



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

Issued by the Chief Inspector

Name of designated centre:	Cumas New Ross
Name of provider:	Cumas New Ross
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	08 March 2022
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0036375

About the designated centre

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

The statement of purpose outlines that the service provides full-time residential care to 11 residents, male and female, with an additional bed designated for respite residents. Residents must be independently mobile and require very low support from staff. Staffing arrangements are sufficient currently with one staff on duty in each house. Staff are required to have social care qualifications in order to support the residents. The centre comprises two houses, one bungalow and one two-story property, located some distance from each other in a coastal town. It is within easy reach of all local facilities and services. Both houses are large and comfortable. All residents have their own bedrooms and there is sufficient living and communal areas to afford space and privacy for the residents. There are a number of day services attached to the organisation which the residents attend.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 (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 8 March 2022	10:00hrs to 18:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

From meeting and speaking with residents and staff, and observing practice, the inspector found that residents appeared happy and were enjoying a good standard of care and support. Residents told the inspector that they were happy and comfortable in their homes. The purpose of this inspection was to evaluate the care and support being provided to the residents following significant changes and events at a senior management level. In the last two weeks the post of Chief Executive Officer (CEO) had recently been vacated. There were now gaps in lines of authority and accountability, with the person in charge now reporting directly into the board of management. Although the impact of the recent changes was minimal, the long term impact of significant gaps in oversight from a provider level required addressing.

This inspection took place during the COVID-19 pandemic. As such, the inspector followed all public health guidance. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The designated centre comprised two separate homes located some distance from each other in a coastal town. On arrival at the first home the inspector was met by the person in charge and the residential coordinator. The first home was a large bungalow building located a short distance from the town. No residents were present at this time as they had all left to attend their day service. All residents had their own bedroom which had been personalised to suit their preferences and space to store their personal belongings. There was a communal sitting room, kitchen, visitors room and dining room. On a walk around of the premises significant wear and tear was noted to some rooms. Maintenance works were required in many areas of the home. Due to the condition of a number of areas the inspector was not assured that effective infection control measures were being adhered to. This is discussed in further detail in the report.

Later in the day the inspector returned to this home to meet the residents that lived there. Currently four residents lived in this home. There was one vacancy and one respite bed. No respite had been availed of in this home since the commencement of the COVID-19 pandemic. In the evening time, two residents were relaxing in the dining room and the other two residents were in the kitchen. A resident spoke in detail about an upcoming milestone birthday. They had invited family, friends and staff to this celebration and had organised a band to play music. They listed all the people that were coming. When speaking with staff about this occasion, light hearted and respectful conversations were noted. For example, staff and the resident spoke about what they were going to wear to this event. This resident also spoke about their home and how they continued to meet up with one resident that had recently moved out. They spoke with pride about their home and the other resident present also expressed how happy they were living in the home. The

residents were very familiar with the person in charge who was present at this time and also the staff member who was supporting them. The other residents present were observed to independently engage in different activities. One resident was preparing their lunch for the next day, while the other resident was spending time on their tablet device.

In the second home, five residents lived together. This home was located in the town and was a large two-storey detached building. On the walk around, it was noted that this was overall a well-maintained home. Each resident had their own individualised bedroom and there was sufficient communal areas. It was surrounded by a large well kept garden. The residents in this home were enjoying an evening meal together and were being supported by one member of staff. This staff member gently interacted with all residents and sat and engaged with the residents during this time.

A resident sat and went through their personal plan with the inspector. They particularly enjoyed an activity of spending time with the person in charge and having a cup of tea with them and showed the inspector this aspect of their plan on a few occasions. Another resident spoke about family coming home, the upcoming birthday party, appointments for hair cuts and other day-to-day events. Residents were observed to be very comfortable in each others presence and very familiar with each other. The residents were observed to bring their plates back to the kitchen following their meal and move around the home to join in on conversations or relax one of the communal rooms. One resident had family visiting at this time and had requested that they have their meal following this.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that residents received good quality care and support in this service. There were some improvements needed in relation to maintaining one premises and ensuring infection control measures were adhered too. This had been identified by both the person in charge and residential coordinator. There were gaps in the governance structure that required to be addressed to ensure that the quality of care could be maintained at a consistent level.

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

Capacity and capability

Although this inspection found the level of care was safe and in line with each resident's support needs, there was an absence of a robust operational governance team whereby clear lines of authority and accountability were managing this centre.

