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

Issued by the Chief Inspector

Name of designated centre:	National Association of Housing for Visually Impaired
Name of provider:	National Association of Housing for Visually Impaired CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	27 April 2023 and 28 April 2023
Centre ID:	OSV-0001938
Fieldwork ID:	MON-0039184

About the designated centre

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

This is a residential service for four adults with visual impairment and additional needs. The centre can cater for 16 residents over the age of 18 years, male and female. The centre is staffed with two social care workers, and 20 care assistants along with the person in charge and service manager. The centre comprises of four houses which are close to local amenities such as shops, train stations, bus routes and churches. Day services are not provided. Residential care is provided across 24 hours with sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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 (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
Thursday 27 April 2023	09:30hrs to 16:45hrs	Sarah Cronin	Lead
Friday 28 April 2023	09:30hrs to 13:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to monitor compliance with the regulations. The inspector found that residents were leading busy, active lives in a service which was striving to promote their independence. Residents were found to be living in pleasant homes and were supported by staff teams who were familiar to them. Improvements were required in a number of areas such as contracts of care, fire precautions, risk management, notification of incidents and medicines and pharmaceutical services. These will be discussed in the body of the report.

The designated centre is made up of four houses in a coastal town in North Co. Dublin. Each of the houses are large double-storey detached houses. Two houses are in a housing estate and are next-door to one another, with a shared back garden. These two houses had four bedrooms upstairs and a shared bathroom. One of the bedrooms had an en suite. Downstairs comprises a sitting room, a dining room, a kitchen, a utility room and a staff office. In the garden, there were two garden rooms, one which was used as a computer room and the other was used as a relaxation room. In a nearby estate, there were two further houses. These were also next door to one another and have a shared back garden. The houses each had four bedrooms upstairs, with two of these having en-suite bathrooms. There was also a shared bathroom. In one house downstairs, there was a sitting room, dining and kitchen area, an office and a residents' bedroom. The house next door had a similar layout upstairs. Downstairs, residents had a living room, dining area, utility space and kitchen. The houses were found to be warm, clean and in a good state of repair. Residents' rooms were personalised and residents had ample space to store their belongings.

The inspector had the opportunity to meet with fourteen of the sixteen residents over the course of the inspection. Most of the residents communicated verbally and told the inspector about their experiences of living in the centre. Some residents had more complex communication support needs and the inspector engaged with the resident and observed them during their daily routines. Residents had access to a Braille typewriter and there was evidence of information available in both an easy-to-read format and in Braille to ensure residents had access to information in a way that they could best access and understand.

Residents told the inspector they enjoyed where they lived, with one saying "it's a lovely house I'm happy here". It was evident that residents living in the centre led busy lives. Residents told the inspector about various activities they engaged in - these ranged from playing musical instruments and attending music lessons, taking part in a choir, horse riding, attending a rowing club, doing pilates, attending clubs and the gym and going to day services. One resident told the inspector about a college course they were doing. Other residents worked in charity shops, while another resident told the inspector that they worked in a crèche and read children's books to the children attending there. Residents spoke about holidays they had been on in the past year, and those which they were planning for the upcoming

year. Some of the residents had been part of a local pantomime production the night prior to the inspection and told the inspector about the roles they had played and how the event had gone.

It was evident that staff were striving to promote residents' independence in a number of areas. Residents were supported to develop skills in learning about finances, medication and travelling independently. Many of the residents were now travelling to work and college themselves, which was a significant achievement. Other residents told the inspector that they had built up skills to go out for coffee in the locality without staff support. Many of the residents went home on a regular basis. One resident told the inspector they were learning new skills to enable them to live on their own in line with their personal goals. This included doing their own fire drills and ensuring the house was properly locked up at night.

To gain further insight into the lived experience of residents in the centre, the inspector reviewed a satisfaction survey which had been carried out. Residents made positive comments such as " I am happy and safe", while another said "I know I feel safe in the house and all that". Family members were complimentary of the service and described the staff as very respectful. Residents' meetings took place in each house on a regular basis. A sample of minutes from these meetings were viewed. These showed evidence of a number of issues being discussed with residents, including meal planning and planning out activities in addition to sharing information about the centre. Throughout the inspection, the inspector found that residents were happy and comfortable in their homes. It was evident that residents knew staff who were supporting them well and there was a homely and relaxed atmosphere in each of the houses.

