Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kare DC3
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0001984
Fieldwork ID:	MON-0033762

About the designated centre

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

This designated centre provides a full time residential support to a maximum of four male and female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the home. The home is a dormer bungalow situated on the outskirts of a town in Co. Wicklow and in walking distance to many local amenities. Each resident has their own bedroom, access to bathrooms, living room and kitchen/dining room. The staffing complement includes social care leaders, social care workers and social care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 January 2024	11:45hrs to 19:45hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet and speak with the residents and their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures, as part of the evidence indicating their experiences living in Kare DC3. This inspection was announced in advance and residents were offered surveys to make written comments on what they liked or wanted to change about their home, routines, staff or support structures.

Residents were busy with their jobs and day services until the afternoon, however as one resident was feeling unwell on the day of inspection, an additional shift was rostered to ensure they were supported to rest and get well in their own home. The inspector also observed that additional shifts had been created to ensure familiar staff accompanied one resident during a recent hospital admission. Residents commented that they liked their staff team and got along with everyone, and could speak to them if they felt anxious or unsafe. The inspector observed staff speaking to residents in their preferred manner and giving residents the time to understand and respond at their own pace. One resident was being supported in their dementia journey, and was encouraged to stay active and engaged with their day service and their routine, with the resident smiling and giving a thumbs-up when asked how their day was going.

Residents commented that staff were there when they needed them, however some residents enjoyed being facilitated to spend time independently at home or in the community. Residents and staff described how they were working together to encourage residents' independence and life skills, such as understanding medicine routines, developing cooking skills, and taking ownership of cleaning their own living spaces. Two of the residents had plans to redecorate their bedrooms, and two of the residents commented in the written survey that they wanted a larger bedroom space.

In the case of two residents, it had been identified that safe and efficient navigation around the house was becoming a challenge due to large mobility equipment and progressing healthcare needs. In the case of one resident, the provider was considering options for more appropriate accommodation to meet their needs. In the other case, options to adapt the current premises to facilitate the option of remaining in this house were being considered. In both instances, the resident, and where relevant their representative, was involved in these discussions to ensure the resident's opinion and preference was central to whatever decisions were made. As an interim measure, the provider made use of elements of dementia-friendly design in the house to aid safe navigation, such as picture prompts on doors and high contrast colours on steps and rails. There was no necessity to lock rooms, household items or cupboards around the house.

Residents enjoyed an active life in the community. One resident was an avid painter

and had recently had their work sold at a crafts fair and commissioned as the Christmas card for a gallery in the community. Another resident had proudly completed a 5km run in 2023, and wanted to participate in the Dublin women's mini-marathon in the summer. Two residents had completed a formal education course in 2023, and were also involved in cookery courses on their own or as part of a group. One resident had recently been commended for 15 years of contribution to a "Voice for Kare" resident advocacy group. One resident had paid employment in a local shop. They told the inspector that they loved their job and co-workers and had recently had their shift hours increased to four days a week. Their work was within a safe distance to walk there without needing staff support. Residents commented they had got to know people in their local shops, pubs and neighbourhood.

The house had exclusive use of one vehicle to get around, with access to a second vehicle at the weekends to allow for increased flexibility in weekend outings and activities. Where activities were planned during the weekend, an additional staff shift was arranged to facilitate this. Some residents required minimum allocated staffing due to their assessed needs, and in recent provider notes, it had been identified that this support requirement had resulted in social plans or appointments being cancelled for their peers. This was discussed with the person in charge as something to be formally assessed to identify frequency or trends of these occurrences.

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 designated centre was resourced with an experienced and well-established staff team who demonstrated a good knowledge of the residents and their interests, wishes and personalities. Staff were encouraged and facilitated to take ownership of aspects for their role, such as identifying where they required refresher training, and ensuring that their key-working duties were being delivered.

Six-monthly provider inspections and quality improvement audits were being carried out in the designated centre, with examples of time bound and measurable objectives being allocated to the relevant personnel for completion. The experiences and feedback from residents had been accounted for in these audits, such as where residents had achieved personal goals, where residents wanted changes in their support, or where there had been deficits in support delivery.

