



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

## Issued by the Chief Inspector

Name of designated centre:	Glebe Lodge
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	20 August 2021
Centre ID:	OSV-0001966
Fieldwork ID:	MON-0026323

## About the designated centre

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

Glebe Lodge is operated from a large purpose built bungalow located on the outskirts of a small town. The centre can provide full-time residential support and some respite for up to eleven residents of both genders over the age of 18. The centre is intended to support residents with intellectual disabilities and those with high support needs related to aging. Support to residents is to be given by a centre manager, nurses, care assistants and catering staff. Within the centre there are eleven individual bedrooms for residents in addition to lounges, a kitchen/dining area, bathrooms and staff offices.

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

Number of residents on the date of inspection:

9

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
Friday 20 August 2021	10:15hrs to 18:15hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents were seen to be treated respectfully throughout this inspection and were provided with a suitable premises to live in. Activities were available for residents to participate in with residents' meetings also held. It was noted though that some everyday happenings were listed as activities residents participated in while there was some inconsistency in the frequent of residents' meetings.

The premises which made up this designated centre was purpose built and during this inspection it was seen to be well-maintained and clean both internally and externally. Throughout the premises efforts had been made to make the centre homelike with plenty of photographs of residents and drawings on display while the premises was also seen to be well furnished. Some residents' bedrooms were also seen by the inspector which were personalised and had sufficient storage for residents' personal belongings. Surrounding the premises was a garden area which had space for residents to walk around while there was also some garden furniture and a small gazebo for residents to sit out.

Residents were being supported to maintain relationships and contacts with their family members during the COVID-19 pandemic. For example, on the day of inspection, one resident was supported by a staff member to attend the wedding of a family member. Five relatives of residents had also completed questionnaires which covered areas such as the services, care and meals provided in the designated centre. Four these of questionnaires contained very positive responses with one relative commenting "wonderful staff, kind and caring to all residents and family members". The fifth questionnaire contained negative responses to the questions raised.

As this was an announced inspection, three resident HIQA questionnaires had been also completed. These covered areas such as residents' happiness, bedrooms, food, visitors, rights, activities and staff. Upon reading these it was noted that these three resident questionnaires all contained very positive responses. In terms of activities it was indicated in one resident's questionnaire that they liked music sessions and getting ice cream while another indicated they enjoyed going for a haircut, buying new clothes and going for a drink.

Due to COVID-19 there had been a focus on an in-house activities in the centre. Facilities were available for residents to participate in activities within the centre such as music, art and Zoom classes run by the provider. The centre also had a bus available which facilitated outings such as day trips to farms and beaches. On the day of inspection some residents were observed to be supported to go for short walks on the grounds surrounding the centre while one resident participated in Bingo that was facilitated via Zoom and another resident was seen using an easel to paint some pictures. Both residents appeared to enjoy these activities.

Some activity records for the months leading up this inspection were also seen

which indicated that some residents took part in other activities such as flower arranging and choir. It was noted though that in some records things like smiling, resting, participating in a fire drill and "moving about indoors" were listed as activities that residents participated in. According to designated centre's statement of purpose, residents were to be supported to engage in the enjoyment of social activities, hobbies and leisure interests while also being consulted with regarding activities during regular residents' meetings in the centre.

Notes of such meetings were reviewed by the inspector and it was seen that regular topics discussed with residents during these meetings included health and safety, safeguarding and food. In the notes of recent meetings it was read that residents had been provided with information on complaints, COVID-19 and this HIQA inspection. However, it was noted that there was inconsistency in the regularity of such meetings taking place. For example, residents' meetings in the centre had taken place on weekly basis since the beginning of July 2021 but from the records provided no such meetings had occurred in May and June 2021.

It was seen though throughout this inspection that staff members on duty interacted with and supported residents in a very respectful manner. For example, one staff member was heard to ask a resident's permission before changing a setting on the resident's wheelchair while staff were also overheard praising the appearance of some residents. It was also observed that some residents were supported with their meals on a one-to-one basis by staff members. This was seen to be done in a respectful and unhurried manner with staff providing support at eye level to the residents.

During the inspection, eight of the nine residents present were met by the inspector. While most did not engage directly with the inspector some did speak with him. One resident told the inspector where they were from and where some of their family lived before asking the inspector where they were from. After the inspector answered this they told the inspector that they had been on a plane to New York. Later on this resident indicated to the inspector that they liked living in the centre and felt safe.