The inspector had the opportunity to speak with a board member during the

inspection. Some relevant documentation was reviewed in relation to recent significant events. The board had taken relevant actions to investigate these events. They had identified that there was a lack of clear lines of authority and accountability. Assurances were provided that the board were providing direct oversight at the time of inspection. The board stated that their priority was addressing the current issues and appointing a new CEO to ensure cohesive organisational strategic and operational objectives so that the service to residents would not be impacted.

There were systems in place for oversight, such as provider-led audits and reviews. These had been completed in line with the requirements of the regulation. The person in charge was experienced in their role and had a good understanding of their role in driving quality improvement and ensuring the level of care was in line with the requirements of regulation. However, there were no arrangements for the appropriate supervision of the person in charge at the time of this inspection.

There was a stable staff team in place. The staff team consisted of social care staff. There was no nursing care available in the centre on the day of inspection. In addition to this, although the need of a relief panel had been noted by the person in charge this had not been implemented.

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider did not give notice to the Chief Inspector that the CEO had vacated their position within the organisation.

Judgment: Not compliant

Regulation 15: Staffing

The residents were an independent group of individuals with low support needs. They were supported by a team of social care workers. There was a full staff team present. A review of staffing indicated a stable staff team with continuity of care being provided. There was an actual and planned roster in place. There was no use of agency staff and the existing staff team covered any gaps in the roster due to staff absences or sickness. Although this system ensured residents were supported appropriately, the need for a relief staffing had been identified and needed to be reviewed. This is discussed further under Regulation 23.

As stated there was no nursing cover available in the centre for the last number of months. Nursing needs were now being met in the community. However, the skill mix of staff required review to ensure it was best meeting the needs of all residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems for training and development in place. A staff training matrix and a sample of staff training records and were reviewed. While for the most part the staff team were up-to-date in mandatory training a number of staff required updated training in a number of areas including de-escalation and intervention techniques and manual handling

From a review of supervision records, formal supervision and staff development for social care workers was occurring in line with the provider's policy. However, the inspector found that significant improvement was required in terms of staff support at a senior level this is discussed further under Regulation 23.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider, Cumas New Ross, was responsible for one designated centre which was reviewed on this inspection. There was an absence of robust management arrangements on the day of inspection. The current arrangements were that the staff team reported to the residential coordinator/person in charge and the person in charge reported to the CEO. As there was no CEO appointed at the time of inspection these lines of authority were not present. One noted impact of this was a lack of clarity and systems in place to ensure the person in charge received supervision and appropriate oversight on a regular basis. This had been ongoing for a number of months at the time of this inspection. A further enhancement of reporting structures was needed to ensure that systems were in place to keep appropriate lines of accountability, authority and oversight in place at all times. Risks posed by the current arrangement meant that sufficient provider-led oversight was not appropriately present.

In addition this, the timeliness of provider action on identified issues needed improvement. For example, observations of the condition of bathrooms and other parts of the premises had significant wear and tear and required maintenance. This was not a recent development. The condition of the premises had been identified in a previous inspection in June 2021 and was also identified in audits by the provider. However, on the day on inspection many issues remained in poor order and still required to be addressed.

Although the centre had a full compliment of staff, there were no contingency arrangements in terms of a relief panel. Gaps in staffing arrangements due to sickness or annual leave requests required the existing staff team to act as cover.

The long term suitability of this arrangement was not sustainable. No nursing care had been provided in the centre since July 2021 which was a concern.

Judgment: Not compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to HIQA under regulations were reviewed during this inspection. Although HIQA had been notified of a number of events it was not within the required time lines as set out in the regulations. In addition to this, in one premises it was noted that a restrictive practice was in place. This had not been notified as per requirements of the the regulations.

Judgment: Not compliant

Quality and safety

Overall there was an absence of robust governance and management systems in the designated centre. However, a suitably qualified person in charge, the small size of the service (one designated centre) and a stable staff team were mitigating some of the risks associated with this. However, a long term plan would be required to rectify this and ensure the quality of care could be maintained on a consistent basis.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of personal plans, risk documentation, fire safety documentation, and documentation around protection against infection. The inspector found some good evidence of residents been supported to live a meaningful life and engage in activities of their choosing. Improvements were noted to be needed across a number of regulations including the condition of one of the premises, infection prevention and control, and fire safety.

