Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Centre 4 - Cheeverstown House Residential Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0004927
Fieldwork ID:	MON-0039123

About the designated centre

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

This designated centre provides 24-hour care, seven days per week for male and female adults. The centre is located on a campus residential service in the area of South Dublin. The centre comprises of four residential houses on campus primarily caring for the active age and senior citizen group who have an intellectual disability. The range of intellectual disability in this group covers all ranges from mild, moderate to severe/profound in nature. Some individuals have physical and sensory disabilities also. There is a full-time person in charge and the front-line staff are primarily made up of clinical nurse managers, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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
Wednesday 3 May 2023	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector met and spoke with residents and their support staff team, observed routines and interactions in their home, and reviewed records related to their support structures, goals and wishes, and commentary on their experiences living in this designated centre. The inspector had the opportunity to meet, speak with, or observe supports for 11 of the 13 people living in the centre through the day, with staff supporting communication where necessary. The inspector did not meet two residents who were out in the community during the day.

The residents lived in bungalow houses on a large campus setting. These houses were noted as being often noisy or busy, and there had been a ongoing pattern of incidents in which residents had become frustrated or verbally abusive to one another, which caused distress, anxiety or triggered risk behaviours for some residents. The provider had a long-term project in progress to move off this site and transition to smaller community settings, in line with "Time to Move On from Congregated Settings: A Strategy for Community Inclusion" (Health Service Executive, 2011). At the time of this inspection, one resident from this centre was identified for a future transition to one of a number of community houses which the provider had purchased or were in the progress of acquiring. In the meantime, the staff had guidance and plans to mitigate the impact of these incidents on certain residents, such as planning people's routines around each other.

While the current bungalows would ultimately be retired when residents move out, there was evidence that the provider was ensuring that the houses kept to a suitable standard of overall maintenance and decoration for as long as people lived in the houses. Residents had suitable private and communal space, storage for personal belongings and clothes, and accessible shower and toilet facilities. Some areas were identified for cosmetic repair or replacement. Residents and staff of one house commented that an accessible bath, which was a preference of some residents, was out of order for a number of months, and it had not yet been finalised whether this would be removed, repaired or replaced. There was sufficient space in the house for residents to safely navigate, including people using wheelchairs or mobility devices, and the houses featured relatively few environmental restrictions to impede navigation.

The inspector met with a mix of staff from the primary support team for this centre, staff deployed from the relief panel, and staff from external agencies. All staff met demonstrated an overall good knowledge of the residents, their personalities, interests and communication styles. The primary team indicated that in general, contingency staff to cover vacancies were consistent and familiar to residents. However, a combination of staffing vacancies and a small number of personnel available to drive the accessible vehicles had resulted in a difficulty with going on outings or community activities as often or with the level of spontaneity residents and their staff would prefer. Residents commented that there were days on which

there was little going on for them and did not like the frequent rotation of staff working with them. Despite these challenges, the inspector observed good examples of staff in the houses encouraging residents to get involved with activities which were within walking distance or ensuring people got out of the houses during the day. The staff on the day were observed supporting residents to go to the barber or to a nearby café. Staff also strived to take advantage of days on which there was a full team on shift or a driver available to get out to shops, exercise groups, or trips further away.

The provider had reporting structures and risk controls in effect to keep residents safe and provide reassurance where they became upset or anxious. Residents commented that they knew to whom they could could raise complaints or concerns, and examples of residents raising issues in house team meeting minutes were observed. As will be referenced later in this report, there was a lack of feedback or commentary from residents or their representatives in the composition of the centre's most recent annual review. This inspection report will also highlight gaps in how the provider was optimising resident control, access and autonomy, in line with assessed needs and wishes, for residents' personal belongings, money, and medicine.

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 premises was resourced with an experienced person in charge, suitable management and accountability structures, a knowledgeable front-line team and suitable access to clinical services. Staffing shortages had resulted in a sizable number of shifts not being filled based on the number and assess health, personal social care needs of residents. This negatively impacted on the team's ability to deliver on residents' preferred routines, activities and outings with respect to their staffing support needs at home and in the community. The inspector was provided evidence to indicate that staff were making the most of opportunities to get out and active on days when the team was full. The provider was in the process of recruiting to fill these vacancies. Where a shift required at least one nurse to be on duty, records indicated that this need was met.

