



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

## Issued by the Chief Inspector

Name of designated centre:	Liscarra
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	18 May 2021
Centre ID:	OSV-0007862
Fieldwork ID:	MON-0032745

## About the designated centre

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

Liscarra consists of four bungalow type residences located on a campus setting on the outskirts of a city. Two of the bungalows can provide a home for five residents each. The other two bungalows can support three and four residents respectively with each of these bungalows subdivided into two apartments. Overall the centre can provide full-time residential care for a maximum of 17 residents over the age of 18 of both genders with intellectual disabilities. Each resident in the centre has their own bedroom and other facilities throughout the centre include bathrooms, day/dining areas and kitchens amongst others. Residents are supported by nursing staff and care assistants.

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

Number of residents on the date of inspection:	15
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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 18 May 2021	10:00hrs to 14:55hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents were being treated by staff in a respectful manner. One bungalow was visited during this inspection but, while it was seen that efforts had been made to make it homely, it lacked space.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained in so far as possible when communicating with residents and staff while personal protective equipment (PPE) was used. As this designated centre was based on a campus and made up of multiple bungalows, the inspector was based primarily in an office building on the campus. To minimize movement in this designated centre, the inspector only visited a vacant building that the provider who intending to add to this centre and one bungalow where residents were living.

On visiting this bungalow it was noted that some parts of the premises were brightly decorated including residents' bedrooms. It was also observed that there were various photographs of residents on display throughout the centre. However, it was seen that some parts of the centre required some general upkeep such as the kitchen area while a number of marks were evident on the wall opposite one resident's bedroom door with its door frame also being damaged. It was indicated to the inspector that the resident who used this bedroom was a wheelchair user and it could be difficult to move the resident in and out of their bedroom given the size of the door frame and the hall it led into. This bungalow was also observed to lack communal space.

While present in this bungalow, the inspector met all five residents who lived there. Some of these residents did not communicate verbally and did not engage directly with the inspector. One resident did appear happy and waved to the inspector on multiple occasions while they were listening to music on a tablet device. Two staff were present with residents at this time and it was seen that they engaged appropriately and respectfully with the residents. For example, one staff member went for a walk with a resident while the other staff member supported three residents to participate in some art work. It was observed that this was done in an unhurried way. One resident was also seen to be having a foot spa.

The inspector reviewed a questionnaire that had been completed by one resident of this designated centre in which they indicated that they liked living in the centre, felt safe and liked the staff. In the one provider unannounced visit report available for this centre it was seen that one resident had also provided feedback. In this they described where they lived as a "happy home" and indicated they would go staff if they had a concern. The provider was aware that they would have to consult with residents and their families as part of the first annual review for this centre. Four family questionnaires had already been completed asking questions around staff

supports, residents' needs and personal plans. It was noted that positive response were contained in these family questionnaires.

Residents had been supported to maintain contact with families during COVID-19 through telephone calls, video calls and visits where allowable in line with national guidance. Family and residents were involved in the development of residents' individual personal plans. When reviewing such plans it was seen that resident had specific goals to achieve identified which included making a day trip away, upgrading bedrooms and participating in the order of food. Records reviews indicated that residents also participated in various activities such as music, baking, walks, reflexology and swimming.

Such activities were discussed during residents' meetings that took place in the centre. Other topics discussed during such meetings included family contact and COVID-19. It was seen that easy-to-read information on COVID-19 was available for residents. Records reviewed also indicated that residents had been supported around decisions on whether to take a COVID-19 vaccine and where residents lacked the capacity to make a decision on this, a best interests approach was followed which involved consultation with family and management approval. To ensure that residents' dignity and bodily integrity were maintained it was also seen that residents had intimate care plans in place providing guidance for staff in this area.

In summary residents were seen to be respectfully treated with arrangements in place to consult with residents and maintain contact with their families. However, the bungalow visited by the inspector was not suited to the needs of all residents and had limited communal space.

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.

## Capacity and capability

The provider was monitoring the services provided in this designated centre. It was noted though that some improvement was required regarding the submission of required notifications to HIQA.

The bungalows which made up this designated centre were based in a campus setting and were previously part of other designated centres until the provider reconfigured the centres on this campus. This reconfiguration was carried out by the provider in line with a plan to enhance the overall governance of all designated centres on the campus and also to improve the fire safety systems across the overall campus. This plan outlined specific dates when fire safety upgrades were to be carried out for three of the bungalows of this centre. Following significant regulatory

activity by HIQA, registration of this centre was only granted in January 2021 with a restrictive condition which required the provider to implement this plan.

