



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

Issued by the Chief Inspector

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|----------------------------|---------------------------------|
| Name of designated centre: | Camphill Community Callan |
| Name of provider: | Camphill Communities of Ireland |
| Address of centre: | Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 September 2021 |
| Centre ID: | OSV-0003607 |
| Fieldwork ID: | MON-0031989 |

About the designated centre

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

Camphill Community Callan consists of two residential units and five individual units for single residents located in a small town. Overall this designated centre provides a residential service for up to 12 residents, both male and female, over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. In line with the provider's model of care, residents are supported by a mix of paid staff and volunteers. The centre does not accept emergency admissions.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 12 |
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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 |
|------------------------------|-------------------------|----------------|---------|
| Tuesday 28 September 2021 | 09:15hrs to 18:00hrs | Tanya Brady | Lead |
| Tuesday 28 September 2021 | 09:15hrs to 18:00hrs | Sinead Whitely | Support |

What residents told us and what inspectors observed

This inspection was undertaken to ensure a good quality of care and support was being delivered to residents in this centre. This inspection sought to verify actions that the provider had outlined in their six month national improvement plan, as submitted to the Chief Inspector of Social Services, which concluded in April 2021. The inspection was carried out by two inspectors and all units that make up this designated centre were inspected. The inspectors met with all residents present in the centre on the day of inspection and met with members of the staff and management team.

This centre comprises seven units, two houses and five apartments. One house and apartment are registered for multiple occupancy and the other five units are all single occupancy. All of these units are situated in and around a small town. The centre is registered for a maximum of 12 residents and is currently at full occupancy.

On arrival at the centre office inspectors met one of the residents who was walking down the street and came over to greet them. The resident asked if inspectors would come to see them later and asked for a time that they would be present. One inspector later met with the resident in their home and the resident showed the inspector around their living environment which appeared homely, clean and well maintained. The resident appeared happy in their home and proud of their private living space.

Two residents were observed chopping vegetable in their kitchen and preparing their meals for later in the day. This appeared to be a positive experience for them and the smell of home cooking was evident in the centre.

Four of the units that make up this centre are located close to one another around a central courtyard with one being located above one of the providers day services. An inspector visited the larger apartment in the morning and met two of the three residents who live here. One resident was sweeping and asked that the inspector step over the dust pile when moving around. They showed the inspector their bedroom and bathroom and their extensive collection of music CDs. The resident showed the inspector their favourite CD of a country music star and explained they loved to sing and used a microphone when singing in their room. They also had pictures of their favourite wrestling stars on display. While the inspector was present in this home they observed staff members engaging with residents in a pleasant and friendly manner.

The inspector met another resident who was ready to go out for a walk but greeted the inspector and indicated they did not mind the inspector visiting their home and having a look around. Overall this home was spacious and decorated in a way that reflected the interests of those who lived there. This home was located on top floor of a large building housing day services and was accessed either by lift or several

flights of stairs however to access the entrance currently in use required crossing the courtyard which had uneven and unsafe surfaces.

The inspector visited another three apartments all of which are occupied by single individuals and met with two of these residents in their home. A resident was seen to be engaged in building complex lego models and had previously completed models on display alongside completed jigsaws. This apartment while personalised was cluttered which impacted on the ability of staff to ensure that deep cleaning could be completed. In another apartment the resident welcomed the inspector and showed them their guitar. The resident demonstrated playing it and asked if the inspector could play. The resident showed the inspector their bathroom and explained they were going to have a bath later and asked the inspector to smell the products that they had selected to use. Staff were observed supporting residents respectfully and with awareness of how to best respond to their individual needs.

One inspector also visited a standalone house where one resident lived. This was a small bungalow with a kitchen-living area, a bathroom, a bedroom and a staff room. The premises appeared homely and appropriately maintained, however the inspector noted that the residents kitchen did not have an oven or freezer. Rationale for this was not clear. Some facilities were provided in a building adjacent to the house. The inspector also noted that improvements were required in this premises to ensure effective fire containment measures were in place. Some of the surrounding areas and pathways through to the centre were observed as unkept and untidy.

Overall the findings of this inspection were that progress had been made against actions identified on the last inspection in July 2020 and that improvements continue to be made. However, areas remain that require improvement to come into compliance with the regulations such as, fire safety, premises and management of resident finances. The next two sections of the report present the findings of the inspection in relation to the specific regulations reviewed and the impact on the quality and safety of the service provided to the residents.