In summary, from what residents told the inspector, from their observations and from a review of documentation, it was evident that residents were enjoying a good quality of life and were supported to engage in activities of their choice. The next two sections of the report will outline the governance and management arrangements in place and how these arrangements impacted on the quality and safety of the care of residents.

Capacity and capability

The inspector found that the provider had suitable governance and management arrangements in place to oversee and monitor the quality and safety of the care of residents. The management structure was clearly defined and identified the lines of authority and accountability in the centre. The provider had carried out unannounced six monthly visits and an annual review in line with regulatory requirements. The local management team met with the director of operations regularly and this forum was used to review progress with actions identified on audits.

The person in charge worked on a full-time basis and was suitably qualified and

experienced in their role. They were supported by a deputy team leader in the day-to-day running of the centre. Audits took place on a monthly basis in areas such as medication errors, fire safety, incident management , money management and positive behaviour support. Actions were identified and reviewed to ensure ongoing quality improvement.

Staff meetings took place on a regular basis. The provider held forums with staff, in which staff were facilitated to voice any concerns or comments in relation to the services being provided to residents. The minutes of staff meetings were reviewed and while there was not a set agenda in place, there was evidence of meetings having a focus on residents, medication management and finances.

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. Planned and actual rosters were well maintained. There were vacancies on the day of the inspection. However, rosters indicated that there were regular relief staff completing these shifts to ensure that residents had continuity of care. Residents spoke highly of the staff on both days of the inspection.

Staff had received training in mandatory areas such as fire, safeguarding and the safe administration of medication. There were some gaps noted in the training matrix, with staff requiring refresher training in areas such as manual handling, finances, first aid and positive behaviour support. However, these gaps were already identified by the provider. The person in charge had all staff booked into the relevant courses and provided the inspector with evidence. Supervision took place on a quarterly basis.

Contracts of care required review to ensure that there was clarity for residents on what they paid each week and the services to be provided as part of that fee. For example, contracts of some residents stated that they would pay a 'voluntary' contribution. There were standing orders in place for these residents. However, other residents didn't pay. The provider was aware of this and informed the inspector that they were due to review these in the coming months. The provider had notified the Authority of three-day notifiable incidents within required time frames. However, they had failed to submit quarterly notifications to the Office of the Chief Inspector for the previous twelve months.

Regulation 15: Staffing

The inspector found that planned and actual rosters were well maintained. There were some vacancies on the team on the day of the inspection, which the provider was actively recruiting for. Shifts were being covered by regular staff , regular relief staff and by some of the local management team doing shifts where they were required. Notwithstanding the challenges these vacancies were posing, residents were enjoying continuity of care and were supported in line with their assessed needs by a staff team who were suitably qualified to do so. Staff whom the inspector met with over the two days were knowledgeable in relation to residents'

preferences and needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and found that staff had completed mandatory training in areas such as safeguarding, food safety, first aid, fire, positive behaviour support, safe administration of medication and courses related to infection prevention and control. In addition to these courses, staff completed courses relevant to specific needs of residents such as epilepsy awareness and managing feeding eating, drinking and swallowing difficulties. There were a number of staff who required refresher training in practical fire theory, manual handling, first aid and finances. However, the provider had these identified and scheduled for the weeks following the inspection. Staff supervision took place every quarter.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have effective governance and management arrangements in place to monitor and oversee the quality and care of residents in the centre. There was a clear management structure in place. At provider level, an annual review and six monthly unannounced provider visits had taken place. These included consultation with residents and their families. There were audits in place to monitor practices in a number of areas. Meetings took place between local and senior management regularly and these reviewed progress on identified actions. Staff meetings also took place on a regular basis to ensure that all relevant information in relation to the quality and safety of the care of residents was shared and discussed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care required review to ensure that there was clarity for each resident on the support, care and welfare they would receive in the centre and details of services provided to the resident and the fees to be charged.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider had not submitted quarterly notifications to the Office of the Chief Inspector for the previous twelve months. The inspector viewed the incident and accident log and the restrictive practice register and found that there were a number of items which were notifiable under the regulations.

Judgment: Not compliant

Quality and safety

As stated in the opening section of the report, it was evident that residents were enjoying a good quality of life in the centre. All of the residents had an annual assessment of need carried out. Baseline assessments with health and social care professionals such as occupational therapy, speech and language therapy and physiotherapy had been carried out since the last inspection. Residents met regularly with their key workers to review progress with their goals. Annual reviews took place with each residents' circle of support. These meetings had a person-centred focus and ensured that residents' care was informed by their likes and dislikes. Quarterly reviews of action plans and goals took place between residents and their key workers.