As stated previously there are two separate premises associated with this designated centre. One of the premises required maintenance works in terms of painting, removing of mould, damp proofing and replacement of worn flooring to ensure it presented as a homely environment. In addition to this, the outside of one premises required maintenance and cleaning. Due to the condition of some areas of this premises the inspector was not assured that effective infection and prevention measures could be adhered too.

The residents' personal plans were found to be comprehensive in nature and to clearly outline the supports they may require. It also clearly outlined how they liked

to be assisted with their support needs. They were being supported to develop and achieve their goals. Their healthcare needs had also been assessed and they were being supported by health and social care professionals in line with their assessed needs.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The residents had personal emergency evacuation plans in place which guided the staff team in supporting residents to evacuate. However, improvements were required in relation to the types of scenarios practiced in fire drills and also in some fire containment measures.

Regulation 17: Premises

Overall, the residents lived in a warm, clean and comfortable homes. However, significant wear and tear in one of the premises meant that some of the rooms required maintenance to ensure they were up to standard and presented as a homely environment. The majority of the findings related to bathrooms and bedrooms within this home. Some bathrooms required significant upgrading, there was mould present on walls, equipment and ceilings. There was significantly chipped paint on all walls and ceilings in these rooms. Some accessible equipment was rusted. In one resident's bedroom the flooring was significantly worn and there was mould present on the ceiling. In addition to this, the outside of the premises required attention as the eaves and other areas of the outside of the home had some dirt and debris present. Although these findings at been self-identified by the person in charge and were identified in audits, the works remained outstanding on the day of inspection.

The second home was to a better standard in regards to maintenance. Bathrooms had been upgraded and were to a good standard. Each resident had their own bedroom which had personal items and pictures on display. There was a very large maintained garden area. The residents took great pride in maintaining this area and spoke about how much they benefitted from this space in lockdowns during the COVID-19 pandemic.

Judgment: Not compliant

Regulation 26: Risk management procedures

The residents were protected by the systems which were in place to identify, assess, manage and review risk in the centre.

There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General

and individual risk assessments were developed and reviewed as required.

Incidents and adverse events were being regularly reviewed were informing the review of the risk register and the development and review of risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

While some parts of both premises were reasonably clean on the day of inspection further improvements were required in a number of areas.

There were stocks of PPE available. Evidence was provided to indicate staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE. There were sufficient hand washing facilities present with paper hand towels and pedal bins in relevant areas.

However, there was mould present in bathrooms and bedrooms. Chipped paint and rusted accessible equipment were present which posed an infection prevention and control risk. The condition of many of the bathrooms did not assure the inspector that adequate measures could be taken in relation to protecting residents in relation to risks associated with infection prevention and control.

Judgment: Not compliant

Regulation 28: Fire precautions

There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. Following a recent review by the provider, they had identified that two further fire doors were required in one of the homes for fire safety. These doors were required in a storage area. There was no definite time line to when these works would be completed.

There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. The residents had a personal emergency evacuation plans in place which detailed the support they may require to safely evacuate the centre. These plans were displayed in residents' rooms to ensure all staff and residents were aware of these plans.

On a review of fire drills it was found that residents evacuated with ease and no specific issues had been identified. However, not all possible scenarios had been practiced in one of the centres, for example no night time drills or simulated night time drills had occurred in 2021. The residential coordinator had identified this issue

and there were plans to complete these types of drills in 2022.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The resident had an assessment of need and personal plan in place. These documents were found to be person-centred and identifying the residents' wishes, preferences and goals. These documents were being reviewed and updated regularly to ensure they were effective. Each resident took ownership of their personal plan and one resident proudly went through their individual goals with the inspector.

There was an absence of an annual person centred plan review which included input from the resident, their representative and the health and social care professionals who support them. The person in charge had discussed this was due to restrictions during the ongoing pandemic. However, no other means were explored to complete these reviews as required.

Judgment: Substantially compliant

Regulation 6: Health care

Residents in this centre did not have significant needs in relation to their healthcare. Where required, healthcare needs were assessed and an associated healthcare plan was put in place. There had been no nursing care available in the centre since July 2021. The person in charge discussed that if there were any concerns around residents needs this was addressed with the residents' general practitioner or relevant community supports.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection. Staff spoken with, were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed the level of support required. Where there were safeguarding concerns, there was evidence that appropriate

safeguarding plans were in place which were monitored, reviewed and dealt with appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted and encouraged to participate in how the centre was run. There were regular house meetings with residents. They had input into the care they received and personal plans were detailed to ensure resident's rights, wishes and preferences were upheld. For example, specific resident routines were detailed in terms of how the resident liked to be woken up or their preference on how to exit a vehicle.

