

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

Issued by the Chief Inspector

Name of designated centre:	Rathmuck
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0008047
Fieldwork ID:	MON-0033815

## About the designated centre

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

Rathmuck provides a residential service for up to two adults with a primary diagnosis of intellectual disability, who may have a range of support requirements including physical support needs. The objective of the service is to support residents with their activities of daily living as well as identifying and encouraging involvement in meaningful social, leisure and personal development activities underpinned by a model of person-centred support. The designated centre consists of a bungalow house in a rural area of County Kildare with each resident having a private bedroom, a living room, dining area, kitchen and garden. The centre is staffed by social care personnel, with access to clinical services when required.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 25 November 2021	11:20hrs to 18:30hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector found that the residents had settled in well to their new house and had a support structure which took account of their preferences, interests, level of independence and personal choice. The inspector had the opportunity to meet both residents in this designated centre and also discussed their hobbies, community activities and preferred routines with their direct support staff.

The residents started living in this newly registered house in July 2021, and the inspector was provided evidence of how each of them was supported to transition from their previous setting through trial visits and staff from their previous home transitioning with them. Pictures and simple language stories were used to support the resident to understand that this was their home and they could decorate and furnish it how they wished, and make choices to make the most use of their personal space. The walls of the house included the residents' artwork, photographs, Christmas decorations and planning boards structuring the activities for the day and week, their choices of meals, and which staff were on duty.

The bungalow house was divided in two, with each resident having their own bedroom, bathroom, living room and kitchen/dining area. The residents had access to a large and homely garden with patio space, a trampoline and a large lawn. The provider was in the process of constructing a separate ancillary building to the rear of the garden as a relaxing alternative activity space. Staff equipment such as office space, medication lockers and filing cabinets were stored in sizable offices, retaining the homely living spaces of the residents. The house had the exclusive use of two accessible vehicles which supported the residents to pursue their separate routines and trips into the community as and when they wished.

From speaking with the residents' support staff and observing interactions between residents and staff during the day, the inspector found that staff were knowledgeable of residents' support needs. Staff spoke to residents with respect, patience and reassurance, including during times when the resident was upset. The inspector observed a positive approach from staff to responding to a distress incident during the day, in which they were clear on when to give the residents space, and how to reassure them and support them when they were relaxed. Staff encouraged the resident to engage with their planned routine and get involved with daily tasks at home and in the community without overwhelming or pressuring them. Overall, staff support methods observed by the inspector matched what was described in their personal plans, however, the inspector also observed other times when staff did not respond to residents in a manner which was appropriate to the risk or reflected their assessed support needs.

The residents did not primarily communicate using speech, and the inspector found good examples of guidance and knowledge of staff using alternative means of communication including sensory engagement, pictures and assistive technology. One resident greatly benefitted from using pictures and choice boards to make

decisions and express themselves, and the inspector observed staff using a large section of meaningful picture prompts including photos of home, parks, shops, toys, cafes, and the vehicles to support the resident to plan out their day. Pictures were also well used to make choices for fun activities, plan meals, identify new staff, and prepare the resident for events, medical appointments and outings. The resident and staff were in the process of learning to use an application on a tablet computer to enhance this even further. The other resident was being encouraged to get involved in a greater variety of activities, and the resident and their support staff had recently had a successful first visit to a swimming pool which the resident enjoyed. The staff ensured that the resident had access to enjoyable sensory engagement, including playing on the trampoline, using their whirlpool bath, and playing with lights and soft objects in a sensory room. The residents were supported to stay in contact with their families with regular visits and outings. One resident enjoyed their work experience opportunities in gardening.

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

This was the first inspection of this designated centre since it was registered in summer of 2021. The inspector found that the provider had structures in place to support the residents and staff members in the early months of operation and to identify where the service needed to improve or develop since opening. Overall the provider had effective oversight of the centre's operation, however some requirements and objectives set out by the provider had not been fully implemented or completed in line with the regulations and the provider's own time frames.