Residents in the centre were supported to have best possible health. They had access to health and social care professionals as they required it and had access to a local GP. Health Action plans were in place where they were required. Hospital passports were in place and regularly reviewed. For residents who required behaviour support, there were clear positive behaviour support plans in place.

The inspector found that on the whole, the provider had appropriate systems in place to safeguard residents from abuse. There were policies and procedures in place and staff were aware of their responsibilities. However, one incident had not been recognised as a safeguarding issue in the centre.

Residents in the centre were supported to engage in activities which they enjoyed and had opportunities to develop skills to promote their independence. Residents were also supported to access third-level education where they wished to do so. Residents were noted to be supported to develop and maintain personal relationships with friends and family.

As outlined earlier in the report, all of the houses were found to be in a good state of repair and were suitable to the needs of residents in the centre. The person in

charge had identified some areas of the houses which required maintenance and submitted a request for funding. This was in progress on the day of the inspection.

The inspector viewed the risk management policy, the safety statement and the risk register. The risk management policy required review to ensure that it met regulatory requirements. There were systems in place to identify, assess, manage and review risks on an ongoing basis. Each resident had a number of risk assessments in place specific to their assessed needs. However, for centre-level risks, the register was not accessible to staff and therefore, the inspector was not suitably assured that staff were made aware of their responsibilities and practices required to control these risks.

Since the last inspection, the provider had installed fire doors with swing closers throughout each house. There was fire fighting equipment, emergency lighting and detection systems in each house. However, the inspector noted wedges on three of the office doors in three of the houses. This was routine practice in order to enable staff to hear residents and to enable residents to come in and out as they wished.

The provider had suitable systems in place for the ordering, receipt and storage of medication in the centre. From documentation reviewed in residents' files, from speaking with a number of staff members and from a review of the medication policy, where a resident was administering their own medication, the inspector was not suitably assured that the provider had clear systems in place to guide staff practices and responsibilities. This was voiced as a concern by some staff members and practice differed between the houses.

Regulation 13: General welfare and development

Residents in the centre were leading active lives and were supported to access facilities for occupation and recreation. Residents were involved in local clubs, doing music lessons, part of a choir, rowing, pilates doing jobs and doing college courses. Residents were found to be well supported to develop and maintain personal relationships in line with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector visited the four houses and found that on the whole, the houses were in a good state of repair. Houses were well suited to residents' assessed needs. They were found to be clean and warm and suitably decorated. There were adequate bathing facilities for residents and each persons' room was decorated in line with their interests. Some areas of houses required attention such as flooring in one sitting room, tiles in a bathroom and a shower chair required replacement due

to rusting. However, the provider had identified all of these issues and submitted requests for funding approval to carry out works required.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy did not meet regulatory requirements , as it did not contain items in paragraph 16 of Schedule 5, specifically measures and actions in place to control specified risks such as the unexpected absence of residents, accidental injury to residents, visitors or staff, aggression and violence and self-harm. There were a number of risk assessments pertaining to the centre and health and safety for employees. However, these assessments at centre level were not accessible to staff. This access was required to ensure that staff were aware of any measures they were required to put in place to ensure risks were appropriately controlled.

Judgment: Not compliant

Regulation 28: Fire precautions

Since the last inspection, the provider had installed fire doors with swing closers throughout each house. There was fire fighting equipment, emergency lighting and detection systems in each house. Residents had personal emergency evacuation plans in place and many residents told the inspector about what they should do if the fire alarm went off.

However, fire containment systems remained an issue, due to the use of door wedges on three of the office doors in three of the houses. This was routine practice in order to enable staff to hear residents and to enable residents to come in and out as they wished. The person in charge disposed of the fire door wedges on the day of the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had risk assessments carried out in relation to their skills to self-administer their medication. Residents who demonstrated the ability and the wish to manage their medication were facilitated to order and collect their medication on a

weekly basis and to store medication in a locked box in their bedroom. Medication for this group of residents was checked on a weekly basis.