Observations indicated that staff were seen to offer residents the opportunity to exercise choice and control in their daily lives. For instance, a resident requested to have their meal at a later time, this request was facilitated.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not 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	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0036375

Date of inspection: 08/03/2022

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: More stringent procedures and open lines of communications implemented within the organization by the line management structure. New General Manager commenced the role 04/04/2022 (33A submitted) Full complement of department managers will be in place on the 9/5/2022. Regular monthly management team meetings will commence from 17/05/2022. Reaffirmation of operating policies and procedures. The register provider will comply with regulation and inform of any changes to information supplied for registration of the designated center.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. A risk assessment was under taken in consultation with frontline staff, individuals and their families which informed the staffing levels required to ensure the quality of care could be maintained on a consistent basis. 2. 04/04/2022, funding applied for from HSE, to recruit two relief staff to support residential. 	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1.Requests have been submitted to the training department regarding the identified training refreshers required. 2.Manual handling training to be completed on the 04/05/2022. 3.Staff will complete training in De-escalation and intervention techniques on the next available training. 4. There is now an ongoing schedule of training in place to ensure that all staff have relevant and up to date training to enable them to perform their respective roles.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. A new General Manager appointed 04/04/2022.</p> <p>2. Maintenance has commenced on the designated center. Deep clean of all tiled area performed by a specialist company and will continue on a periodic basis. Quotes have been sourced by painting contractors, anti mould paint to be used in all bathroom/ shower areas. Operation restored to ventilation fans. All works due for completion 30/07/22</p> <p>3. 04/04/2022, funding applied for from HSE to hire two relief staff to support residential.</p> <p>4. Nursing staff on extended leave. Individuals' healthcare needs continue to be supported by health and social care professionals in line with their assessed needs.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>1. A system has been introduced where more stringent procedures and open lines of communications have been implemented within the organization.</p> <p>2. All notifications will be submitted as required by regulations. The provider will comply with all regulations and inform of any changes to information supplied for registration of the designated centre.</p> <p>3. A review of incidents is completed quarterly. This will now incorporate identified learning from serious or adverse incidents.</p>	

4. This learning will also be shared within the organization through regular monthly management meeting commencing 17/05/2022.
5. Restrictive practices no longer in place 08/03/2022

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. Painting and remedial works as identified have commenced on the designated center.
2. Deep clean on all tiled areas performed by specialist company and will continue on a periodic basis.
3. Quotes have been sourced for painting contractors.
4. Completion for all works set for 30/07/2022

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. The planned works have commenced in the designated centre.
2. All tiled areas have been deep cleaned by a specialist company and this will continue on a periodic basis.
3. Quotes are being sourced for painting contractors who will use anti mould paint in the bathroom/ shower areas.
4. Accessible equipment will be repaired/replaced.
5. Work will be completed by 30/05/2022

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The tender process has commenced for the installation of fire doors to ensure the

premises comply with fire regulations.

2. Night time drill/ simulated night time drills will be completed in June 2022 to ensure that the designated centre can be fully evacuated in an emergency.

3. Fire/safety inspection completed by Assistant Fire Chief 12/04/2022

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:

Review meetings for all individuals have been arranged for the coming weeks, completed by 01/06/22

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
Registration Regulation 7(4)(a)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if any of the following is proposed to take place: (a) where the registered provider is a body corporate (whether a natural person, a company or other corporate body), there will be any change to: (i) the ownership of the body (ii) the identity of its director, manager, secretary, chief executive or any similar officer of the body (iii) the name or address of the body and shall supply full and satisfactory information in regard to the matters set out in	Not Compliant	Orange	17/05/2022

	Schedule 3 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre under (a), (b) or (c).			
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	04/04/2022
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	16/05/2022
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.	Not Compliant	Orange	30/07/2022
Regulation 23(1)(a)	The registered provider shall	Substantially Compliant	Yellow	30/07/2022

	ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	04/04/2022
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.	Substantially Compliant	Yellow	30/07/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Not Compliant	Orange	30/05/2022

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/07/2022
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, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	10/06/2022
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	08/03/2022
Regulation 31(3)(a)	The person in charge shall	Not Compliant	Orange	08/03/2022

	ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	01/06/2022