The person in charge had a good level of knowledge of the service, the staff team and the residents, however a number of gaps were found on this inspection on matters related to formal assessments, oversight of practices and records, and assurances of resident safety in the event of an emergency. The inspector was not provided evidence of an unannounced six-monthly quality and safety inspection taking place as required by the regulations, and did not observe any evidence to

indicate that the findings of same were discussed with the staff team or with the residents. The provider had published their annual report for this designated centre for 2022, in which the provider had acknowledged issues in the services related to the premises, provision of activities, progress with personal goals, staffing levels and access to drivers. These matters informed the priorities and commitments of the provider for the year ahead for this centre. The annual report also reflected on achievements of the service in 2022, including the successful transition of one resident to a new house, and the good work of the residents and staff team in mitigating risks related to the COVID-19 pandemic.

Regulation 15: Staffing

At the time of this inspection, the provider was actively recruiting to fill staff vacancies equating to two whole time posts, in addition to having some staff who were on long-term leave, necessitating the regular use of contingency arrangements such as agency and relief personnel. Regular and supporting staff members were observed to be caring, respectful and knowledgeable of the residents' support needs and were overall consistent regarding which houses they worked in.

However, in reviewing staffing records for the centre, the inspector observed that despite these support resources, the staffing levels were not enough to meet the assessed needs of residents. In a month's sample of rosters reviewed, records indicated that the centre was understaffed on 17 of 30 days. Evidence observed from support notes and speaking to staff and residents, indicated that staffing shortages had resulted in challenges delivering on residents' personal goals, and community activities and outings being delayed, in ensuring that the residents who required 2:1 support had this available in their home when the team was not fully staffed.

Judgment: Not compliant

Regulation 16: Training and staff development

It was identified during this inspection that residents' access to transport into the community was impacted by an insufficient availability of staff trained to drive the service's vehicles.

Judgment: Substantially compliant

Regulation 23: Governance and management

As referenced earlier in this report, the lack of resources had resulted in challenges meeting residents' assessed needs.

A number of gaps were identified on this inspection in how the provider or person in charge was maintaining oversight of some systems or how they were assured that practices were effective, including in resident assessments, completeness of records, and assurances around emergency procedures.

Evidence that an unannounced provider inspection of the service had taken place was not available for review, nor was evidence that the findings of a quality and safety audit were being disseminated to the front-line staff or to the residents and their representatives. There was limited evidence to indicate that the centre's annual report for 2022 had been composed in consultation with the residents or their representatives.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had submitted information to the Chief Inspector of Social Services on incidents and practices requiring notification under the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced nurse who worked full time in the designated centre. The person in charge was experienced in supervisory roles in health and social care settings, and was in the process of attaining a further qualification in leadership and management.

Judgment: Compliant

Quality and safety

The inspector observed support for residents which was focused on keeping them safe and happy in their home, and facilitated to explore new and interesting social and community opportunities. Keyworking staff had set out meaningful and realistically achievable goals based on discussions with residents, with some examples being going to the theatre, joining an exercise class, going on a big

shopping trip for all new outfits, and travelling on the train. While some of these objectives were hindered by staffing resources as noted earlier, evidence that staff were advocating for the residents in getting their objectives progressed as much as possible was observed.

While there had been an ongoing pattern of verbal and psychological incidents between some residents, the staff had guidance on how they could mitigate the impact of this on the most affected people. The provider was working on a long term project to acquire more suitable accommodation for residents who were most commonly affected by these negative interactions. The inspector found examples of the staff reporting where they had observed or suspected incidents of abuse towards residents. The provider had initiated their safeguarding processes in response to these concerns, however some gaps were observed in the records of how these matters were concluded or reported to the appropriate external authorities.

Mealtimes were supported in a dignified and relaxed setting. Guidance was available to staff on how food and drink was to be prepared to reduce risks related to malnutrition, weight management and choking risk, which had been kept under review by the relevant specialists. Some improvement was required to ensure staff consistently followed this guidance when supporting residents. Residents medicines were available and their purposes and prescribed uses clearly indicated to staff, including guidance on how the resident preferred to take their medicine, such as in a yoghurt. The provider had not completed assessments to determine where residents may have capacity to have their full staff support with medicine reduced to a level more appropriate to their needs.