Another resident was met by the inspector in their bedroom, initially in the presence of a staff member supporting them. The resident was listening to some country music at the time and appeared to enjoy this along with the interaction they received from the staff present. The staff member left the bedroom and after this the resident indicated to the inspector that they were happy living in the centre and felt safe. It was seen that the resident was smiling throughout.

As the inspector was preparing to leave the centre, the resident who had earlier left the centre to attend a family wedding told the inspector that they had a good time at the wedding and spoke about meeting family members there. The resident asked the inspector when he would be back again and was informed that he would not be back the following day but may be back again at some point in the future. The inspector said goodbye to residents present at this time and it was seen that one resident smiled at the inspector as he was leaving.

In summary, the premises visited by the inspector were observed to be presented in a homelike manner while some residents appeared happy and were seen to be treated respectfully during the inspection. It was noted that there was inconsistency in the frequency of residents' meetings while everyday occurrences were listed as activities for some residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider had taken action in response to previous concerns raised relating to fire safety. Improvement was required to ensure that the staffing was in keeping with the statement of purpose and the needs of residents.

This designated centre had been last inspected by HIQA in March 2020 where it was found that residents were being well cared for generally. However, an urgent risk was identified regarding the fire evacuations arrangements in place for the centre at night when staffing levels were at their lowest. The initial responses from the provider regarding this did not provide sufficient assurances on the concerns raised would be addressed. As a result a cautionary meeting was held with the provider in June 2021 following which the provider submitted a plan outlining how they would respond to the concerns raised. This plan outlined how staffing levels in place in the centre at night were to be increased pending completion of works on the fire safety systems in place. In March 2021 HIQA received confirmation that the fire safety works had been completed and in July 2021 the provider submitted an application to renew the registration of the centre for a further three years.

As part of this application, the provider submitted a statement of purpose for the designated centre. This is an important governance document that should set out key information relating to the running of the centre as required by the regulations. Amongst this information is details of the staffing arrangements in place to support residents. When reviewing this, it was noted that the statement of purpose indicated that a centre manager was to be provided for this centre as part of the staffing arrangements in place. This centre manager was also intended to serve as person in charge for this centre, a position specifically required under the regulations.

However, the role of centre manager had been vacant since March 2021, despite efforts made by the provider to recruit for this role. As a result a person participating in management had been appointed to the role of person in charge for the centre. However, this person also held a wider role with the provider which meant that they were not focused solely on this designated centre as the centre manager would normally be. While additional supports had been provided to compensate for this, the current inspection found that the absence of a dedicated

centre manager was having a negative impact on compliance with the regulations particularly from an administration perspective and oversight at a local level.

For example, it was seen that there were gaps in the supervision of staff working in this centre which the centre manager would normally oversee. This area was also highlighted for improvement during the March 2020 inspection along the provision of training for staff. On the current inspection it was also found that some staff were overdue refresher training in areas such as de-escalation and intervention, first aid and manual handling. In addition, records reviewed during this inspection indicated how during August 2020 the provider had sought additional staff supports for residents. While extra staffing hours for this centre had been provided for since then, at the time of this inspection, additional hours were still required to reflect the assessed needs of residents.

While such areas required improvement, the staff members spoken with during this inspection demonstrated a good knowledge of the residents living in this centre and were also observed to interact appropriately with residents throughout the inspection. It was also noted that there was a strong continuity of staff support for residents which is important to ensure that there is a consistency of care and a familiarity with the needs of residents. As required by the regulations, staff rosters was also maintained in the designated centre although it seen that some of these rosters required review to ensure that they fully reflected the staff who were actually working in the centre as required by the regulations.

Other regulatory requirements were also being carried out by the provider such as an ensuring that the centre was subject to an unannounced visit by a representative of the provider on a six monthly basis. Since the March 2020 inspection, three of these provider unannounced visits had been carried out which were reflected in written reports that included actions plans for responding to issues identified. An annual review of the designated centre had also been carried out for 2020 which is another regulatory requirement. However, while this annual review included some brief family feedback, it did not include the outcome of consultation with residents nor did it sufficiently address if the quality and safety of care and support was in accordance with relevant national standards. This had also been highlighted as an area for improvement during the March 2020 inspection.

