



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

Name of designated centre:	Woodvale Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	10 August 2018
Centre ID:	OSV-0003058
Fieldwork ID:	MON-0024678

About the designated centre

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

Woodvale services provides residential services to adults with an intellectual disability. The service provides 12 full-time residential placements to a mixed gender who are over 18 years of age and have a mild to severe intellectual disability and or autism or mental health difficulties. Some residents are provided with individualised day programmes which incorporates home based activities. The designated centre consists of two houses. Both houses are two storey dwellings and are located in a suburban area. There are gardens to the front and rear of both houses. Both houses are a short distance from each other. Residents are supported by a staff team that includes a nurse manager, nurses, social care workers and care assistants. Staff are based in the centre when residents are present. Both houses have a waking night staff overnight, and one house has an additional sleepover staff.

The following information outlines some additional data on this centre.

Current registration end date:	11/10/2021
Number of residents on the date of inspection:	12

How we inspect

To prepare for this inspection the inspector or 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
10 August 2018	10:00hrs to 17:40hrs	Amy McGrath	Lead
10 August 2018	10:00hrs to 17:40hrs	Conan O'Hara	Support

Views of people who use the service

On the day of inspection, the inspectors met with ten of the residents who used the service. Two of the residents were out of the centre on the day of inspection. Some residents spoke with the inspectors, and others engaged with inspectors with support from staff in the centre. Residents spoken with noted that they were happy in the centre. Overall, the inspectors observed that residents appeared comfortable in their homes. In one house, residents were observed preparing snacks and hot drinks, and had returned from various activities in the community, such as a meal in a restaurant.

Capacity and capability

This inspection was carried out to follow up on the actions from the last inspection, which found high levels of non-compliance in the centre. Inspectors reviewed actions from the previous inspection carried out in May 2018, and found that the provider had failed to satisfactorily address the non-compliances identified. Furthermore, there was minimal progress on non-compliance identified at previous inspections. Whilst the inspectors found that there were governance and management arrangements in place these required improvement to ensure that the service provided was safe and of good quality.

The provider had developed a governance structure with lines of authority and accountability, however the inspectors found these to be ineffective. The provider completed a number of audits to review the quality and safety of care. From a review of the findings from this and previous inspections, inspectors were not satisfied that these audits were adequate to effectively monitor the services provided. A comprehensive review of the designated centre by the Director of Nursing, and a review of the service by the Nursing Practice Development Coordinator were planned for September 2018.

The person in charge was employed on a full time basis and demonstrated good knowledge of the residents and their care and support needs. At the time of the previous inspection, it was identified that improvement was required to ensure the person in charge had the capacity to complete and maintain administrative works supporting her to meet the requirements of the regulations. On the day of inspection, the inspectors were informed that the arrangements for this had yet to be formalised or progressed. The inspectors acknowledge that the time frame given in response to the previous inspection to address this issue was October 2018.

There was a planned and actual roster maintained in the centre. The inspectors

found that there was an appropriate number of staff to meet the needs of the residents, in one house. The staffing arrangements in the second house on the day of inspection were not sufficient to meet the assessed needs of residents. There were improvements required to ensure that adequate staff, with the appropriate skills and experience, were available on a consistent basis. Further improvements were required regarding the consistency of staffing. Due to a staff vacancy there was a reliance on relief or agency staff in one house, and the practices related to organising cover did not ensure continuity of care for residents. For example, on the morning of the inspection, staff were unaware which relief member was coming on shift.

The previous inspection in May 2018 identified a number of deficits in mandatory training. On the day of inspection, inspectors found that there remained a number of staff who had not received mandatory training, including fire safety, positive behaviour support, and safeguarding vulnerable adults. In addition, not all staff were trained in the administration of rescue medication for epilepsy. At the time of inspection, there were no plans in place to address training deficits.

A sample of staff files was reviewed and the inspectors found that staff files did meet the requirements of Schedule 2 of the Regulations. In relation to Garda Vetting, the provider had developed a schedule to ensure that Garda Vetting was updated on a regular basis.

The inspectors reviewed a sample of incidents in the centre and found that the centre notified the Authority as required by the regulations.

Improvements were still required in the management of records as inspectors observed documentation stored in the living space of residents in one of the houses. This was identified in the previous inspection.

The centre had a statement of purpose in place, although it required review as it did not contain all of the information as required by Schedule 1 of the Regulations.

The inspectors reviewed a sample of policies in the centre and found that a number of policies remained out-of-date since the last inspection in May 2018. The provider was in the process of updating these policies.