As part of the plan submitted, the first bungalow of this centre was due to have fire safety works completed in June 2022 once works in other bungalows of other designated centres on the campus were completed. Prior to this inspection, HIQA had been informed that fire safety works for any bungalow on the campus had yet to commence and this situation remained unchanged at the time of this inspection. While, the provider intended to commence works on the campus at the end of May 2021, the delays already encountered could result in similar delays being encountered in completing the fire safety upgrades for the bungalows of this centre.

While this situation was being closely monitored by HIQA, the provider had also submitted a registration application to add an extra building to this designated centre. The primary purpose of this building was to serve as a COVID-19 isolation unit, although it was also intended that this building would initially provide a temporary home for one resident in response to their specific needs. The purpose of the current inspection was to review the building the provider was seeking to add to this designated centre and monitor the compliance levels in the centre since it became registered in January 2021.

Although this designated centre had only been registered for just over 4 months at the time of inspection, it was noted that the provider had carried out a provider unannounced visit to the centre. Under the regulations these are required to be carried out every six months. While the process for this unannounced visit was modified to account for COVID-19 considerations, it was seen that the visit was reflected in a written report which contained an action plan for any areas for improvement identified. The inspector read a copy of this report and noted that it focused on key areas relating to the support residents received.

While this unannounced visit was part of the provider's monitoring systems in operation for this centre, when reviewing documentation the inspector noted some incidents which were of a safeguarding nature as per the providers policy. These had not been notified to HIQA as required by the regulations. The submission of such notifications is important so that HIQA are aware of particular incidents which can negatively impact residents while living in a designated centre. Following the completion of this inspection, two notifications were submitted retrospectively to HIQA.

Other documentation read during this inspection, related to the staffing arrangements in place for the designated centre. This included rosters which were maintained for all bungalows of the centre. It is important that consistent staff support is provided to residents to ensure a continuity of care but when reviewing staffing documents the inspector noted that a high volume of staff had work in this centre during 2021, particularly during the night, which could negatively impact the consistency of staff support. However, it was seen that all of these staff had received training in various areas such as fire safety, manual handling, food safety

and de-escalation and intervention. This provided assurances that systems were in operation for appropriate training to be provided to staff to support residents.

### Regulation 15: Staffing

While staffing arrangements overall were in keeping with the centre's statement of purpose, a high number of staff had worked in this centre in 2021, particularly at night, which could negatively impact the consistency of staff support.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff underwent training in various areas such as de-escalation and intervention, manual handling and food safety. Form the records provided all training for staff was in date.

Judgment: Compliant

### Regulation 23: Governance and management

At the time of this inspection the provider had not made sufficient progress with an overall plan to improve fire safety. This plan formed the basis of a registration condition for the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents of a safeguarding nature had not been notified to HIQA in a timely manner.

Judgment: Not compliant

## Quality and safety

Measures were in operation to protect residents from contracting COVID-19 while actions had been taken to safeguard residents in response to certain incidents . However, it was found proper safeguarding procedures were not always followed while there was inadequate fire containment measures in the four existing bungalows of this centre.

Prior to this inspection, HIQA had not received notification of any safeguarding incident having occurred in this designated centre. During this inspection it was clear from speaking to management and reviewing documentation that there had been some safeguarding incidents in this centre. In particular it was described how the atmosphere in one bungalow of the centre was toxic and some residents living there had not been getting along. Some of the issues in this bungalow were long standing and it was acknowledged that efforts had been made by the provider over a period of time to reduce any potential safeguarding concerns. Given an escalation in incidents in this bungalow, which included incidents of a safeguarding nature, the number of residents living there had been recently reduced which was positive.

However, relevant national policy and the provider's own policies outline specific procedures to be followed for safeguarding incidents which involve carrying out preliminary screenings and notifying statutory bodies. Such procedures had not been followed for some incidents reviewed by the inspector that occurred in this bungalow. While various multidisciplinary meetings were held around such incidents, it was also noted that formal safeguarding procedures had not been commenced for these despite one of these meetings making clear reference to residents in the bungalow being upset, one resident threatening a peer and the reduction in resident numbers being for safety reasons. This suggested that there were inconsistencies in the application of safeguarding procedures which could potentially negatively impact residents. However, it was noted that formal safeguarding procedures for incidents highlighted by the inspector were commenced retrospectively following this inspection.

While this was an area for improvement, it was seen that measures were in operation to protect the existing residents of this centre from COVID-19. There was frequent temperature checking of residents and staff. Relevant training had also been provided to staff in areas such as hand hygiene and PPE. Regular cleaning was also conducted on commonly touched items such as door handles but upon reviewing cleaning records for one bungalow, the inspector did note two recent instances where it was not indicated that such cleaning had been performed at night. However, the inspector did read various risk assessments in place for the centre overall and individual residents related to COVID-19 which were noted to have been recently reviewed. Within the bungalow visited by the inspector it was seen that specific areas were designated for donning and doffing PPE, staff were using PPE and hand gels were provided for.