Capacity and capability

Following a series of poor inspection findings in centres operated by Camphill Communities of Ireland throughout 2020, the registered provider was required to submit a comprehensive national improvement plan to the Chief Inspector of Social Services. This inspection was completed to review progress against actions outlined by the provider as part of their national improvement plan.

While there was evidence during this inspection that residents were generally well supported on a day-to-day basis, particularly at a local level, it was identified that this designated centre was not appropriately resourced by the registered provider to ensure effective delivery of care and support in some areas. For example ensuring that the condition of all units that comprise this centre were presented to the same

standard in addition to ensuring that residents were adequately protected from the risk of fire.

While fire safety was an area in need of improvement, it was seen during this inspection that there was oversight of the designated centre at a local level. This was helped by the presence of an appropriately skilled, qualified, experienced and competent person in charge.

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre who had experience of working in and managing services for people with disabilities. They were aware of their responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspectors were satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents. Since the previous inspection of this centre a number of staff had been recruited and staff who spoke with the inspectors stated that that staffing levels had improved and were now consistent. Contingency plans were in place should there be a shortfall of staff with minimal use of regular agency staff utilised to cover gaps on the rota.

In one of the residential units at night inspectors noted that the staff on duty would need a second individual to support in the event of a fire evacuation and a live in volunteer was used in this instance, which was not reflected on the centre roster. This is reflected in the judgement against regulation 28 below.

Inspectors reviewed a sample of staff personnel files and found that they contained all information and documentation as required by Schedule 2 of the regulations. These include current Garda vetting disclosure, full employment history and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in areas including medication management, infection control, manual handling, fire safety, behaviour management, first aid, safeguarding and infection control. The inspectors reviewed a sample of training records and found that all staff had received up to date training and refresher training. This was an action that had been addressed by the provider since the centres most previous inspection.

While staff were in receipt of formal support and supervision the inspectors found that this was not always happening in line with the provider's policy. The person in charge had identified this and a schedule was in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

At a centre level there was a new person in charge and new regional manager who fulfilled the role of person participating in management. This ensured that lines of authority and accountability were in place and staff spoken with knew who to report to. The person in charge was monitoring and providing oversight of the residents' care and support.

The provider had ensured that an annual review of the quality and safety of care and support had been completed for the previous year as required by regulation. In addition, six monthly unannounced visits were completed as required, with actions arising from these. The person in charge had a detailed community action plan in place that outlined the progress against these actions and identified any others that arose in the interim. Meetings were being held with the staff team and at a provider level on a regular basis and minutes from these were reviewed.

However, the centre was not adequately resourced to ensure that effective delivery of care and support was provided in all areas as outlined below. In addition, documentation reviewed by the inspectors noted that retrospective review of financial contributions by residents had not yet been completed despite having been identified as required and this meant that potential amounts for reimbursement were not yet confirmed.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider and person in charge had completed substantive work in this area since the previous inspection. An external review had been commissioned and the

residents had been afforded the support of advocates when introducing the new contract that outlined the services they were offered and any fees that would be charged. Inspectors reviewed these documents alongside the tenancy agreements in place.

Changes made to residents' contributions in order to regularise payments had been completed and inspectors reviewed these. The retrospective review of charges is reflected under regulation 12.

Judgment: Compliant

Quality and safety

The inspectors reviewed a number of key areas to determine the quality and safety of care and support provided in the designated centre. This included observing care and support practices and reviewing a number of documents including residents support plans, risk assessments, safeguarding records, incident records, fire safety records and the services audits and reviews. Inspectors observed that in general, residents appeared happy living in the centre. Improvements and actions were noted as having been implemented since the centres most previous inspection. Further action and improvements was required in a number of areas reviewed to ensure the service provided was always safe.

Residents lived in homes that were warm, homely and personalised for their particular needs. Inspectors found discrepancies between the standard of premises however, across the centre with maintenance required externally and internally. These areas were discussed and highlighted on the day of inspection and changes in living accommodation for residents with changing needs has been identified by the provider and person in charge.

It was also found that appropriate measures were in place to safeguard residents from abuse, with the concerns relating to review of retrospective management of finances outlined under regulation 12. .

Regulation 12: Personal possessions

Inspectors reviewed the systems for residents to access and retain control of their personal property and possessions and found that the updated policies, procedures and practices relating to finances and personal possessions in the organisation were for the most part protecting residents. The provider and person in charge had completed substantial work in this area to ensure that financial assessments had been completed and residents were in receipt of support as indicated by their

assessments.