### Regulation 15: Staffing

The staffing arrangements in place were not in keeping with the centre's statement of purpose while additional staff supports had also been sought at the time of this inspection to reflect residents' needs. The maintenance of actual staff rosters required improvement.

Judgment: Not compliant



## Regulation 16: Training and staff development

There were gaps in the supervision of some staff members. Refresher training was overdue for some staff in the areas of de-escalation and intervention, first aid and manual handling.

Judgment: Not compliant

## Regulation 23: Governance and management

The provider had taken action in response to previous concerns raised relating to fire safety. Provider unannounced visits were carried out on a six monthly basis. A provider annual review for 2020 had also been completed but it did not include the outcome of consultation with residents nor did it sufficiently address if the quality and safety of care and support was in accordance with relevant national standards. Some areas for improvement highlighted during the March 2020 inspection were also found on this inspection.

Judgment: Substantially compliant

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

The inspector reviewed a sample of contracts for the provision of services which were noted to include all of the required information such as details of the fees to be paid. It was noted though that one contract had not been updated to reflect a resident's admission to this designated centre from another centre operated by the same provider.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the information required by the regulations. This statement of purpose was on display in the designated centred and had been reviewed within the previous 12 months.

Judgment: Compliant

## Quality and safety

The fire safety systems in place in this designated centre had improved and staff demonstrated a good knowledge of safeguarding practices. Some improvement was required though regarding the reviews of residents' goals and to ensure that there was full adherence with relevant COVID-19 national guidance.

Since the previous HIQA inspection in March 2020, the overall fire safety systems in place had improved and during the current inspection it was seen that there was increased fire containment measures in place along with more emergency exit routes provided. Records of fire drills carried out in 2021 indicated that there were lower evacuation times than was seen during the previous inspection. It was noted though that during a stimulated fire drill carried out in March 2021 to reflect times when staffing levels would be at their lowest, some issues had been encountered which impacted the evacuation time. Despite this a further similar drill had not been carried out to assess if these issues had been resolved satisfactorily.

The risks related to fire safety had been risk assessed as had various risk related to COVID-19. It was noted that since the onset of the pandemic there had been no confirmed case of COVID-19 directly associated with this centre and during this inspection it was seen that process and facilities were in place to reduce the potential for COVID-19 to impact residents. For example, hand gels, disinfectant wipes and pedal bins for waste were available throughout the centre. In addition, staff were observed to wear personal protective equipment (PPE) and scrubs during the inspection while a specific changing area for staff had been made available.

An assessment of the preparedness of the designated centres for a COVID-19 outbreak had been recently completed with a specific COVID-19 folder in place for the centre which included relevant national guidance. Despite this, some records reviewed during this inspection indicated that some aspects of relevant national guidance were not followed on a consistent basis. For example, records from June 2021 indicated that there were gaps in daily cleaning carried out in the centre while records from August 2021 indicated that staff members were only checking their temperature once a day and not twice as required by national guidance. However, from the records reviewed, it was seen that monitoring of residents for potential symptoms of COVID-19 was being carried out on a consistent basis.

It was also noted that residents had specific care plans provided which outlined the supports they needed for certain events taking into account COVID-19 such as visits to their families. Such care plans were contained within residents' individual personal plans which included details of specific goals that had been identified for residents to achieve in keeping with a person-centred planning process. Such goals were generally reviewed regularly but it was seen that, while some goals had been achieved, some goals identified during 2020 had not progressed. While it was acknowledged that COVID-19 impacted the ability of these goals to be progressed, the reviews carried out had not given sufficient consideration to amending these

goals accordingly.

Residents' individual personal plans also contained guidance on how to support residents with intimate personal care. Such guidance is important to help ensure residents' bodily integrity and dignity is maintained while also helping to safeguard residents. During this inspection it found that staff members working in this designated centre had a good knowledge of the signs to look out for that a resident may be subjected to any form of abuse. Staff were also aware of how to respond to safeguarding concerns if they arose including who they should report any concerns to. Details were on display in the designated centre for the provider's designated officer whom safeguarding concerns were to be reported to in line with the provider's safeguarding policies.