As highlighted earlier in this report, the bungalow visited by the inspector required improvement to ensure that its design and layout met the needs of residents living there. Previous HIQA regulatory activity had highlighted that all of the four

bungalows of this centre did not have sufficient fire containment measures in place. This situation remained unchanged at the time of this inspection although it was noted that other measures were being taken to reduce the risks to residents from fire such as regular fire drills, the presence of fire alarms and fire extinguishers, staff training and residents having personal emergency evacuation plans outlining the supports they needed in the event of an evacuation being required.

During this inspection, the inspector also visited the building that the provider was proposing to add to this centre to serve primarily as a COVID-19 isolation unit. It was observed that this building was generally well maintained and contained fire safety measures such as a fire alarm, emergency lighting and fire containment measures. While this was a positive, the inspector was informed that this building was also intended to be used to provide a temporary home for one resident with specific rooms in this building to be used by this resident.

It was observed that in its current layout, anyone could move freely from the areas to be used for isolation and the area of the building where this resident was to live. This could potentially reduce the effectiveness of this building as a COVID-19 isolation unit. This was highlighted to persons participating in management for this centre who indicated that they would look to install an additional door in adjoining corridor between these areas and that this building would not be used as a COVID-19 isolation unit until this was installed.

### Regulation 17: Premises

In the bungalow visited by the inspector it was seen that there was limited communal space while the overall size and layout of the bungalow did not support a wheelchair user. Some areas of this bungalow were also observed to require some maintenance. In the building that the provider was seeking to add to this centre, there was no clear division between intended isolation areas and an area where a resident was intended to live for a period of time.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Specific risks highlighted by the regulations had been risk assessed. Various risk assessments were in place relating to the designated centre overall and individual residents. It was noted these had been recently reviewed and risks related to COVID-19 had been considered.

Judgment: Compliant

<b>Regulation 27: Protection against infection</b>
Some gaps in cleaning records for frequently touched items were observed for one bungalow of this centre.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
There were inadequate fire containment measures in the four bungalows which made up this centre at the time of inspection.
Judgment: Not compliant
<b>Regulation 5: Individual assessment and personal plan</b>
A process of person-centred planning was followed in this centre which helped ensure that residents and their families were involved in residents' personal plans. Such plans were regularly reviewed and also had multidisciplinary input.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had individual health care plans provided which outlined the supports residents' required for specific health needs. Residents' health needs were also monitored regularly.
Judgment: Compliant
<b>Regulation 8: Protection</b>
While actions were taken to safeguard residents, it was found that some incidents occurring in the designated centre had not been responded to in accordance with proper safeguarding procedures. This indicated that there was inconsistencies in the

application of safeguarding procedures which could potentially negatively impact residents.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents' meetings took place regularly where residents were given information. Residents in the bungalow visited by the inspector were seen to be treated respectfully. Support had been given to residents to make decisions on whether they wanted to receive COVID-19 vaccines.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Liscarra OSV-0007862

Inspection ID: MON-0032745

Date of inspection: 18/05/2021

## 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:</p> <ul style="list-style-type: none"> <li>• The PIC met with night manager on the 19th May regarding the cross-over of night staff &amp; updating the roster if/when changes occur.</li> <li>• The PIC has access to planned rosters at all times.</li> <li>• PIC will review roster forwarded for night manager following each pay-period.</li> <li>• There is a core staff who work in the designated centre. Planned and unplanned leave is covered with staff who are familiar to the area in as far as possible in the context of HR contracts and COVID protocol.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020.</li> <li>• This work has unfortunately been delayed due to Covid-19 pandemic and matters outside of our control.</li> <li>• It is the intention of the provider that all bungalows in the designated centre will be upgraded for fire safety compliance by 31st March 2023 as set out in the plan submitted to HIQA o 21st September 2020.</li> <li>• PIC refreshed training on 'National procedure for the investigation of allegations against staff of abuse of vulnerable adults and children' via video training suite from BOCSI.</li> <li>• PIC also reviewed 'Regulation handbook: A guide for providers and staff of designated centres' Health Information Quality Authority.</li> <li>• Further training to support management in their roles and responsibilities relating to</li> </ul>	

safeguarding and protection of vulnerable adults, is scheduled for 23rd June 2021. The training will be provided by the Designated Officer with the support of the Management and Monitoring group.