Regulation 15: Staffing

The registered provider had not ensured continuity of care for residents. On the day of inspection, staff spoken with were not aware of who was coming on shift that day. Furthermore, uncertainty related to workforce meant that planned and actual roster could not be accurately maintained.

Inspectors reviewed a sample of staff files and found that the information and

documents required under Schedule 2 of the Regulations had been obtained.

The provider could not demonstrate that there was adequate staffing levels on a consistent basis, to ensure that residents' assessed needs were met.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff in the centre had not received all mandatory training, and there was no evidence of a schedule of training for staff.

Judgment: Not compliant

Regulation 23: Governance and management

There was an absence of robust systems to ensure effective governance and oversight of the centre. Information pertaining to incidents and accidents in the centre was not sufficiently recorded or shared, and as such there was limited scope to learn from incidents.

The governance arrangements did not ensure that the service provided was effectively monitored, as evidenced by the limited progress on actions from the previous inspections.

Judgment: Not compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose accurately reflected the service provided, and for the most part, the information required by Schedule 1 of the Regulations was present. However, the facilities outlined in the statement of purpose were not accurate, and did not reflect the correct number of bedrooms. The floor plans were also unclear.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that notice was given to chief inspector for any incident required, as set out in the Regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The actions from the previous inspection had not been implemented. Nine policies in the centre remained out-of-date, and none had been reviewed since the last inspection. It is acknowledged that the provider is currently in the process of reviewing these policies.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that some improvements had been made to the quality and safety of the service provided to the residents since the last inspection. However, improvements were still required, particularly in relation to the premises and personal plans.

Inspectors completed a walk-through of the centre and found that some issues identified at the last inspection were addressed, such as the locking of the side gate, removal of mould, and litter on external pathways. It was identified at the previous inspection that improvements to the premises were required, this was specific to one unit.

At the time of inspection it was observed that the kitchen was undergoing renovations. The renovations had been on-going for an extended period of time, since May 2018, which was significantly impacting on the daily lived experience of residents. There was a small kitchenette in the interim of building works being finished, and staff spoke with noted it was difficult to prepare meals in. Residents had been having their meals on small tables in the living room since building works commenced in May. There was a table and chairs in the back garden of this house, which residents used for dining if the weather permitted. As the provider had placed kitchen equipment in small room that was previously a utility room, there was no access to laundry facilities on the day of inspection. There was no proposed date of completion for the renovation works.

The inspectors found that there was inadequate private and communal accommodation for residents in one house, and while this issue had been exacerbated by on-going maintenance work, it remained the fact that the living area

was not of a suitable size to comfortably accommodate six residents. In another house, two residents shared a bedroom, and therefore did not have adequate private accommodation. A bedroom in the centre was occupied by a staff office, despite staff not requiring a place to sleep, as the centre was staffed by waking staff overnight.

Inspectors observed some residents having an active role in their home, and participating in the daily running of the centre. Some residents were supported to exercise choice and control over their care and support, however this was not the case for all residents. In one house, residents were limited in their capacity to exercise choice on a day to day basis, as staff support was limited due to the number of residents, and their support needs. For example, it was recorded that two residents required nurse supervision at all times, and as such, on days where one nurse was present (which was the case on the day of inspection) choices for these residents in terms of their care and support, and access to the community, was limited.

Not all residents privacy and dignity was respected in relation to private accommodation; as mentioned previously, two residents shared a bedroom. This resulted in limitations on the residents' ability to exercise choice and control over their daily lives, for example when to get up, get dressed, or prepare for bed.

Inspectors reviewed a sample of personal plans and found that all of the assessments were up-to-date. The inspectors found improvements in person centred planning and goal setting, however, the provider was still in the process of reviewing person centred goals for each resident. In addition, the inspectors identified that the ongoing review of plans required improvement to ensure the personal plans were effective, and residents were supported to realise their goals.

The centre had a policy in place for the management of risk, and while there were systems in place at a local level to keep residents safe, there was an absence of robust risk management systems to effectively identify, assess and manage risk.

While a record of accidents, incidents and near misses was maintained, there was no evidence of learning from a review of this information. Furthermore, the recording of control measures, and summary of incidents reviewed by senior management was not of sufficient detail to inform a quality review, identify emerging risks, or have potential to affect change within the service.

There were some risk assessments in place that had not been adequately assessed, and control measures documented for some risks were not evident in practice. For example, a risk assessment for one resident stated that they had nursing supervision at all times, as they would require a nurse to administer rescue medications in the case of seizure. On the day of inspection, this resident was out in the community with two care staff, who were not trained to administer emergency medication. There was no guidance on how to support the resident in the absence of a nurse.