### Regulation 13: General welfare and development

Residents were supported to maintain contact with their families and activities were available for residents to participate in such as music, art, days trips and Zoom classes. However, some records reviewed listed instances of residents' resting, participating in a fire drill, smiling and "moving about indoors" as activities residents participated in.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises provided was seen to be clean, well-maintained and well furnished on the day of inspection both internally and externally.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of the services and facilities provided.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place. Various risk assessments were in place for this designated centre which were noted to have been recently reviewed. A vehicle was provided for the centre which appeared to well maintained and was insured.

Judgment: Compliant

### Regulation 27: Protection against infection

There had been no confirmed case of COVID-19 associated with this designated centre since the onset of the pandemic. However, when reviewing documents in the centre some gaps were noted in cleaning records and the daily monitoring of staff members' temperatures.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire safety systems in place had improved since the previous inspection but a fire drill carried to reflect times when staffing levels would be at their lowest had not been carried out since a similar drill was conducted in March 2021 where some issues had been encountered.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which were informed by assessments. Where residents were assessed as having a particular need, a specific care plan was in place outlining the supports to be provided. A person-centred planning process was also used to inform personal plans and as part of this process residents had goals identified for them. While these goals were reviewed, the reviews carried out had not given sufficient consideration to amending some goals to take account of COVID-19 related factors.

Judgment: Substantially compliant

## Regulation 8: Protection

Guidance was available for staff on supporting residents with intimate personal care. Staff members spoken to demonstrated a good knowledge of the signs to look out for that a resident may be being abused and also of how to respond if a concern arose.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection and residents' meetings were happening in this centre which were used to consult with residents and give them information. However, from the notes of such meetings provided, these meetings had not taken place during May and June 2021.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Glebe Lodge OSV-0001966

Inspection ID: MON-0026323

Date of inspection: 20/08/2021

## 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:            Update the statement of purpose to reflect current staffing arrangements.            Maintain a planned roster in the centre by 30th September 2021.            A DSTMAT has been resubmitted to the HSE requesting additional support worker hours for the Designated centre.            The position of PIC will be readvertised in an to attempt to secure a fulltime PIC in the Designated Centre, the PPIM will continue to support the designated centre and additional supports i.e support from the CNS and another nursing staff for admin support will remain in place.</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:            MAPA and First aid training has been scheduled for all staff. This will be completed by 31st September 2021.            Manual Handling training will be completed by 31st October 2021.            All staff who have outstanding safeguarding &amp; childrens first training is required to be completed by 31st October 2021</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>Supervision schedule in place and will be completed by 31st October  Training schedule in place for staff and will be completed by 31 October.  Residents will be supported to complete satisfaction surveys and their responses and views will be included in the next annual review due to be completed in December 2021. The surveys will be completed annually going forward and will address the quality and safety of care and support in accordance with the relevant national standards.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contract of support has been updated to reflect the individual's current residence.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Activation for residents will be discussed as a topic at the next staff meeting 28.09.2021.</p> <p>Activation recording chart has been developed by the centre to maintain accurate records of individual's daily activities.</p> <p>Social outing and activities will be discussed at the residents meeting on a weekly basis.</p> <p>Continue to offer individuals activities over zoom if it is their preference</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Discuss the importance of regular cleaning to prevent the introduction of infection in the centre at the next staff meeting 28.09.2021.</p> <p>An audit of the cleaning checklist is to be completed on a regular basis to ensure that it is been completed.</p> <p>The PIC has contacted the CE Scheme manager again to see if support can be provided in relation to cleaning, awaiting feedback</p> <p>The staff will check their temperatures twice daily, on entry to the building at the start of their shift and again in the afternoon if they are on a long day.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Schedule a deep sleep fire drill by the 30th September 2021. This will be done with two staff to reflect a drill with the lowest staffing levels in the organization.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A review of all individuals' goals will be carried out to ensure that they are all achievable taking COVID 19 into consideration. This will be done by 21st October 2021. If any goals are not achievable they will be amended whilst also respecting the choice &amp; wishes of the individual.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

Resident meetings are scheduled on a weekly basis. Individuals can choose if they wish to participate. This will be audited by the PIC to ensure that they are completed. Activities & social outings will be discussed at the residents meeting.

## 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	31/10/2021
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	31/12/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and	Substantially Compliant	Yellow	30/09/2021

	actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
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	31/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/10/2021
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 and effectively monitored.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/10/2021

Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/10/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	21/09/2021
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	30/09/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	30/09/2021

	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.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	21/10/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/09/2021