



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

Issued by the Chief Inspector

Name of designated centre:	Four Winds
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0003651
Fieldwork ID:	MON-0030335

About the designated centre

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

This is a centre comprising two detached bungalows in Co. Louth. It can provide full-time residential services for up to nine adults with an intellectual disability. The two houses are staffed on a twenty-four-hour basis by a team of staff nurses and care assistants. The houses are near each other and in commuting distance to a number of nearby villages and larger towns. Transport is also provided for residents to attend day services and local community-based activities. Residents' healthcare needs are comprehensively provided for and as required access to GP services and a range of other allied health care professionals. Each resident has their own bedroom (one being en-suite), and communal facilities include a kitchen cum dining room, a sitting room, separate utility room, and communal washroom facilities. There are also well-maintained gardens to the front and rear of both houses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 August 2021	09:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection was undertaken in a manner so as to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre.

As noted above, the designated centre is made up of two houses. The inspector visited both houses and interacted with the eight residents during this time. The inspector observed warm and friendly interactions between residents and those supporting them throughout the day. Residents appeared at ease in their interactions and appeared to be enjoying the activities they were being supported with. While the inspector did not have the opportunity to speak with residents' family members on this occasion, they did observe that a family member had submitted a recent compliment regarding the service being provided.

The inspector visited the Rockfield house first. The house was located within walking distance of a town centre. Residents were supported to engage in activities in the town. The inspector observed residents being supported to walk to their day service and another going for a walk and another going to a nearby shop. The other two residents were being supported to engage in activities of their choosing; one resident was watching TV and also using their tablet device. The other resident was listening to their preferred music and relaxing in their room. The inspector observed that the house was well maintained and suitably decorated. The house had a homely feel, with pictures of residents and their friends located throughout the house. The residents also appeared comfortable in their interactions with one another.

The inspector met with the four residents living in the Four Winds house. The inspector again observed warm and friendly interactions between residents and those supporting them. The inspector interacted with one resident for a prolonged period while adhering to public health guidance in relation to infection control protocols. The resident chatted with the inspector and the staff member supporting them. The resident used their tablet device to look at pictures of their family and activities they had previously engaged in. The resident also spoke to the staff member regarding an upcoming outing they were going on with a family member. The inspector interacted with the other three residents briefly. Some of the residents were engaged in activities away from the centre and were spending long periods out. This practice will be discussed in more detail in the Quality and Safety section of the report.

A review of a sample of residents' information in both houses demonstrated that comprehensive assessments of residents' health and personal needs had been completed. The inspector did, however, find that there were improvements required in a number of areas regarding the service being provided to the residents living in the Four Winds house. While residents in the Rockfield house were being supported to be active in their community, their peers in Four Winds had not been supported

to engage in meaningful activities outside of their home.

The inspector noted that the COVID-19 pandemic had led to residents spending more time at home, however for some residents, despite the lifting of restrictions, their community activities had been focused on going for drives to a location and then returning to their home. This had been ongoing for a number of months and had impacted some residents engaging in activities in accordance with their interests. The provider had acknowledged this and was beginning to address the issue. The inspector found that recently residents were being encouraged to engage in activities such as going to the barbers, going out for food, or going for a coffee with staff support.

As noted, the COVID-19 pandemic had impacted residents regarding their activities and had led to changes to their routines. Furthermore, there had been significant changes to the staff team in the Four Winds house, and this had impacted the skill mix of staff and the support being provided to residents. The inspector reviewed a sample of residents' information and found that there had been periods where residents had impacted negatively upon one another, and this had resulted in anxiety and distress for the residents that were involved. The provider's audits and the review of information by the inspector identified that the changes to routines and the staff team coincided with an increase in behaviours of concern for some residents. While there was evidence of the provider seeking to address these issues and put measures in place, there were still occasions where residents' behaviours were impacting negatively upon one another. The impact of this will be discussed in more detail in the Capacity and Capability and the Quality and Safety sections of the report.

The two previous inspections (2018 and 2020) carried out in the designated centre found that there were required works to the Four Winds premises. This inspection found that these works had yet to be completed and that the general maintenance of the building required attention. The outstanding works had also impacted the staff team's attempts to ensure that best practice regarding cleaning were being carried out. The impact of this and the provider's plan to address the premises issues will be addressed in the Quality and Safety section of the report.