At the time of the inspection, there was one whole-time vacancy in the staffing complement, which was in the process of being filled. The remaining staff team working additional shifts was sufficient to provide familiar and consistent support until this vacancy was filled. The inspector reviewed a sample of induction, supervision, team meetings, and performance management records and found them to be meaningful to supporting staff in their new setting, sharing learning and addressing challenges and support objectives. The person in charge set time aside to spend in the house on a regular basis and there were clear contact details for staff to use when seeking advice or support out-of-hour or during annual leave. Contingency arrangements were in effect to provide support for the residents if multiple staff were absent at the same time, such as if they were required to isolate due to COVID-19 risk.

The provider had conducted a detailed audit of the service in September 2021 and a rolling action plan of objectives and timeframes to enhance the service. Examples of

quality improvement actions included: phasing out obsolete support plans and restrictions from the residents' previous settings which were no longer required, identifying where residents required accessible versions of the support plans, and arrangement for premises renovations. While the service audits were detailed and the provider had achieved some of the actions identified, approximately two thirds of the actions due in 2021 had not been completed.

The inspector found that staff members had not attended training in topics which are mandatory under the regulations, or which are required based on the assessed support needs of the residents. This included up to half of the staff team not being trained in fire safety, safeguarding of vulnerable adults, supporting residents with responsive behaviours, epilepsy management, safe moving and handling, infection prevention and control, and safe administration of medication. The requirement for this training was particularly important as residents were supported by these staff members working alone or in teams of two.

The provider had a complaints procedures in place and accessible information for residents on making a complaint in their home. The inspector reviewed how the provider had responded to a complaint made in the service, and had made arrangements to come to a satisfactory conclusion. However, the details of the complaint were only available through searching an email inbox, and neither the complaint nor the correspondence between the provider and the complainant were recorded service procedure for ready and complete review. The provider had also not yet confirmed a written and signed agreement with either resident regarding the terms of residing in the designated centre.

#### Regulation 14: Persons in charge

The person in charge worked full-time and was suitably experienced and qualified for the role.

Judgment: Compliant

#### Regulation 15: Staffing

Staff were knowledgeable of the residents and their personalities, support needs and preferred routine and activities. Arrangements were in place to ensure that continuity of support was retained during staff vacancies and annual leave.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector found substantial gaps in staff having attended mandatory training before or since commencing their role, or had not attended refresher training within the required time frame. This included training in fire safety, safe moving and handling, supporting residents with epilepsy, supporting residents with responsive behaviours, infection control practices, safeguarding of vulnerable adults and the safe administration of medication.

Judgment: Not compliant

## Regulation 22: Insurance

The provider had the required insurance policies in place for the service.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had conducted comprehensive audits of the service, however had not progressed the required objectives in accordance with stated time frames. Among these objectives were ensuring that staff were undergoing training in accordance with the requirements of the service and its residents.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

A written and signed agreement between the registered provider and the residents had not been completed.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The provider had composed a statement of purpose for the centre which contained



the information required by the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Notifications were submitted to the chief inspector in accordance with the requirements and time frames of the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had not recorded and documented complaints received, and associated correspondence, actions and outcomes, in accordance with provider procedures.
Judgment: Substantially compliant
<b>Quality and safety</b>
<p>Overall residents were supported in their daily lives and to pursue their preferred routines in a safe, homely and non-restrictive setting with a team of staff who were provided person-centred, evidence-based guidance on support delivery. Some assurances were required in areas such as fire evacuation procedures and readily available medication.</p> <p>Of the 14 staff working in this centre, three people were not trained in fire safety, and only four had participated in a practice evacuation of the house since it opened in July 2021. Improvement was required to evidence how the provider was assured that an efficient evacuation could take place during high risk scenarios, for example when staff and residents were asleep. The inspector discussed with multiple staff members how they would safely evacuate a resident whose bedroom was on the opposite side of a kitchen from the staff bedroom. There was some inconsistency on how this would be achieved, including staff entering through the kitchen before confirming it was safe to do so, or staff going outside and around the rear of the house, a procedure which had not been tested or assessed as effective. Assurance was also required where one bedroom exited through another room, that this route was suitably equipped with emergency lighting, the emergency grab bag and the keys for locked doors at night to be safe for use as an exit path. All internal room doors were equipped to provide sufficient containment of flame and smoke in the</p>

event of a fire and to automatically close to keep compartments safe.

