



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

## Issued by the Chief Inspector

Name of designated centre:	No.2 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0005136
Fieldwork ID:	MON-0033806

## About the designated centre

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

The designated centre provides respite holiday supports and accommodation for up to 20 individuals with an intellectual disability in West Cork. The service operates at full capacity during the months of June to September but does provide for small groups during the year. The service provides supports for individuals with varied levels of intellectual disability, including those with autism.

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

Number of residents on the date of inspection:	5
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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
Thursday 11 November 2021	2:00 pm to 7:30 pm	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector was aware prior to the inspection that the provider had scheduled a short break for a group of residents in the designated centre. The five residents commenced a respite stay for two nights on the day of this inspection. The inspector was introduced to the five residents at times during the evening that fitted in with their routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

On arrival, the inspector was informed the residents were scheduled to arrive during the afternoon. The group of five residents had not been in the designated centre for the previous 12 weeks due to building works taking place. It was evident that the group were very happy to meet each other during the afternoon as the inspector observed interactions between them in the communal areas of the designated centre. The person in charge and person participating in management encouraged the residents to explain to the inspector what they hoped to do during their short break.

One resident spoke of their favourite football team and proudly showed the inspector the team jersey which they were wearing at the time. The resident spoke of how they liked to help a relative with fuel deliveries in their locality and how the next few months would be especially busy. The resident spoke of how they enjoy meeting their friends during the short breaks to the designated centre and explained that the group would have a meeting later in the evening to discuss what they would like to do for the next few days. Later on the resident was observed to be completing activities on the computer in a communal area.

Another resident spoke of how they had left their dog at home with family members while they were in the designated centre. While they knew the dog would be missing them, they explained that other family members were at home to mind the dog for the few days. The resident mentioned that they were looking forward to going to a concert in the summer of 2022 to see a favourite music group and spoke of how they really liked the karaoke machine in the designated centre. Music was a big part of this resident's life and they liked to listen to their music while in the designated centre. They also spoke of how they were looking forward to going for a walk the following day on the beach located nearby with their peers.

Another resident was introduced to the inspector as they listened to their music with headphones in the sitting room. Staff explained that the resident really enjoyed particular musicians and the resident smiled when the correct name of the artist was mentioned to them. The resident acknowledged the inspector but preferred to continue to listen to their music at that time as they had only just arrived at the designated centre and were still settling into their surroundings. The inspector met with the resident later in the evening in the kitchen as they enjoyed their evening meal with their peers.

The person in charge explained that one resident liked to spend time in the large activity room where the inspector was reviewing documentation. This resident waved at the inspector through the glass initially when they arrived in the designated centre and came into the room on a number of occasions during the evening. They sat down and spent some time with the inspector giving single word positive responses when asked about the designated centre and meeting their peers after such a long time. The resident also assisted the inspector a number of times by inviting the staff and peers to come into speak with the inspector. The resident was observed to spend time with their peers in the communal area during the inspection and staff outlined that this was a positive outcome of the refurbishment works in the designated centre. On previous short breaks the resident would have spent more time alone. The inspector was informed by staff that changes made to the seating arrangements in the communal areas seemed to assist this resident to engage more with their peers. The resident appeared to be relaxed and enjoyed the atmosphere in the room.

The inspector spoke with a family representative of one of the residents when they came to the designated centre with the resident. This person spoke of how the service was a great benefit to their relative and how the resident looked forward to going there every time. The local beach was a great location for walks and the refurbishment of the centre was warmly welcomed. They also outlined how the person in charge had provided ongoing support during the pandemic. The resident had benefited from attending the designated centre a few times with a small group of peers since the pandemic restrictions had been implemented in March 2020. The family representative outlined how the staff were always available to support the family. For example, regular phone contact and information sharing on the plans for the service from the person in charge. In addition, the planned expansion of the service by the provider was viewed as a positive move not only for their own relative but for many other service users in the region.