The specific areas being covered are as follows:-

- o Definition of Abuse
- o Understanding what Zero tolerance means
- o AIRS Reporting – the management role and importance of documenting your response.
- o Importance of review of AIRS to identify patterns
- o Role of Safeguarding Plan Coordinator
  - Support documentation has also been disseminated to PIC’s “General information on the BOC safeguarding persons supported by the service and reporting of incidents of abuse”.
  - PIC has reviewed AIRS forms for the previous 6 months in relation to one individual.
  - This exercise will be completed for all individuals in the designated centre backdated to 1st May 2018.
  - Statement of purpose was updated following inspection.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- PIC refreshed training on ‘National procedure for the investigation of allegations against staff of abuse of vulnerable adults and children’ via video training suite from BOCSI.
  - PIC also reviewed ‘Regulation handbook: A guide for providers and staff of designated centres’ Health Information Quality Authority.
  - Further training to support management in their roles and responsibilities relating to safeguarding and protection of vulnerable adults, is scheduled for 23rd June 2021. The training will be provided by the Designated Officer with the support of the Management and Monitoring group.
- The specific areas being covered are as follows:-
- o Definition of Abuse
  - o Understanding what Zero tolerance means
  - o AIRS Reporting – the management role and importance of documenting your response.
  - o Importance of review of AIRS to identify patterns
  - o Role of Safeguarding Plan Coordinator
    - Support documentation has also been disseminated to PIC’s “General information on the BOC safeguarding persons supported by the service and reporting of incidents of abuse”.
    - PIC has reviewed AIRS forms for the previous 6 months in relation to one individual.
    - This exercise will be completed for all individuals in the designated centre backdated to 1st May 2018.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities management. The facilities manager will meet with the management team including the PIC to identify priority work on a regular basis.</li> <li>• All bungalows in the designated centre will be upgraded by 31st March 2023 as set out in the plan submitted to HIQA on 21st September 2020. This will be monitored on a quarterly basis with HIQA.</li> <li>• In the interim, through the process of decongregation or if other suitable accommodation was to be sourced in the campus for the individual wheelchair user a transfer would occur. This will be managed through the AMT process.</li> <li>• Additional door to be installed on the 9th July 2021 in adjoining corridor between areas in Cedar View Isolation centre to ensure effectiveness of the building as an isolation centre.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Full audit carried out by PIC on 06.05.2021 of cleaning checklist, staff responsible for missing entries contacted and importance of completing the cleaning schedule discussed.</li> <li>• The gaps in the cleaning records have been addressed with the managers on night duty.</li> <li>• All staff have been reminded of the importance of completing all relevant documentation.</li> <li>• The PIC will continue to complete the monthly Infection Prevention and control walkabout and address any arising issues immediately.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. This work has</li> </ul>	

unfortunately been delayed due to Covid-19.

- All bungalows in the designated centre will be upgraded for fire safety compliance by 31st March 2023 as set out in the plan submitted to HIQA on 21st September 2020.
- All preventative measures continue to be followed within the designated centre.
- First responders training has been completed with relevant staff.
- Training on the use of specialised PPE will commence in July with the fire safety engineer once staff have received their second vaccination.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- PIC refreshed training on 'National procedure for the investigation of allegations against staff of abuse of vulnerable adults and children' via video training suite from BOCSI.
  - PIC also reviewed 'Regulation handbook: A guide for providers and staff of designated centres' Health Information Quality Authority.
  - Further training to support management in their roles and responsibilities relating to safeguarding and protection of vulnerable adults, is scheduled for 17th June and 23rd June 2021. The training will be provided by the Designated Officer with the support of the Management and Monitoring group.
- The specific areas being covered are as follows:-
- o Definition of Abuse
  - o Understanding what Zero tolerance means
  - o AIRS Reporting – the management role and importance of documenting your response.
  - o Importance of review of AIRS to identify patterns
  - o Role of Safeguarding Plan Coordinator
- Support documentation has also been disseminated to PIC's "General information on the BOC safeguarding persons supported by the service and reporting of incidents of abuse".
  - The PIC has arranged a staff meeting to review The BOCSI National Procedures for the safeguarding vulnerable adults at risk of abuse policy, whereby ensuring all staff on duty are aware of the importance of reporting any concerns in a timely manner.
  - Each house has a weekly house meeting and safeguarding is on the agenda to discuss with all staff and residents.
  - All staff have received mandatory safe guarding training and will continue to refresh this every 3 years as per policy.

## 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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	05/07/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/08/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	31/08/2021

	state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2021
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	31/05/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	11/06/2021

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
Regulation 31(1)(f)	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, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/08/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is	Not Compliant	Orange	23/06/2021

	harmed or suffers abuse.			
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