In summary, the inspection found that there were inconsistencies regarding the quality of service being provided to the two sets of residents. It also found that there had been periods where the monitoring of practices and supports being provided to all residents was not appropriate. There were, therefore, improvements required to the management practices to ensure that all residents were receiving the best standard of care possible.

Capacity and capability

The inspector was not assured that the provider's management arrangements were suitable to ensure that all aspects of the service provided were appropriate to

residents' needs and effectively monitored. As noted above, the designated centre was inspected in 2020. The 2020 inspection found that there were improvements required in a number of areas, including management and oversight practices, staff training, and development, and identified works that needed to be completed to the Four Winds property. This inspection found that these issues had not been addressed and, in some areas, had impacted negatively on the service being provided to the group of residents living in the Four Winds House.

The provider had ensured that there was a management structure for the designated centre. An appraisal of information demonstrated that there was a period where the monitoring of practices was not appropriate to ensure that the service being provided to all residents was safe, consistent, and appropriate to each residents' needs. This had negatively impacted residents living in the Four Winds house.

The inspector found that the provider had completed the relevant reports and reviews as per the regulations. The inspector also notes that following changes to the centre's management team that an additional audit was carried out. This audit was carried out 7 days before the inspection. The findings from this inspection and the provider's audit found that there were significant improvements required in a number of areas, including the staff team, residents' rights, safeguarding practices, residents' general welfare and development, and also, as discussed earlier premises. These will be discussed in detail in the Quality and Safety section of the report.

The provider had failed to ensure that all staff members had completed all of their required mandatory training. There were 5 members of the staff team who had not completed basic life support training. There were a further 3 staff that had not completed training in the Management of Actual or Potential Aggression (MAPA). The inspector reviewed supervision records and found that there was a period where staff members had not received supervision in line with the provider's policies. A review of the information demonstrated that this was now being addressed by the centre's management team.

A review of the rosters found a consistent staff team supporting residents in the Rockfield House. The study of the Four Winds house roster found that there had been significant changes to the staff team; a number of long-serving staff members had left the staff team since April of this year, including nursing staff. The provider had sought to respond to these changes. However, the review of information demonstrated that the provider had failed to ensure that the current skill mix of staff providing supports to the residents in the Four Winds house was appropriate. This was negatively impacting the quality of care and support being provided to the residents. Examples included incidents where residents' behaviour support plans had not been followed or implemented correctly. This had resulted in poor responses and support being offered to residents. The person in charge assured the inspector that steps were being taken to address the issues. A meeting had been held the day before the inspection to review the skill mix of staff supporting the residents. The provider's interim regional director also assured the inspector that the staff team would be enhanced in the coming weeks in order to address the issues.

During the inspection, an incident that was reported to the Chief Inspector as per the regulations was reviewed by the inspector. The inspector found discrepancies between the description of the report submitted for review by the chief inspector and the safeguarding report that was completed following the incident. These discrepancies were confirmed with the interim regional director during the inspection. There was, therefore, attention required to ensure that the most accurate information was reported for review by the Chief Inspector.

In summary, the inspection found that the provider had not ensured that the governance and management arrangements were appropriate. There were inconsistencies between the service being provided to the two groups of residents. While the provider had demonstrated that steps were being taken to address the issues, there had been a delayed response that had negatively impacted the residents living in the Four Winds house.

Regulation 15: Staffing

The provider had failed to ensure that the skill mix of staff was appropriate in order to meet the needs of all residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The review of training records demonstrated that there were staff members that had not completed the necessary mandatory training. There were also gaps found in regard to the staff members receiving supervision.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector was not assured that the existing management structures and monitoring practices were appropriate. The information available for review did not demonstrate that all aspects of the service were being assessed and evaluated appropriately.

Judgment: Not compliant

Regulation 31: Notification of incidents

There were improvements required to ensure that accurate information was reported for review by the Chief Inspector.

Judgment: Substantially compliant

Quality and safety

The inspection found that the residents living in the Four Winds house had not been appropriately supported for a period which had negatively impacted upon their lived experience and quality of life.

While there were systems in place to identify, manage and mitigate risks, the inspection found that there were required improvements to ensure that existing control measures kept all residents safe. These improvements included addressing issues with the Four Winds premises, providing appropriate fire containment measures, and ensuring that residents were not impacting upon one another in a negative manner.