However, from documentation reviewed in residents' files, from speaking with a number of staff members and from the medication policy, where a resident was administering their own medication, the inspector was not suitably assured that the provider had monitoring systems in place and that where a resident was self-administering, the resulting roles and responsibilities of staff were clear to guide consistent practices. A number of staff voiced concern in relation to this information being unclear.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider carried out a comprehensive assessment of residents' needs and they were in the process of trialling a new standardised assessment tool with residents which was holistic and person-centred. Each resident had a baseline assessment carried out with occupational therapists, speech and language therapists and psychology. Recommendations from these professionals informed care plans, where appropriate. Each resident had health action plans and personal goals which were regularly reviewed. Residents took part in regular meetings with their key workers to review progress with their goals. An annual review took place with each resident and their circle of support.

Judgment: Compliant

Regulation 6: Health care

As outlined above, residents were supported to enjoy best possible health in the centre. They had access to A GP , health and social care professionals such as dietitians, dentists, speech and language therapists and occupational therapists. Clear records were kept of each appointment to ensure that all relevant information was available to staff and to the resident. Hospital passports were in place which outlined the levels of support each resident had in areas such as communication, activities of daily living and information on their health.

Judgment: Compliant

Regulation 7: Positive behavioural support

A small number of residents living in the designated centre required personal behaviour support plans. Staff had all received training in supporting people with behaviours of concern. Residents had access to a behaviour specialist as it was required. The inspector viewed a sample of behaviour support plans. These were developed for residents and outlined coping strategies for different scenarios they found challenging. There were some restrictive practices in place and residents had given consent for these practices. A restrictive practice register was kept and regularly reviewed. However, these were not notified to the Authority in line with regulatory requirements. This is captured under Regulation 31: Notification of Incidents.

Judgment: Compliant

Regulation 8: Protection

The inspector found that on the whole, the provider had appropriate systems in place to safeguard residents from abuse. There were policies and procedures in place and staff were aware of their responsibilities. Personal care plans were in place to guide staff practice and these were written in a manner that was respectful of a residents' dignity and bodily integrity. Safeguarding incidents were notified to HIQA and the HSE within specified time frames and where required, safeguarding plans were in place. However, following an incident in the centre, the provider had not recognised this incident as a safeguarding concern and had not notified the Authority of this incident, which had impacted on residents at that time.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for National Association of Housing for Visually Impaired OSV-0001938

Inspection ID: MON-0039184

Date of inspection: 27/04/2023 and 28/04/2023

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • NAHVI will implement the draft Designated Centre Contribution Policy and review the Support Agreement for each of the people we support in line with the policy. NAHVI can share the revised Support Agreement with the increased detail re the services provided to the person we support and the fees to be charged, if any. • Finalise and issue the Designated Centre Contribution Policy by 30.06.23. PIC to review and reissue Support Agreements for all 16 people supported by 31.07.23. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Sebastian Baby (PIC) to complete retrospective quarterly returns to HIQA for Quarter 1 by 13.06.23. • Sebastian Baby (PIC) to ensure all quarterly returns completed at the end of each quarter. 	
Regulation 26: Risk management	Not Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Venue Risk Assessment to be placed in all houses of the people we support so that the people we support and staff have access as and when required. This was completed on 16.05.23. • Risk Management Policy to be updated and issued to all staff. This was completed on 06.06.23. 	
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"> • Sebastian Baby (PIC) to purchase Sonic Fire Release door mechanisms for each of the houses. This was completed on 22.05.23. • Sonic Fire Door Releases fitted to doors which are too heavy for 2 of the people we support and for the staff sleepover doors. This ensures that when the fire alarm sounds, the door will automatically release and close as per fire regulations. This was completed on 22.05.23. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Sebastian Baby to update the Person Centred Portfolio for each of the people we support who choose to and are assessed as able to self-administer their medication to ensure that staff are aware of what supports they are required to provide, by 30.06.23.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Sebastian Baby to report all incidents of behaviours of concern that occur in the presence of another person we support as potentially a safeguarding concern, as and when</p>	

occurs.

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Yellow	31/07/2023
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Yellow	06/06/2023
Regulation 26(1)(b)	The registered provider shall ensure that the	Not Compliant	Yellow	06/06/2023

	risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Yellow	06/06/2023
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Not Compliant	Yellow	06/06/2023
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Not Compliant	Yellow	06/06/2023

	Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	16/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/05/2023
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2023

Regulation 31(3)(a)	The person in charge shall 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.	Not Compliant	Yellow	06/06/2023
Regulation 31(3)(b)	The person in charge shall 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 the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.	Not Compliant	Yellow	07/06/2023
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider	Not Compliant	Yellow	30/07/2023

	shall notify the chief inspector of this fact on a six monthly basis.			
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	07/06/2023