In the main, records related to centre operation were readily available for inspection. Some improvement was required in ensuring that records of mandatory training and shifts worked by staff were clear and accurate for use by the person in charge. Oversight of adverse events required improvement as for various reasons,

the provider had not notified the Chief Inspector of incidents or allegations until they were identified as missed in later audits.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time post of a person in charge in this centre, and this person was suitably experienced and qualified for the role.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was resourced with a experienced and established core team of social care staff. The provider had a full complement of staff in accordance with their statement of purpose, with sufficient access to relief and overtime shifts to ensure that continuity of care was maintained when covering staff on leave. However, the inspector observed some recent examples of how the staff availability had been insufficient to support two residents with their personal, health and social needs at the same time, resulting in appointments and activities being cancelled.

The inspector reviewed a sample of recent staffing rosters and found examples of where recorded hours worked were below the assessed staffing requirement for this centre. The person in charge advised that this was due to some of these rosters being incorrectly recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had received relevant training and could provide examples of how this was implemented in practice resulting in positive outcomes for residents. However, some

gaps were identified in staff training in relation to supporting the assessed care and support needs of residents.

Judgment: Substantially compliant

Regulation 21: Records

In the main, documentary evidence was maintained and readily available for inspection. Some of the records reviewed on this inspection were incomplete or contained inaccurate information.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had published an annual report for 2023 on this designated centre, which summarised key achievements and challenges in the year. This included personal achievements by the service users in their jobs and education, and how residents and staff worked together to accomplish goals related to life skills, community events and involvement in how the house operated. Commentary collected from residents about what is was like to live in this house was incorporated into the report.

The provider had carried out an inspection of the service most recently in January 2024. The findings of audits and quality reviews were used to inform a quality improvement plan for the service, in which specific and time bound objectives were set out. This included actions to address training gaps, enhancing resident autonomy, providing key working staff sufficient protected time for administrative work, and timely reporting of incidents. Internal quality reports also reflected commentary from residents related to their wishes for their home and routine. The inspector also reviewed a sample of performance management meetings between front-line staff and the person in charge, which discussed how the staff were developing in their duties and being held accountable for their own responsibilities in

their role.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed written agreements signed between the provider and residents which outlined the terms, conditions and fees payable related to living in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not ensured that all adverse incidents in the centre were notified to the Chief Inspector as per the requirements of this regulation. The inspector observed examples of injuries sustained by residents in the centre or allegations of resident abuse which were notified weeks or months beyond the required timeframe following their identification on later audits.

Judgment: Not compliant

Quality and safety

In the main, residents were being supported in their health, social and personal support needs per their assessments and preferences. Residents were supported to stay busy in the community and at home, and pursue meaningful interests and activities which challenged them and engaged their skills such as cookery, art, and responsibilities of work.

Residents and staff discussed how independence and positive risk taking was encouraged in the service. Residents were supported based on their individual risk assessment to come and go from the house without staff accompaniment, manage their medicine and money, and participate in the community. Future goals discussed with the inspector included building confidence with public transport and meeting new friends outside of the health and social care setting. Some improvement was required in risk management in response to matters which were identified through changing needs, audit findings and adverse incidents.

Residents were supported to access and maintain control of their belongings including their finances, with appropriate safeguards in place to protect residents from potential financial abuse. However these checks by staff could not be done for all residents. The provider was working with external parties to attain this oversight for all residents, as well as supporting one resident to have access to finances owed to them.

As referenced elsewhere in this report the provider had completed some interim works to ensure that the premises was maintained, clean, compliant with fire safety regulations, and suitable for residents to navigate safely. Resident preferences and maximising their independence was considered as part of options to adapt existing premises or provide more suitable accommodation to meet their needs.

Some development was required to provide assurance that the provider was responding to risks arising from practice evacuation drills such as navigation issues and extended evacuation times. Evidence of the provider's assurance that fire and smoke could be detected throughout the house and contained from spreading into fire evacuation routes was also required.

The inspector found examples of person-centred and choice-led care and support and examples of how residents were participating in decisions made about them. This was evident in staff and resident commentary, and in the provider's actions to ensure that key-workers had sufficient protected time to ensure that personal goals and life development objectives were progressing as intended.

Regulation 12: Personal possessions

Residents were facilitated to personalise their home in accordance with their wishes and decorate their bedrooms as they preferred. Residents were facilitated to manage and access their belongings, clothes, phones, wallets and personal belongings without unnecessary restriction. Three of the four residents had complete access to their finances either independently or with support from staff. In one instance the provider was working with external parties to attain this access, with interim measures supporting the resident to have their money made available to them.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided opportunities to participate in activities in accordance with their interests, capacities and life enhancement needs. Residents were supported to access their places of employment, friends and family, hobbies and educational pursuits.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises was clean, warm and homely. Minor cosmetic upkeep such as sanding floors and redecorating bedrooms had been identified and was being arranged through maintenance processes.