The premises were generally kept in a good state of repair, decoration and cleanliness, with sufficient space for residents to comfortably relax or navigate. The bungalows were equipped with features to detect, alert to, and contain fire, and navigate people in an evacuation. However, there was insufficient evidence to indicate how the provider was assured that a timely and safe evacuation could take place during the night when staffing was at its lowest and residents required the most amount of support.

Regulation 12: Personal possessions

Many of the residents did not have accounts with financial institutions in their name. Some residents had old post office or bank accounts but did not have access to their contents. Some residents' income was received by the finance office of the service provider and access to this money required a request to the office between 10:00-12:30, four days a week. These practices did not optimise ready access and control of residents' money. Assessments for financial support described from where residents received money and where it was secured, but did not indicate where supports to enhance access and independence was being worked on based on assessed capacity, including for residents who had expressed a wish to be more

independent.

In a sample review of records for five residents' personal belongings, these did not account for what the resident owned such as televisions, radios, shoes and clothes, musical instruments and souvenirs, with three of these records containing no information and two containing one item each.

Judgment: Not compliant

Regulation 13: General welfare and development

The front-line staff team demonstrated good examples of supporting and encouraging the residents to stay busy and active in the centre and the local community, and had set out desired objectives for residents to explore new hobbies, outings and travel. Evidence on this inspection indicated that the ability to consistently achieve these goals and routines was impacted by staffing vacancies and reduced access to centre vehicles.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of premises maintenance required attention, such as broken or peeling bedroom wardrobes, or radiators which required painting. An accessible bath in one house was recorded as out of order for a number of months. However, in the main, the premises was safe, clean and appropriately furnished for the number and needs of residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector reviewed the feeding, eating, drinking and swallowing (FEDS) plans of residents with risks related to weight, nutrition or choking. There was evidence that plans were assessed and revised routinely, or following incidents, by the speech and language therapist. Clear food and drink guidelines were readily available to staff. However, during an observation of the mealtime experience, the inspector observed one person being supported to eat whose food was not prepared in accordance with their assessed needs and risk controls.

Judgment: Substantially compliant

Regulation 27: Protection against infection

All residents had been supported to stay up to date on their vaccinations and boosters against COVID-19. The provider had implemented their outbreak protocols in 2022 and ensured that learning from the experience contributed to updates of the emergency plan.

The management of some items was not in line with good practice in infection prevention and control standards. The inspector observed residents' toiletries and skin creams being stored next to a shared toilet. Medical devices such as tablet crushers, blood pressure cuffs and ear thermometers were found not clean in multiple houses, and some medical stock such as bandages and oxygen tubing was past its expiration date.

The inspector observed good practices in effect related to the management of cleaning equipment, household and clinical waste, food hygiene, and use of personal protective equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed records of practice evacuation drills in the centre, which provided assurance to the provider that a full team of staff could support a full evacuation of a bungalow in under five minutes during the day. However, none of the drills indicated how long it would take to evacuate residents in a night-time scenario. This is important as many of the residents in this centre required the support of multiple staff members and/or the use of hoists to get out of bed, and there was only one staff member working in each house at night, requiring them to call for assistance from people elsewhere on the campus. An urgent action plan was issued to the provider before the end of this inspection to submit evidence in the coming days on how they were assured that a safe and timely evacuation of people during minimal staffing levels could be achieved.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was no evidence provided that appropriate assessments had been carried out

to determine the level of capacity of residents to manage their own medicines and encourage responsibility based on the level of assessed risk.

Among the sample of medicine administration records reviewed some residents had not received their morning medicines at the prescribed time, with staff indicating that this was earlier than the residents would typically wake up. The provider indicated that this would be discussed with the prescriber for possible review based on this feedback.

Judgment: Not compliant

Regulation 8: Protection

There was evidence that the provider was taking steps to plan to attain more appropriate living arrangements for service users, and staff were following person-centred strategies in supporting low-stress environments and responding to incidents. Despite these measures, some residents continued to be at risk of verbal and psychological abuse from their fellow residents when in the shared houses.

