calendar and routines at home. Safe external activities, family, and home visits were being reintroduced slowly with due regard to the resident vulnerabilities and public health

advise. All efforts had been made to reduce the impact of the restrictions including contact with families via technology.

Overall, the inspector found that the residents' healthcare needs, were well monitored, with evidence of regular review by the general practitioner (GP).

There were suitable and safe systems for the management and administration of residents' medicines. The residents were assessed as to their ability to manage their own medicines and there were systems for the reconciliation of this in order to ensure it was safe. Medicines were frequently reviewed and their impact on the resident monitored. Any medicine errors noted, which were minimal, were promptly responded to and systems implemented to prevent re-occurrences.

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

The inspector found that there was an evident commitment to actively promote and support the rights of the residents to make decisions and direct their own lives. They were actively consulted regarding their own preferences and routines and told the inspector about this. They were registered to vote and took part in a number of the community inclusion events. A resident had participated in a Webinar detailing the impact of the COVID-19 pandemic on people with disabilities. Where previously the residents had attended formal day-care, their experience of a more relaxed and less onerous weekday routine during the pandemic had been very positive, given their age. In consultation with the residents, the person in charge had decided not to reintroduce this formal service but to operate a wrap around service from the centre with the structure agreed with the residents. Notwithstanding this good practice, however, the inspector was concerned at how a decision regarding the purchasing of a shared car between the residents was made. The documentation available on the day and submitted following the inspection regarding this did not provide assurance that the residents' need for support, advocacy or family representation was adequately acknowledged in this decision. A contract was available, signed by the residents themselves. This indemnified the provider from any liability in relation to the use and management of the vehicle. It is acknowledged that the vehicle is of use and benefit to the residents and is listed under shared property in each resident's name. Nonetheless, the resident's capacity, need for support or adequate representation in such a decision was not evident.

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented when necessary. In addition, residents were supported with advice, guidance and strategies to keep themselves safe and speak up should anything untoward occur. Each resident had an intimate care plan, although in this instance limited support was needed.

There were good systems evident to support residents with behaviours that of

concern, which also aimed to enable the residents to manage and understand the impact of their own behaviours but was a balance response. Staff were supported by the frequent intervention and direction of the specialists involved. This could be seen to have a very positive impact on the resident's day-to-day life. From a review of the incident reports , daily records and speaking with staff the inspector was assured that staff were familiar with the individual plans for the residents and implemented them .These were monitored by the person in charge.

The use of restrictive practices was minimal, and balanced, implemented for the residents own safety, assessed appropriately, reviewed, and the residents were involved in such decisions.

Risk management systems were effective, centre-specific and proportionate to the issues. There was a detailed centre-specific risk register for each of the houses which identified all of the environmental and clinical risks with detailed individualised risk management plans for each resident. Identified risks were responded to appropriately with due regard to each individual residents vulnerabilities and the impact of the decisions.

Fire safety management systems were in place and appropriate fire drills were held with the residents. However, the schedule for servicing of the fire alarms was not in accordance with the requirement for quarterly servicing. Additionally the use of open fire and stoves, while very homely, had not been assessed in terms of precautions against the risk of fire.

The policy and procedure for the prevention and management of infection had been revised and reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed; these included: restrictions on any visitors to the centre; increased sanitising processes during the day, protocols for staff coming on and leaving duty, the use of and availability of suitable PPE when necessary. Unnecessary crossover was avoided.

Staff and residents were monitored frequently for symptoms. The inspector saw that the residents were supported with this and staff used appropriate personal protective equipment when required. The risk register had been reviewed to reflect the gradual easing of restrictions, activities and visits but mindful of the risks and continuing public health guidelines.

These systems were being monitored. The provider had sought and continued to seek, guidance from the relevant agencies and appointed a lead staff to offer direction and updated guidance. The premises is small, although very suitable for the residents and homely. The provider is aware that it would not be feasible for a resident to easily self-isolate in the centre. To this end, a centre had been registered by the provider to accommodate a resident should this be required. However, while very homely and clean generally, there were two areas noted which required attention. These were the pipe work in the utility and fittings in the toilet which were rusty and could not easily be cleaned thus causing a possible general infection risk.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available should residents require transfer or admission to acute services.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and proportionate to the issues. There was a detailed centre-specific risk register for each of the houses which identified all of the environmental and clinical risks with detailed individualised and balanced risk management plans for each resident.