For two of the four residents, it had been noted in fire drill records, centre audits, and commentary from residents and staff that safe and effective navigation around the house was becoming difficult. In one example, the ability of one resident to get through door thresholds and around corners with their mobility equipment could be challenging, including during an emergency evacuation. The management had referred this person to the occupational therapist and was awaiting their review, and discussed options being considered in adapting the resident's home to make navigation easier, and facilitate them to remain in their home as they wished. Short term measures such as removable ramps had been introduced to mixed success.

It had been identified that a second resident's changing health and mobility support needs made using the staircase a safety concern. The provider had introduced features to address this risk in the short term, such as using colour contrast design features on the steps and banister and installing a device to alert night staff if the resident exited their upstairs bedroom. Options for accommodation more suitable for their assessed needs were being discussed with the resident and their representatives.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Some development was required to ensure that where risks were identified through provider audits, adverse incidents, changing support needs of residents, or

observations by staff or residents, that these were consistently subject to formal risk assessment. Some of these risks did not have associated ratings, control measures or action plans to address or mitigate the relevant risk. There was also limited analysis or learning taken from trends of health and safety incidents and accidents occurring in the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had conducted a practice evacuation drill in October 2023 which reflected a night-time scenario with minimal staffing and residents being in bed. This drill took 10 minutes to complete and the report from same indicated that an efficient evacuation and emergency response procedure could not be assured. Since this drill, the provider had introduced a second night shift, however, there had been no subsequent night-time evacuation drill to assure the provider that a safe and timely evacuation could now be achieved.

The provider could not provide evidence on how they were assured that all areas of the designated centre were equipped with features to detect and alert to fire or smoke and prevent spread into the evacuation route, for example in the event that the fire or smoke originated in the attic of the house.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

In the main, the provider had appropriate processes for administering, recording, storing and disposing of medicines and medical devices. Staff had received training in the safe management of medicines and demonstrated good knowledge of the times and purposes of the residents' prescriptions. The staff were working with residents to encourage and facilitate their independence and skills in managing their own medicine.

In examples reviewed of where multiple PRN (administered as required) medicines were prescribed for the same health reason, there were some gaps in associated guidelines in place in order to inform staff administration of these medicines.

Judgment: Substantially compliant

Regulation 8: Protection

In the main, the provider was supporting the residents to protect themselves and to recognise instances of abuse, and the inspector observed evidence of how residents were reporting to staff if they felt unsafe or poorly treated. The provider had responded appropriately to individual incidents of abuse as well as ongoing concerns related to the safety and wellbeing of residents. The provider was observed to be engaging with the Health Service Executive Safeguarding and Protection Team and An Garda Síochána as required.

The staff provided examples of how they maintained oversight of residents' finances to keep them safe from potential financial abuse. However the staff could not perform these checks for all residents as they lacked access to records accounting for resident income and expenses.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector observed evidence to indicate that the operation of the designated centre was led by the choices and routines of the residents. Evidence that decisions in the service were made in consultation with the residents was observed. Residents commented that they felt that their choices were respected and that staff supported them to pursue their preferred routines. Residents were supported to engage in positive risk taking in their daily lives, such as using the kitchen, independently managing their money and medicine, being facilitated to come and go from the centre independently, and living in a home which was free of unnecessary restriction. Where temporary restrictions were required, there was evidence that they had been discussed with the resident prior to occurring, with assurance to them of when it would be no longer needed.

Staff who spoke with the inspector on this visit had completed a four-module course in the human rights of people with disabilities living in a residential support service. Staff provided personal examples of how they would be implementing what they had taken from the course and apply it to their role in supporting the four residents in this centre. This included examples specific to each resident such as boosting their confidence to learn new skills, use public transport, make friends in their neighbourhood, get involved in events in the community. and return to hobbies and social opportunities which were interrupted by the COVID-19 pandemic. The inspector observed a friendly and mutually respectful rapport between staff and residents, in which residents were afforded time to speak on their own behalf at their own pace.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC3 OSV-0001984