An external review of resident's finances had been completed following the last inspection of this centre where residents had been paying bills for services that should have provided by the provider. This review had identified that some residents required reimbursement of an amount to be determined. This was a retrospective audit that the provider had identified was required and was to have completed however, there was no evidence that this had happened nor what residents were owed.

Judgment: Not compliant

Regulation 13: General welfare and development

Inspectors found that residents in this centre were active and busy over the course of the day. This was an unannounced inspection and on arrival a number of residents were ready to go out on activities or to day services supported by staff as required. While others were occupied within their homes with tasks they enjoyed. Where residents were assessed as not requiring full time staff support there were arrangements in place to support them in engaging in activities within the local community while respecting their requests to have time in their home alone.

Residents engaged with family and friends and were supported to do so, while ensuring that their safety during the COVID-19 pandemic was maintained. Residents were supported to enjoy their hobbies with inspectors observing jigsaws, logo models, art, singing and playing of a guitar over the course of the day.

Judgment: Compliant

Regulation 17: Premises

This centre comprises seven units, five of which are single occupancy and two are for more than one resident. The inspectors visited all seven units over the course of this inspection. All residents had their own bedrooms and access to areas for relaxation. Rooms were personalised for residents' individual preferences.

Inspectors found that there was a discrepancy between the standard of the premises across the units with some requiring more maintenance either internally or externally than others. Inspectors noted that a courtyard where residents gained access to four units required resurfacing as the pathways were uneven and in places there were no paths with residents needing to walk over a variety of surfaces to gain entry to their homes. The garden of one house required maintenance to ensure residents could safely access it and were safe when using it. Three units which were

street facing required painting and internally one of these had rising damp which was causing paint to peel from the walls. This had been identified by the provider and works had been completed previously and were scheduled again.

One resident was living without access to an oven or freezer within their home and while these were available in an adjacent building, the condition of what was offered was poor and not part of the centres regular cleaning schedule. Some of the access areas surrounding this residents home were observed as unkempt and untidy.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents had individualised risks assessments in place which were subject to regular reviews. The service had a risk register in place which considered all potential and actual risks posed in the designated. Risks posed secondary to the COVID-19 pandemic had been assessed and were reviewed on an ongoing basis.

Risks posed to one resident, who spent periods of time alone in their apartment without staff support, had been considered, assessed and mitigated where possible. This residents personal emergency evacuation plan (PEEP), reflected their levels of independence in the event of an emergency evacuation from the centre.

Health and safety audits had been completed and risks arising from these were assessed and monitored in line with the providers policy. Regular servicing of equipment used by residents was also being completed and inspectors reviewed servicing records such as for hoists and electric beds.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were for the most part protected by the policies, procedures and practices relating to infection prevention and control, however, some improvements were required. Out of date guidance was still in place and had the potential to guide incorrect staff practice on the use of personal protective equipment. Some of the residents' living accommodation was very cluttered which did not allow for the deep cleaning of all aspects of the centre. Inspectors noted that where residents preferred to complete daily cleaning with support that deep cleans had not been completed on a regular basis with cobwebs seen on and around windows and waste bins seen to be full.

The service had a comprehensive contingency plan in place for in the event of an outbreak of COVID19 in the centre and clear policies and procedures on the

management of the COVID-19 pandemic. This included escalation pathways in the event of a suspected case, visitation policies, staffing arrangements, and risk assessments which included the assessments of COVID-19 risks posed to both residents and staff. Regular infection prevention control audits were completed by staff and management. Signage was noted around the centre, guiding staff and residents regarding cough etiquette and hand hygiene. Accessible pictures and guidance were also developed and made available to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had a range of fire precautions in place in this centre, however there were concerns found, with some of the premises observed as requiring improvements to ensure that effective fire containment measures were in place in residents bedrooms and on utility room doors. In one apartment where a resident did not have full time staff support, inspectors noted that while fire doors were in place they were left open by the resident with no self closing mechanisms and with items such as shopping bags hung on door handles potentially preventing doors from closing in an emergency.

All staff and residents were taking part in regular fire evacuation drills however, in one premises no drill had been completed with all three residents present within the last year. These simulated both day and night time conditions and demonstrated that residents could be evacuated in the event of a fire in an efficient manner. In one of the premises a resident required two staff to lift them from bed to an evacuation chair and only one staff member was scheduled to work at night. While volunteers lived in this apartment and were available to support when needed this was not reflected on the roster. Residents had individualised personal emergency evacuation plans in place which were subject to regular review. Some residents communicated good knowledge regarding evacuation procedures in the event of a fire when asked by an inspector.