As noted earlier, the Rockfield House premises were well maintained and had a homely feel. The provider had, however, failed to respond to identified maintenance works in the Four Winds house. There were works required to the exterior of the building regarding the driveway being unsuitable for residents. The main bathroom that residents used required repairs, including damage to the floor and grouting. This impacted the staff team's ability to ensure that the bathroom was effectively cleaned. Furthermore, the bathroom was not suitable for all residents using it. There were painting works required throughout the house. There was evidence of the staff team supporting the residents attempting to promote a homely feel to the premises; this was, however, negatively impacted by the outstanding works.

The provider had acknowledged that the outstanding works were negatively impacting the residents who were living in the Four Winds house. The provider's interim regional director informed the inspector that funding for the required works had been approved. There was a plan for residents to transition out of their home and into another designated centre. There were further assurances given in the days following the inspection and a transition date set. The centre's person in charge also informed the inspector that residents were being prepared for the transition and were visiting their new home to prepare them for the transition.

A review of information demonstrated that there had been periods where residents had impacted negatively upon one another. With some residents presenting with intimidating behaviours or, on some occasions, physical aggression towards one another. There were a number of antecedents for these behaviours, as discussed

earlier in the report. A review of residents' activity plans showed that there had been a period where a resident that presented with the most intense behaviours was being supported to engage in activities away from the centre. While this led to a reduction in behaviours that challenge, it resulted in the other residents living in Four Winds having reduced opportunities to engage in their preferred activities as there was only one transport vehicle available to the four residents. The other residents' rights to exercise choice and control over their daily lives had been impacted upon. There was evidence of the provider and centres management team seeking to address the issues in recent weeks. The person in charge had met with staff and was promoting different responses to residents challenging behaviours.

As noted earlier, there had been changes in practices in recent weeks with all residents engaging in activities outside of the centre. The person in charge was also in the process of arranging additional transport options for residents at the weekend. The inspector also found evidence of staff acting as advocates for residents. A resident's key worker had contacted the provider's Equality and Human Rights Committee to raise concerns regarding the compatibility issues between residents and the impact it was having on one of the residents.

The inspector reviewed safeguarding plans that had been developed in response to incidents or concerns being raised. Some of the plans had been developed following incidents between peers in the Four Winds house. While the plans had been developed, the responses had not ensured that all residents were being protected from all forms of abuse, including intimidation by other residents. There were, therefore, further reviews required to safeguarding plans and the arrangements in place to support each resident. While the provider felt that the planned changes to the skill mix of the staff team would address many of the concerns, there was a period where the impact of some residents upon their peers was not appropriately addressed. The review of information did demonstrate that investigations were completed when required and that the staff team had received appropriate training regarding the safeguarding of residents.

The inspector reviewed fire precautions in both houses. The provider had ensured that regular fire drills were taking place and could demonstrate that residents could be safely evacuated out of both buildings. The provider had also ensured that the fire detecting systems and fire fighting equipment had been serviced appropriately. Fire training had also been provided to all staff members. A review of fire doors in the Four Winds house found that the provider had failed to install self-closing mechanisms on residents' bedroom doors. This had the potential to impact negatively on fire containment measures.

There were measures in place for the prevention and control of infection. The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Notwithstanding the these measures, an infection control risk was identified in the Four Winds house due to the repairs required to the flooring and grouting of the main bathroom which meant that these areas were difficult to effectively clean from an infection control

perspective.

A sample of residents' information from both houses were reviewed. The inspector found that the provider had carried out individualised assessments and had developed personal plans for residents as per the regulations. These assessments were under regular review and captured the needs and assistance required to best support the residents. Personal goals had been identified for residents, and they were being supported to where possible achieve these.

The information reviewed also demonstrated that residents were receiving and had access to appropriate health care. Residents' health needs were under constant review, and support plans were updated if required. The review of a sample of support plans showed that the plans captured the steps to be taken to best support each residents' health.

There were arrangements in place that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. There were systems in place to gather information following behavioural incidents in order to promote learning for the staff team and residents. There was evidence of adverse incidents being reviewed as part of team meetings and that learning from the incidents was being promoted.

The inspection found that the provider had not ensured that all residents were receiving an appropriate service. This had negatively impacted the lives of some residents. While the inspector did note that there had been recent improvements to the service being provided, the provider had not demonstrated that the service being provided in a number of areas did not meet residents needs or were compliant with regulations and standards.