The house was clean, spacious and pleasantly decorated. Features were in place based on residents' wishes as well as their assessed needs, including sensory play areas, accessible bathroom areas, and large living rooms and gardens. All staff features such as office space and medication storage was separated from the resident spaces to maintain the homely environment. The provider had emphasised providing a living space which was free of environmental restrictive practices, with no locked internal doors aside from the staff office, and no locked gates, fences, or cabinets around the house or premises, allowing the resident freely access all parts of their home. The inspector found examples of where practices which were in effect in previous settings had been discontinued as no longer required based on the relevant risk assessment, or where the risk could effectively be mitigated by staff being nearby.

Residents had had a comprehensive assessment of need conducted with suitable input from the multidisciplinary team, the experiences of the resident, input from their representatives, and advice through the pre-admission process. From these, the staff team had composed person-centred and evidence-based guidance for delivery of day-to-day support, as well as planning for long term life development goals such as trying new hobbies and work opportunities. Support needs related to risk behaviours, community activities, intimate support, personal hygiene, and medical support accounted for the independence, autonomy and dignity of the residents. The inspector observed interactions and support delivery during the day, and in the majority of instances, the staff practice was consistent with the support guidance. Examples of these including effective communication methods, support during times of distress, and planning out activities and meals as described in the care and support plans. A minority of observed interactions were not consistent with assessed support needs, including using physical holds to redirect or stop residents as they navigated their house and garden, approached visitors or were at minor risk of tripping at they played.

Residents were assessed for their capacity to safely manage their medication and money. The inspector reviewed the process for recording and auditing residents' finances and found them to be effective in keeping safe oversight of transactions and balances. Procedures from the prescribing doctor were detailed on safe times, doses and frequency of resident medication, as well as instructions related to crushing medicines or mixing them with yoghurt or juice. Staff were knowledgeable on the reasons for each prescription and where PRN medication (prescribed for use only when required) was administered, staff clearly recorded their reason for deciding to do so. A stock checklist was completed daily, however, four PRN medicines which had recently been prescribed were not readily available in stock or included on this checklist.

The centre was clean and in a good state of maintenance. There were suitable arrangements in place regarding management of waste, laundry, cleaning supplies, and infection risk items. Staff routinely monitored symptoms and temperatures for themselves, residents and visitors. Some minor improvement for good practice was required to ensure that hand sanitiser was readily available in suitable dispensers

around the house. While there were substantial gaps in staff having attended training sessions in infection control, hand hygiene, and donning and doffing of protective equipment, the inspector observed staff carrying out touch-point cleaning and wearing suitable face coverings while supporting the residents. The residents had been supported to understand and consent to their COVID-19 vaccination and how to keep themselves safe in the community.

### Regulation 10: Communication

Staff made effective use of pictures, social stories and electronic assistance to support residents to plan their routine and make their choices known in accordance with their assessed communication needs.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to keep and maintain control of their belongings and clothes. Where staff managed residents' money, this was done with oversight arrangements to monitor spending and balances.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were being supported to pursue meaningful work, recreation and community opportunities in accordance with their personal preferences, interests and goals.

Judgment: Compliant

### Regulation 17: Premises

The premises was homely, comfortable, well-maintained, clean, and suitable in size and layout for the residents and their support needs.

Judgment: Compliant

### Regulation 20: Information for residents

Residents had access to information about their support in an accessible format, as well as a resident guide outlining facilities for making a complaint or accessing centre services.