Inspection ID: MON-0033762

Date of inspection: 23/01/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Appointments and activities are generally scheduled in this location in advance and staff schedule to support the attendance at the appointment or activity. There are times when appointments are made at short notice that Kare may not have the available staff to support the individual to attend. Kare will try to use relief staff if possible but may have to reschedule appointments or activities when no support is available. This is a last resort. All rosters are updated to include planned and actual rosters on the leaders laptop. The leader will communictae with the shift leader to ensure the changes will be reflected on the roster in the location from the February roster onwards.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of staff training needs was conducted by the leader in January 2024. All staff have planned training requirements for 2024 and have booked in to any necessary training prior to the lapse of the current certificate. Specific training required in this location in dementia training and total communications have also been booked for required staff. This will be completed by the end of 2024. Location specific training is captured on TMS records which is accessible by the leader. Leader will link with staff in June and October of 2024 to review current status in relation	

to training.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Records were reviewed and updated to ensure they were complete and contained accurate information.

Goals were detailed with actions to progress. This was completed by the end of February 2024.

Allocated time to review plans has been provided to each keyworker. This has been scheduled to be completed prior to the end of March 2024. This will be maintained by keyworkers throughout the year.

Records will be reviewed in June and October each year to ensure they remain up to date and complete by leader linking with keyworkers.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The leader has linked with the staff team about the policy in relation to safeguarding vulnerable persons to ensure they are familiar with the necessary steps to be taken. This was completed prior to the end of February 2024.

The Social worker (which has the role of Designated office) came to the staff team meeting to discuss Safeguarding and unexplained injuries on the 21st of February 2024. This was discussed in detail and staff awareness increased to what had to be recorded and where it was required to be recorded. The importance of reporting was explained again.

The leader is on a focus group to improve Kare internal process for recording body marks which will be completed by the end of April 2024 and communicated to the staff teams across Kare.

Kare's Complaints officer will attend a staff team meeting to discuss complaint management on the 13th of March 2024.

All necessary reports have been completed on both internal system and external where required as of the 29th February 2024.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Minor cosmetic upkeep such as sanding floors and redecorating bedrooms has been identified and arranged through maintenance processes – this will be completed by the end of June 2024.
A review of access and egress as well as movement around the house for one individual in this location will be completed with the Occupational therapist. A Report will be completed once this review is conducted which will inform the next steps required. This will be completed by the end of August 2024.
One individual with changing needs is currently in transition to another accommodation which will further meet their needs. This is scheduled to occur prior to the end of April 2024.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Where risks are identified through provider audits, adverse incidents, changing support needs of residents, or observations by staff or residents, these have now been subject to formal risk assessment. This was completed on the 20th of January 2024.

This location has migrated to the new electronic risk register on CID on the 29th of February 2024. All risk ratings and controls were reviewed as part of this process.

The H&S officer will discuss trends of health and safety incidents and accidents occurring in the designated centre at the staff team meeting on the 13th of March 2024.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A night-time scenario fire drill with minimal staffing and residents being in bed took place on the 30th of January 2024. This fire drill took 236 seconds to complete. There were no actions noted as a result of the fire drill.
The fire door in one bedroom will be replaced in this location by the end of June 2024. This will support a quicker evacuation during night time drills for this person.
All areas of the designated centre are equipped with features to detect and alert to fire or smoke and prevent spread into the evacuation route. In the event that the fire or smoke originated in the attic of the house this area is supported with an alarm monitor which is connected to the main monitor for the location. This was completed on the 20th of February 2024

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Where multiple PRN (administered as required) medicines are prescribed for the same health reason, all associated guidelines will be reviewed and updated by the local area nurse in order to inform staff administration of these medicines. This will be completed by the end of March 2024.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The staff maintain oversight of residents' finances to keep them safe from potential financial abuse. Staff can not currently perform these checks for all residents as they lacked access to records accounting for resident income and expenses. This indivudal is transitioning to a new location and a new financial management plan will be developed and implemented. This will occur prior to the end of April 2024.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	29/02/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	29/02/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2024

	as part of a continuous professional development programme.			
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.	Substantially Compliant	Yellow	31/08/2024
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.	Substantially Compliant	Yellow	31/08/2024
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/03/2024

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	13/03/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/01/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/06/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	20/02/2024
Regulation	The person in	Substantially	Yellow	31/03/2024

29(4)(b)	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.	Compliant		
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	13/03/2024
Regulation 31(3)(d)	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	Not Compliant	Orange	13/03/2024

	centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2024