The inspector was informed that two of the staff team had only commenced work in the designated centre in the few days prior to the inspection so they had not met the residents before the day of the inspection. However, the inspector observed the residents and staff engage in friendly conversations and chatter during the inspection as they spent time together. In addition, the smell of a home cooked meal was greatly appreciated by all present from the newly refurbished kitchen. The residents were observed to enjoy their evening meal together with staff in the large kitchen while engaging in friendly conversations. Residents were also observed to bring their tableware to the dishwasher when they had finished eating and spoke of how they had enjoyed their meal. The person in charge explained this was the first time the residents had been in the centre since the kitchen was renovated and they were delighted by the response from the residents. The staff outlined how future planned activities would be able to support the residents to engage more in the kitchen area. The inspector was informed that the previous layout of the centre would not have promoted the residents to become involved in kitchen activities. One of the staff spoke of their enjoyment of making items such as soup and scones and how they would support residents to become more involved in the preparation and completion of these activities going forward, if residents wished to participate.

All of the residents were seen to be relaxing in the sitting room waiting for a high profile football game to start in the evening. The residents informed the inspector which team they wanted to win. The group appeared very happy and relaxed as they all sat together with staff. In addition, the inspector was informed by the residents that they had held their meeting to plan activities for the coming days which included walks on the beach, a takeaway from a local restaurant and a fire drill. The residents told the inspector that they were very pleased with the work that had been completed in the kitchen and spoke of how they liked the décor in the bedrooms.

The staff team outlined and showed the inspector the works that had been completed in recent months while the designated centre was closed for refurbishment. They also outlined the future plans for the designated centre which were at an advanced stage. There was evidence of ongoing works in other areas of the building that was not part of the designated centre but formed part of the future plans of the extension of respite service provision to the region. While the designated centre was warm, clean and had evidence of recent renovations, there were still garden ornaments in the garden area which had been actioned in the last inspection and was due to be completed by 27 March 2020 as per the provider's response. The staff outlined why the delay had occurred. The ornaments were not the property of the provider and agreement had to be reached with the owners. This has since been resolved, however, heavy lifting equipment was required to remove the items and the inspector was informed that this has been agreed with a private contractor.

In summary, residents were seen to be supported in a respectful manner during the inspection in a homelike environment with a positive atmosphere present throughout the inspection. 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

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents. There was evidence that the service provided was adapting to the specific needs of individual residents and future plans to support an expanded group of service users in the region. However, further improvements were required to ensure regulatory requirements pertaining to governance and management oversight were consistently being completed.

The person in charge worked full time in this designated centre. The inspector was informed that the provider had reduced their remit since October 2021. The person

in charge had previously additional day services under their remit. The person in charge outlined how they were also now supported in their role by a dedicated staff team who commenced work in the weeks prior to this inspection. All of the required mandatory training for staff had been completed in advance of staff commencing work in the designated centre. The person in charge had commenced supervision with the staff team and had a schedule for future supervision meetings. The skill mix of the staff team included nurses and social care staff. A staff meeting had been held in advance of the residents recommencing short breaks in the centre with a planned meeting to review how the initial resumption of services went in the weeks following this inspection. The person in charge had also been supported by the person participating in management in relation to their own supervision during 2021 with a planned meeting scheduled to take place in the weeks following the inspection. The person in charge had also a detailed audit schedule in place and had identified issues that required review within the designated centre. For example, audit findings had identified that fire drills had not been completed as required in the designated centre.

The provider had ensured an annual review had been completed which included the views of residents, family representatives and staff. Actions identified had been completed or were progressing. For example, the provider was in the process of expanding the respite service to eligible service users within the region. The new referral screening and eligibility criteria was yet to be agreed by the regional respite committee of which the person participating in management was a member. However, the provider had not ensured six monthly audits had been completed as required by the regulations in the designated centre. While the services provided in the designated centre had been impacted and closed for periods due to the pandemic restrictions, some limited services were provided during the period since the last inspection. There was only one audit conducted in 2020 which was on 26 June/10 July 2020. One audit had taken place in May 2021 with another scheduled for quarter four 2021. The inspector noted that a finding in the most recent provider led audit in relation to regulation 29: Medication management had not been adequately addressed and remained an issue on the day of the inspection. This will be discussed further in the next section of the report.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing



There was an actual and planned roster in place. Appropriate staffing levels and skill mix were in place in the designated centre and as outlined in the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff were supported to attend all mandatory training prior to commencing work in the designated centre. Additional training in medication management was booked for staff who required it and these staff would not be involved in the administration of medications until they had successfully completed the course.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge had ensured the directory of residents had been maintained which reflected when residents attended the designated centre and contained all of the information specified in Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured there were governance, leadership and management arrangements in the designated centre with the person in charge responding to issues, completing audit schedules and regular staff meetings to govern the centre with the provision of person centred and safe service to the residents. However, six monthly unannounced visits had not consistently taken place since the last inspection. In addition, not all issues identified in the most recent provider led audit had been adequately resolved at the time of the inspection in relation to medication management, this will be actioned under regulation 27: medication management.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre at the time of this inspection and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints in the designated centre. The provider had ensured all residents were supported to have access to an easy-to-read format of the complaints procedure which included an appeals process. A number of residents and family representatives had expressed they were extremely happy with the service provided in the designated centre.

Judgment: Compliant

## Quality and safety

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in risk and medication management. In addition, not all actions from the previous inspection had been completed as per the provider's compliance plan response regarding the removal of garden ornaments from the designated centre by 27 March 2020.

The inspector observed ongoing works by the provider in the surrounding area outside of the designated centre at the time of the inspection. These did not impact the residents in the designated centre. The person in charge outlined the structural works in the designated centre that had had been completed in advance of the

residents beginning their short break on the day of the inspection. However, as already mentioned in this report, large ornaments remained in the garden at the time of the inspection. A leak in a small section of the roof in one of the hallways had been repaired and staff informed the inspector the painting would be completed in the days following the inspection. During the walkabout of the designated centre the inspector observed the external cover of an emergency light in one of the bedrooms was detached from the ceiling. The person participating in management requested a qualified staff to ensure the unit was re-attached to the ceiling. This was completed on the day of the inspection. The inspector observed residents bedrooms and communal areas had been refurbished and newly decorated. However, some rooms were being used for the storage of large amounts of archived documentation that required review by the staff team before being removed to dedicated storage location off site. The person in charge outlined how this process was due to be completed in the weeks following this inspection.

All residents had been supported to engage with staff to complete their person centred plans which had been subject to regular review. These were also available in an easy to read format. In addition, an annual review by the multidisciplinary team had taken place for the six residents who had been supported to continue with short breaks on a few occasions during the pandemic restrictions. Residents were supported to identify person centred goals which included increased independence with money management and learning new household skills. The person in charge outlined how the staff team planned to liaise with the day service teams of residents going forward to assist residents progressing with long term goals where possible. The staff team had also ensured health checks had been completed and were up to date for all residents. However, while reviewing residents' prescriptions the inspector noted that one prescription had been transcribed by two staff members. The action taken was outside of the scope of practice with their professional regulatory body. The inspector was informed that neither staff had completed advanced professional training which would facilitate this action. The inspector was informed of the background to this action taking place, which included repeated contact with the resident's prescribing practitioner by the person in charge and family representatives. In addition, the provider's policy on medication management did not give guidance on the issue of transcribing medications. As already mentioned in this report, the issue of transcribing medications had been identified in the provider's unannounced audit in May 2021 in this designated centre. The same resident's prescription had been transcribed at that time and the auditor requested that the issue was to be addressed immediately. However, the inspector found that the provider had not adequately addressed the issue at the time of this inspection.

The inspector reviewed the risks that were identified for this designated centre. The person in charge had reviewed the centre specific risks in October 2021. The inspector noted that risk ratings for some risks were not consistent. One risk relating to residents accessing the building was rated 12 on the list of risks but the documentation relating to the risk had a different rating. In addition, not all risks had been identified for this designated centre which included the risk of absconding.

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. Staff had

conducted fire safety checks as per the provider's procedures. All residents had personal emergency evacuation plans, PEEPs, that were subject to regular review,. However, one resident's PEEP referred to the use of a ski sheet as part of the evacuation procedure for the resident. However, the inspector was informed that this was not a requirement for the resident. As already mentioned in this report the person in charge had identified during an audit of fire drills that the last drill had been carried out on 28 January 2021. This was discussed with staff at their most recent staff meeting with plans to conduct regular fire drills with all groups of residents using the service in the designated centre. Staff informed the inspector that there were plans to carry out a fire drill on the evening of the inspection. In addition, the person in charge had detailed plans of when future fire drills were to be completed during short breaks to ensure all residents attending the centre and staff participated in regular fire drills.