Judgment: Compliant

Regulation 27: Protection against infection

The policy and procedure for the prevention and management of infection had been revised and reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. However, there were two areas noted which required attention. These were the pipe work in the utility and the fittings in the toilet which were rusty, or had leaked and could not easily be cleaned thus causing a possible general infection risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems were in place and appropriate fire drills were held with the residents. However, the schedule or servicing of the fire alarms was not in accordance with the requirement for quarterly servicing. Additionally, the use of open fire and stoves, while very homely, had not been assessed in terms of precautions against the risk of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of residents' medicines. The residents were assessed as to their ability to manage their own medicines and there were systems for the reconciliation of this in order to ensure it was safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

They had good access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, including healthcare, and neurology speech and language, and neurology and psychiatry. The residents care was reviewed frequently and both they, and their representatives, were consulted with and involved in decisions regarding their care. However, support plans were not available for all needs identified, especially in relation to health or dietary care. This may be due in part to the documentation used for these purposes but does prevent adequate review and monitoring. The residents social care needs however, were clearly identified, planned for in consultation with them and frequently reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the inspector found that the residents' healthcare needs were well monitored, with evidence of regular review by the general practitioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems evident to support residents with behaviours that challenged, which also aimed to enable the residents to manage and understand the impact of their own behaviours.

The use of restrictive practices was minimal and balanced, implemented for the residents own safety, assessed appropriately, reviewed, and the residents were involved in such decisions.

Judgment: Compliant

Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse and respond if necessary. The residents were also supported with the knowledge and skills to protect themselves and seek help promptly should any such incident occur, for instance to not open the door if alone in the house.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was an evident commitment to actively promoting and supporting the rights of the resident to make decisions and direct their own lives. However despite, the inspector was concerned a the lack of adequate independent or family involvement in a decision made to purchase a shared car between the residents. was . A contract was available, signed by the residents themselves. which indemnified the provider from any liability in relation to

the use and management of the vehicle. It is acknowledged that the vehicle is of use and benefit to the residents. Nonetheless, the resident's capacity, need for support or adequate representation in such a decision was not evident.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Holly Services OSV-0004694

Inspection ID: MON-0030520

Date of inspection: 22/09/2020

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: An Assessment of Need has been commenced for one person with changing needs on 15/10/2020. This process involves MDT input from the psychology department and assessing supports that are required including environmental supports.</p> <p>Additional resources have been put in place in the designated centre to support the person when they wish to remain in their home ensuring there is a suitable and safe arrangement in place.</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: All staff within the designated centre have completed their COVID-19 specific training.</p> <p>The PIC has scheduled with all staff in the designated centre for individual supervision sessions.</p>	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management have reviewed and agreed a formal support system for on-call with other houses in the local area.</p> <p>There is now a protocol in place for staff to ensure they can contact waking staff in other houses where two staff are on duty at night time to respond to an emergency need.</p> <p>An evidence based risk assessment has been conducted in relation to this.</p> <p>Management accept that there is a need for a formal Manager On Call system to be put in place from 23:00hrs to 08:00 hrs. This matter has been escalated to Senior Management.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The pipe work in the utility room and fittings in the toilet area have received corrective action thus eliminating any cause of possible general infection risk.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC has ensured that all servicing of fire alarms is completed on a quarterly basis as contracted with the Fire Services Company.</p> <p>A Risk Assessment has been completed and detailed on the Risk Register for the use of open fires in the designated centre.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

The Health Support Plans have been reviewed in full to include all identified needs. All staff are now fully informed of the identified needs and relative healthcare support plans for all people supported.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A review meeting and discussions have taken place with each person supported and their family representative in relation to the purchase of a shared car. Management have ensured that there is adequate representation for each person supported in line with their will and preference. A review of the contract is also taking place and including representatives and supports for each person. Management and MDT are satisfied that people supported have capacity in relation to this decision.

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(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	19/10/2020
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	09/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2020

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	22/11/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	07/10/2020
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	07/10/2020

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	07/10/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	16/10/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/11/2020