In one of the premises, the evacuation route for staff was via a window to access the resident from an externally facing door as there was no safe evacuation route through the apartment. While this had been tested and was successful the residents' grab bag containing medication and emergency items was located in the kitchen and not accessible in an emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While this regulation was not fully reviewed as part of this inspection, inspectors found in one resident's home PRN (as required) medication had been left on an open shelf in the kitchen/living room and was not stored securely as required. As this resident is not supported at all times by staff it was of concern that they had the potential to access this on an unlimited basis.

Judgment: Not compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults and residents had intimate care plans in place to guide staff when supporting residents with personal care. In one unit where a formal safeguarding plan had been in place and was now closed the provider had maintained the levels of staffing to ensure that two residents were safe at all times and a review of living arrangements was being carried out.

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 |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Not compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Camphill Community Callan OSV-0003607

Inspection ID: MON-0031989

Date of inspection: 28/09/2021

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 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. PiC will ensure the Schedule of supervision is taking place in line with providers policy the tracker for Supervisions will be reviewed in Community Managers meeting. 2. With the newly identified role of Social Care Worker Shift Lead this will enable qualified professionals to engage in Supervision to a greater extent than currently present within Callan Community. This will also ensure no lapse of supervision due to Annual leaves or Sick Leave. 3. The Communities Training Tracker will be reviewed monthly within the Community Managers Meeting to ensure all training is in date and training is scheduled to ensure no lapse in meeting training due. | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Retrospective review of financial contributions of the named specific residents between the years of 2015- present will be conducted by the finance team and the operational team of Camphill Communities of Ireland. This process is due to commence on the 09/11/2021. | |
| Regulation 12: Personal possessions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> 1. Retrospective review of financial contributions of the named specific residents between the years of 2015- present will be conducted by the finance team and the operational team of Camphill Communities of Ireland. This process is due to commence on the | |

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| 09/11/2021. | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. We have purchased an oven and fridge for resident flat outlined in report- fridge installed 28/10/21. 2. Maintenance team and external electrician will install oven by the 30/11/2021. 3. We have outlined to the Maintenance team works required for the Callan Community premises- a visit took place on the 02/11/21 and an action plan will follow with the identified timelines for completion of work. 4. Contractors are providing quotes for the footpath and groundworks in the community, including the repairs required for the damp in one unit, and external painting for three premises. 5. Work completion date is 31/3/2022. | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. Guidance on the use of reusable facemasks has been removed. 2. Service provider inclusive of the clinical team, health and safety team and regional manager shared the learning from this report throughout other communities and updated SOP on mask wearing issued to all on the 06/10/21. 3. The decluttering of the resident's living space occurred on the 06/10/21. 4. Clinical Support Officer, PiC and Q&S coordinator are supporting the staff team and resident with the decluttering process. 5. PiC and Q&S coordinator have created a long-term review schedule for this resident which has been included for review in the Community Managers' Meeting on a bi-weekly basis. 6. PIC and Q&S Coordinator will continue to do weekly walkabouts to ensure oversight and compliance in protection against infection across all units. 7. A new audit tool has been developed and implemented to ensure all aspects are evidenced in these walkabouts. | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. We engaged a external fire engineer to conduct a fire risk assessment who has completed an audit on 20/10/21- A report detailing the findings will be provided to the CCoI Head of property by the week ending 05/11/21. 2. The Fire safety remedial actions will be completed by 31/03/22. 3. Q&S Co-Ordinator completing weekly fire safety walkabouts. | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |

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

1. A Medication error form was completed following the feedback from inspectors regarding the concern for resident. Immediate actions were taken, and the resident's medication was put back in medication storage press
2. PIC met with staff and went through correct procedure for medication storage. Staff was directed to re-read the policy for Medication management; this was reviewed again in a scheduled supervision.

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 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Not Compliant | Orange | 17/12/2021 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 22/12/2021 |
| 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 17(7) | The registered | Substantially | Yellow | 31/03/2022 |

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| | provider shall make provision for the matters set out in Schedule 6. | Compliant | | |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Not Compliant | Orange | 31/12/2021 |
| 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 | 30/11/2021 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Not Compliant | Orange | 31/03/2022 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and | Not Compliant | Orange | 30/11/2021 |

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| | extinguishing fires. | | | |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Not Compliant | Orange | 30/11/2021 |
| Regulation 29(4)(a) | 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 any medicine that is kept in the designated centre is stored securely. | Not Compliant | Orange | 31/10/2021 |