In summary, residents appeared to be very happy with the progress made with the decoration and refurbishment of the designated centre. They were observed to be relaxed and enjoying the company of their peers and staff during the inspection.

### Regulation 17: Premises

The registered provider had not completed actions as outlined following the previous inspection regarding the removal of garden ornaments. In addition, large quantities of historical documents were stored in a number of areas in the designated centre at the time of the inspection

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had ensured measures were in place for the assessment, management and ongoing review of risk. The risk register had been subject to regular review. However, not all risks in the designated centre had been identified at the time of the inspection which included the risk of absconding and responding to emergencies. In addition, while the risk register had most recently been reviewed in October 2021, the risk ratings for specific risks were not consistent in the documentation reviewed. For example, the risk to a resident accessing the building due to their unsteady gait was rated as 12 on one document but had a rating of 8 in another. Both documents were active as part of risk management in the designated centre.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The person in charge had completed the HIQA self-assessment tool of preparedness planning and infection prevention. The centre had been cleaned in advance of residents attending for their short break following renovation works. In addition, the person in charge had also ensured that the required checks and provider's protocols were followed while the designated centre was not in use in relation to the risk of legionnaires disease.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. However, not all up-to-date information pertaining to aids required by a resident was documented in their PEEP. In addition, regular fire drills had not always been conducted when the designated centre was open and supporting residents.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that appropriate and suitable practices in line with professional codes of conduct for the transcribing of medications were in place in the designated centre.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plans were also subject to regular review and reflective of individual and person centred care.

Judgment: Compliant

### Regulation 6: Health care

The person in charge ensured each resident had a health care plan which was updated as required and reviewed at the start of residents attending for short breaks.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents at all times.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's privacy and dignity were respected. Residents were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their care.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No.2 Heather Park OSV-0005136

Inspection ID: MON-0033806

Date of inspection: 11/11/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that the six-monthly visits to the centre are carried out. Two visits have been carried out two six monthly visits in 2021, 28th May 2021 and 26th October 2021, in line with the regulations.</p> <p>The Provider will ensure that actions arising from Provider visits, Annual Reviews and audits of internal controls in the Centre, including medication audits are followed up to ensure completed on a timely basis.</p> <p>The Provider will ensure that all Policies are kept under review to ensure that they support the delivery of safe services including medication management policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will ensure that the maintenance of the Centre is kept updated including the following:-</p> <ul style="list-style-type: none"> <li>- Painting in progress at the time of the inspection will be completed as outlined during the inspection</li> <li>- Documents in the process of being prepared for archiving will be concluded by the 31 March 2022</li> <li>- Equipment required to remove the garden ornaments will be made available and the items removed by the 31 January 2022.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The Registered Provider has ensured that the Centre risk register has been reviewed, the relevant risk ratings are applied consistently and additional risks have been added including absconding.</p> <p>Risk identification and updating of the Centre's Risk Register are reviewed on a regular basis with the Team in the Centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Registered Provider has ensured that fire drills have been completed on 11th November 2021 and 15th November 2021.</p> <p>Following these fire drills all personal emergency egress plans (PEEPS) were updated. The registered provider will ensure going forward that fire drills are carried out in line with Regulations and Provider policy.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The registered provider will ensure that the medication policy is amended to include procedures where the Medication Administration Record Sheet (MARS) needs to be re-written, the circumstances where staff may transcribe the MAR and the detailed procedures to follow by authorised staff in this regard.</p> <p>The Provider will ensure that authorized staff receive appropriate training and that the transcribing procedures are audited during the medication audits carried out in the Centre.</p> <p>The Person in Charge will ensure that correct processes are in place should transcribing be necessary.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	01/12/2021

	to address any concerns regarding the standard of care and support.			
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.	Substantially Compliant	Yellow	18/11/2021
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	18/11/2021
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	Substantially Compliant	Yellow	15/11/2021

	followed in the case of fire.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/01/2022