Regulation 13: General welfare and development

Staff responses to the behaviours of a resident had impacted the other residents living in the Four Winds house. The response by staff had resulted in some residents having reduced opportunity to engage in their preferred activities away from their home.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had failed to ensure that the Four Winds house was kept in a good state of repair and that it was appropriate to the needs of the residents that lived

there.

Judgment: Not compliant

Regulation 26: Risk management procedures

The review of existing risk management and risk control measures found that there were improvements required in order to promote and maintain the safety of residents and the staff team supporting them.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. However, it was noted that there was damage to the flooring and grouting in the main bathroom. This meant that these items were difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that the provider had failed to install self-closing fire doors on residents' bedroom doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care
The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.
Judgment: Compliant
Regulation 7: Positive behavioural support
There were arrangements in place that ensured that residents had access to positive behavioural; support if required.
Judgment: Compliant
Regulation 8: Protection
There were improvements required to safeguarding practices in the Four Winds house. The inspector found that safeguarding plans had been developed regarding the impact some residents had on one another. Incidents had, however, continued to occur.
Judgment: Not compliant
Regulation 9: Residents' rights
Compatibility issues between residents had impacted negatively upon those living in the Four Winds house. This had directly impacted on the quality of life and lived experience of the residents in the Four Winds house.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Four Winds OSV-0003651

Inspection ID: MON-0030335

Date of inspection: 25/08/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A New Managers CNM1 has been appointed to the Centre he is responsible for 1 other Designated Centre and has 18 hours supernumerary time each week and the remainder of his time he is based in this Designated Centre.</p> <p>The skills mix for the Designated Centre has been reviewed and 3 pre-registration Staff Nurses, 2 HCA's and One CNM1 have been added to the roster.</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: Training has been scheduled for all staff that are out of date and training sessions have commenced.</p> <p>Staff formal Supervision schedules have been put in place and the supervision meeting have commenced. A team meeting has occurred with the new manager and new PIC.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A new PIC and House Manager have been appointed to the Designated Centre and the PPIM is supporting them in their new role with regular weekly supervision and weekly visits to the designated center.</p> <p>A schedule of audits has been put in place to include, Fire, Medication, Finance, IPC, IPP & Restrictive practice.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All Notifications of Incidents will be submitted with clear & accurate information within the 3 days period.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: All new staff have been induction into the Designated centre and each residents Individual Person Centred Plan. All staff have been re-inducted into the behaviour support plans and all behaviour support plans are implemented. All resident support plans have been implemented fully and all residents have a person centered meaningful day and continue activity sampling in their community	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Commencement date of 4th Oct 2021 has been set for Construction work on the Four Winds House	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All Behaviour Support Plans and Risk Management plans have been reviewed and all staff have been inducted into the plans. All support plans have been implemented fully and all residents have a person centered meaningful day	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Commencement date of 4th Oct 2021 has been set for Construction work on the Four Winds House to include a total upgrade of the bathroom facility.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Commencement date of 4th Oct 2021 has been set for Construction work on the Four Winds House to include new fire doors with swing free opening.	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A new PIC and House Manager has been appointed and Staffing Skills mix has been reviewed and addressed Residents behaviour support plans have been reviewed and updated All Staff have been inducted into the residents Behaviour Support Plans. All staff have been inducted into residents Safeguarding Plans. All staff are trained in Positive Behaviour Support and Safeguarding</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new PIC and House Manager has been appointed and Staffing Skills mix has been reviewed and addressed All Residents have been reviewed by the psychiatric team. All Behaviour Support plans have be reviewed and updated. An MDT meeting has taken place on 14th September to include CNS in Behaviour, Psychologist, CNS in Health Promotion & Intervention and Management team. Further meetings have been scheduled Compatability of residents living in the Designated Centre is being reviewed An External Specilist services has been sourced in the area of Behaviours that Challenge. All residents now have a meaningful day and residents are continuing with activity sampling An External advocate has been involved in the designated centre.</p>	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	27/09/2021
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	01/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Not Compliant	Orange	30/10/2021

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/10/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Red	31/10/2021
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	27/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Not Compliant	Orange	30/10/2021

	and effectively monitored.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	01/10/2021
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	31/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Red	31/10/2021

	extinguishing fires.			
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.	Substantially Compliant	Yellow	27/09/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2021
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.	Not Compliant	Orange	27/09/2021
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,	Substantially Compliant	Yellow	27/09/2021

	professional consultations and personal information.			
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