On review of training records, it was found that no staff members had received training in positive behaviour support. This was an outstanding action from the

previous inspection. Some residents in the centre required significant levels of support in this area, and while there were support plans in place, and staff demonstrated a good knowledge of residents' needs, inspectors found that no staff members were trained in this area.

There were some restrictive practices utilised in the centre, and these were reviewed regularly, and a clear rationale recorded in each case. In some cases, environmental restraints were in place in the absence of a suitable living environment. For example, in one house there was a locked gate at the top and bottom of the stairs, as one resident whose bedroom was upstairs was at risk of a fall when using the stairs, and required staff support to mobilise up or down the stairs. This impacted on other residents who required staff to unlock the gates when this resident was home. Two ground floor bedrooms were occupied by other residents with mobility issues.

While there were mechanisms in place to safeguard residents, such as a named designated officer, and safeguarding plans, some residents remained at risk of harm from their peers. On review of safeguarding plans, inspectors found that they did not contain sufficient detail, and that the control measures recorded were vague and generic, and therefore did not provide sufficient guidance to adequately safeguard residents. Not all staff had received training in safeguarding adults.

The centre had equipment in place for detecting and extinguishing fires, including smoke alarms, emergency lighting, and fire extinguishers, each of which was appropriately serviced. The provider had installed appropriate fire measure in the under stairs storage for the containment of fire. The person in charge demonstrated that the Personal Emergency Evacuation Plans (PEEPs) were discussed after the last inspection; however it was not evident that they were reviewed and updated as the PEEPs were dated April 2018. The centre carried out regular drills which identified issues in evacuation and there was evidence that the provider was responding to these issues.

In relation to infection control the inspectors found that food probes were in use to measure food temperature, and these were cleaned after each use. There were arrangements in place for storing mops, and items stored in toilet area had been removed.

The centre had medication management systems in place and the inspectors reviewed a sample of medication practices. Inspectors found that medication was appropriately stored. However, improvements were required in relation to the labelling of medicine products and the expiry dates was not present on some medications. There was insufficient guidance regarding the administration of rescue medication for epilepsy. For example, the prescription record for one resident noted two different routes of administration; staff spoken with told inspectors that only one route was appropriate for this resident. Another resident used an alternative rescue measure for epilepsy prior to use of rescue medication; however there was no specific guidance to inform staff at what stage rescue medication should be administered.

Regulation 17: Premises

The provider had not ensured that the design and layout of the premises met the needs of residents. In one house, the design and layout of the premises did not adequately meet the needs of six residents. The provider had not ensured that facilities required by residents were maintained and repaired in a time-frame that minimised disruption to residents. Furthermore, the provisions as set out in Schedule 6 of the Regulations were not all provided, for example, adequate private and communal accommodation, rooms of a suitable size and layout suitable for the needs of residents, and adequate facilities for residents to launder their clothes.

Judgment: Not compliant

Regulation 26: Risk management procedures

The risk management systems in place were not robust enough to ensure timely identification of risk. Some risk assessments viewed did not have sufficient detail to adequately protect residents, and while there were reviews of incidents and risk conducted, the lack of detail recorded and shared did not sufficiently inform the review process.

Judgment: Not compliant

Regulation 27: Protection against infection

The actions from the previous inspection had been addressed for the most part. There was appropriate storage for mops, and a cleaning schedule was in place. While the provider had improved arrangements for the laundering of bed linen since the previous inspection, at the time of this inspection, the centre did not have laundry facilities due to ongoing renovations. As a result, laundry that may pose an infection risk remained in one house, until picked up by staff in the other house to be laundered there.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some of the actions from the previous inspection had been sufficiently implemented. There were appropriate fire containment measures in the centre, and fire fighting equipment was appropriately serviced and maintained. Residents took part in scheduled fire drills. There was no evidence that personal evacuation plans for residents had been reviewed since the previous inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The storage arrangements for medicines had improved since the last inspection, medicines were securely stored in locked presses. A review of medicines in the centre found that medicines were administered as prescribed and recorded appropriately. A check of medication found correct quantities in place. Some medicines did not have an expiry date present.

The guidance for administration of some medicines was not sufficiently clear to guide staff in administering these medicines as prescribed, including emergency rescue medication.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The action from the previous inspection had not been fully implemented. Care plans for some residents had been reviewed since the last inspection and some others were scheduled for review in the coming months. The inspectors acknowledge that the time frame for completion of this action given by the provider was December 2018. There was improvement required to ensure that the review of care plans incorporated a review of effectiveness.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There was no evidence of progress on actions from the last inspection. None of the staff in the centre had received training in positive behaviour support, despite some residents requiring support in this area. There were behaviour support plans in place for residents who required this support.