Judgment: Compliant

### Regulation 27: Protection against infection

Between four and ten of the 14 staff members in the centre had not received training in effective hand hygiene, use of personal protective equipment, effective cleaning practices or infection prevention and control.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Of the staff complement in the designated centre, four people had not been trained in fire safety procedures, and ten had not been facilitated to practice an evacuation of the centre. There was some inconsistency on the most effective evacuation procedures to follow in the event of a fire in locations, or at times, of higher risk.

Assurance was required that all routes identified for use in evacuation were equipped with the required emergency equipment and lighting and were able to be promptly unlocked by people not carrying keys.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Some medicines on the residents' prescription list were not readily available in the centre's stock.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

A comprehensive needs assessments had been carried out on admission which took input from the resident, their representatives and the multidisciplinary team. Staff were provided person-centred guidance on delivering on residents' assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Staff were provided clear and evidence-based guidance to delivery person-centred support during time of distress or frustration in a manner which was effective and had not required the use of restrictive practices. Where restrictive measures were used as a last resort, the protocols for doing so were detailed and based on the level of risk.

Judgment: Compliant

## Regulation 8: Protection

Through reviewing guidance, observing and speaking with staff and residents, the inspector found good examples of how staff were supporting residents to stay safe and be protected from potential abuse or risks related to safety and dignity.

Judgment: Compliant

## Regulation 9: Residents' rights

Some instances were observed of residents being physically redirected or stopped from moving about their home in a manner which was not consistent or proportionate to their safety supports.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rathmuck OSV-0008047

Inspection ID: MON-0033815

Date of inspection: 25/11/2021

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will have necessary training gaps completed by the end of February 2022.</p> <p>All 14 staff have completed Epilepsy Training, Infection Control, Safeguarding, Fire Safety Training Compliant by end Dec 2021.</p> <p>1 staff to complete Safe moving &amp; handling by 24th Feb 2022.</p> <p>1 staff to complete safe administering of medication refresher by 23rd Feb 2022.</p> <p>3 staff to complete MAPA Training by 15th Feb 2022.</p>	
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>All outstanding actions will be completed prior to the end of February 2022.</p> <p>Over two thirds of actions were completed by 19th Dec 2021, the remaining 22 actions will be completed by end of Feb 2022.</p>	



Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  A written and signed agreement between the registered provider and the residents will be finalised prior to the end of January 2022.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  Complaint was raised on 19th of November, the steps in KAREs managing complaints policy were followed. All information and actions related to this complaint are available on KARE recording procedures which include records of phone calls, emails, meetings.</p> <p>The complaint remains open all actions are completed, with final close off meeting scheduled for 14th of January 2022 with Complaints officer.</p> <p>In future HIQA will be directed to KARE's electronic recording procedures.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  All 14 staff will have Infection Prevention &amp; Control training completed December 2021.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

All staff have completed Fire training by Friday the 10th of December 2021.

All staff have been facilitated to practice an evacuation of the centre by the 4th of Jan 2022, this includes completed day / night drills.

The most effective evacuation procedures, including times of higher risk to follow in the event of a fire in this location will be reviewed by all staff team members at staff meeting on the 16th of December 2021.

All routes identified for use in evacuation will be equipped with the required emergency equipment, including Emergency Lighting, thumb lock and external keybox by the end of Feb 2022.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All prescription medications are readily available in the centre's stock by the 16th December 2021.

Regulation 9: Residents' rights

Substantially Compliant

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

All necessary actions following investigation using Trust in Care process will be completed by end 24th Feb 2022. The completed Trust in Care investigation record is kept in the relevant HR files. All staff will have completed Safeguarding Training by the end of Dec 2021.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	24/02/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Not Compliant	Orange	31/01/2022

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
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	31/12/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/02/2022
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.	Substantially Compliant	Yellow	04/01/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for	Not Compliant	Orange	10/12/2021

	staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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	16/12/2021
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	Substantially Compliant	Yellow	16/12/2021

	prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	14/01/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	24/02/2022