Where restrictive measures were utilised, there was a clear rationale, and there were regular review of same. However, some restrictive measures in place were utilised to protect residents in the absence of a suitable environment.

Judgment: Not compliant

Regulation 8: Protection

There were safeguarding plans in place for residents identified as being at risk from harm, however these were not sufficiently detailed to guide practice. In one house, residents remained at risk of harm from their peers, despite safeguarding plans in place. A number of staff had not received training in safeguarding vulnerable adults; this was an outstanding action from the previous inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Not all residents were supported to participate in decisions about their care and support at a meaningful level. Some residents were limited in their participation in the daily running of the centre, and in exercising choice and control about their daily lives.

Furthermore, not all residents privacy and dignity was respected in relation to their personal living space; two residents shared a bedroom, despite an additional bedroom being utilised as a staff office.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Woodvale Group - Community Residential Service OSV-0003058

Inspection ID: MON-0024678

Date of inspection: 10/08/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The registered provider will ensure that a planned and actual roster is maintained in the designated centre.</p> <p>The registered provider has recruited a HCA and a social care worker to ensure continuity of care and reduce dependency on agency staff. Both staff have commenced work in the centre. </p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge will ensure that all staff of the designated centre will have completed mandatory training in Behaviors of Concern, adult safe guarding and refresher training as appropriate. </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> <ul style="list-style-type: none"> • The registered provider has a schedule of provider audits and actions from these will be reviewed with the clinical nurse manager 3 and person in charge on a weekly basis. • The CNM3 and PIC will review all incidents and accidents and learning from these will be an agenda item at monthly staff meetings. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

The Person in Charge will review the Statement of Purpose to ensure that it all information required by schedule1 are present and that the floor plans are an accurate reflection of the designated centre.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider has committed to review all outstanding policies and procedures in schedule 5	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The renovations to the designated centre have been completed. • The laundry facilities are fully operational in the designated centre. • The director of nursing and the nurse practice development coordinator have commenced a review of components of service provision in the designated centre. • The provider will ensure that all residents have their own bedroom in the designated centre. 	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The risk management policy and training for required risk assessments will be provided to staff in the designated centre • The person in charge will review all risk assessments, taking into consideration actions, controls required to manage risks identified. • PIC will have a system in place to review all risks on a monthly basis. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The renovations to the designated centre are complete and the laundry is fully operational.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The person in charge will review personal evacuation plans for all residents.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

The provider has requested assurance from the pharmacy that all medications dispensed are within expiry dates.

The MPARS have been reviewed to ensure that the guidelines for administration are clear. |

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The director of nursing and the nurse practice development coordinator have commenced a review of components of service provided at the designated centre including effectiveness of care plans.
- The person in charge will ensure that all care plans are reviewed annually and sooner if required. |

Regulation 7: Positive behavioral support

Not Compliant

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

- All staff will receive training in positive behavior support and de-escalating.
- The restrictive practices in the designated centre will be reviewed as part of the review of service provision by the director of nursing and nurse practice development coordinator. |

Regulation 8: Protection

Not Compliant

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

- All staff will receive training in adult safeguarding.
- The person in charge will ensure all staff will be guided in their practice by both the safeguarding plan and behavior support plan as appropriate. |

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The person in charge will review the support needs of each resident and identify training needs for all nursing staff to facilitate each resident having choice in terms of their care and support and access to the community.
- The person in charge will ensure that all residents in the designated centre have their own bedrooms. |

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.	Not Compliant	Orange	20/09/18
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.	Not Compliant	Orange	30/11/18
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	02/11/18
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment	Not Compliant	Orange	20/09/18

	and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/10/18
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/11/18
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	30/11/18
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	20/10/18
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	31/08/18
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	20/09/18
Regulation	The registered provider shall	Not	Yellow	20/9/18

28(3)(d)	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Compliant		
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	20/09/18
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	10/08/18
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/10/18
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/10/18
Regulation 05(6)(c)	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 assess the effectiveness of	Not Compliant	Orange	02/11/18

	the plan.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	22/11/18
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	22/11/18
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	02/11/18
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/18
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 harmed or suffers abuse.	Substantially Compliant	Yellow	20/09/18
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	31/10/18
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.	Substantially Compliant	Yellow	30/11/18

Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/11/18
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/10/18