Safeguarding processes on resident money being managed on their behalf were effective in identifying any discrepancies. The inspector reviewed the record of an incident in which a resident's money was identified as stolen, in which there was no available evidence that the matter had been reported to the Health Service Executive safeguarding and protection team, or their input on the conclusion, as per the provider's policy. Staff had reported incidents of suspected or witnessed abuse of vulnerable adults per their training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Throughout the day, the inspector observed staff treating residents with dignity and respect, and supported communication between the inspector and residents in a manner which included them in the discussion. Support was observed in areas such as mobility and dining which was dignified and respectful of the residents' pace. Residents were supported to raise issues which were bothering them in regular house meetings.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 4 - Cheeverstown House Residential Services OSV-0004927

Inspection ID: MON-0039123

Date of inspection: 03/05/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Active recruitment is ongoing with HR and S/N & C/A are prioritized for this centre. Recruitment day scheduled was held on the 31/05/23 which was a huge success and a large number of successful candidates are being processed for positions with a number for this designated centre due to commence in June & July	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training staff on vehicles; Staff who are supporting residents to access the community by using the smaller fleet vehicles can do so once they hold a full drivers B license that is in date. Staff must familiarise themselves with the vehicle prior to driving and if they are not comfortable or have any questions about the vehicle they can contact the transport manager for further supports. For the large fleet vehicles these are only driven by C license holders and they are employed by the organisation with specific roles in the transport department. The Transport Manager provides a training session in relation to the safe use of the wheelchair ramp/lift and restraint system and along with a familiarisation drive in the vehicle they will be using as per Cheeverstown Safe Driving to Work Policy	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Recruitment day scheduled was held on the 31/05/2023 which was a huge success and a large number of successful candidates are being processed for positions with a number for this designated centre due to commence in June & July this will ensure that residents assessed needs will be met.

Gaps idendified in Fire checks will be addressed by training facilitated by the Health & Safety Officer and this training will commence on the 31/07/2023

A provider visit was completed on the 29/03/2023 with quality improvement plans and actions set out.
This report is now held in a central location in each house and is accessable to all and is on the house meeting agenda.
An annual report was completed for this centre in Q1 of this year 2023 and this is now held in in a central location in each house and is accessable to all.

A new questionnaire for residents has been devised and will be reflected in the annual report and the provider visits.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The Finance Department are currently investigating whether the organisation can open individual interest bearing accounts where appropriate.

Manage my Money assessment will be completed for all residents to determine the level of support required and will also reflect the person's procession log

All personal property and possession logs will be kept up to date (for possession valued at 30 euro and above or sentimental valued items, as per organisation financial policy)

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Recruitment day scheduled was held on the 31/05/2023 which was a huge success and a large number of successful candidates are being processed for positions with a number for this designated centre due to commence in June & July. This will ensure that residents achieve their goals and routines will not be negatively impacted.

Staff who are supporting residents to access the community by using the smaller fleet vehicles can do so once they hold a full drivers B license that is in date. Staff must familiarise themselves with the vehicle prior to driving and if they are not comfortable or have any questions about the vehicle they can contact the transport manager for further supports where the transport manager will provide a training session in a familiarisation drive in the vehicle they will be using as per Cheeverstown Safe Driving to Work Policy

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Some areas of premises which required maintenance such as broken or peeling bedroom wardrobes will be replaced or repaired
Radiators which required painting will be completed
An accessible bath in one house which was recorded as out of order for a number of months has been assessed as to whether it can be for repair or may need to be removed. In conclusion the parts required for repair can no longer be sourced for this model of bath and it will be removed ensuring that the residents will and preference is upheld.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
All residents will be supported as per their mealtimes plans of care and food will be prepared in accordance with their assessed needs and risk controls.
Mealtime plans of care will be on the house meetings agenda and managers will conduct an independant Mealtime Plan of Care Audit to ensure compliance of these plans.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Residents toiletries and skin creams will be stored in their own bedrooms.
Medical devices such as tablet crushers, blood pressure cuffs and ear thermometers which were found a not being clean in multiple houses are now clean and are part of the environmental cleaning checklist
All medical stock which were out of date have been disposed of and replenished

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An urgent action plan was submitted to the regualtor to show evidence of night time fire drills which took place between the 8/05/23 to the 11/05/23 on how the provider was assured that a safe and timely evacuation of people during minimal staffing levels could be achieved.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A self - assessment of medication support needs document will be completed to identify residents who can and wish to self-administer. Supports will be put in place as per individual risk assessments to ensure maximum independence is achieved in a safe environment.

All medication administration records have been reviewed with the prescriber and now reflect the prescribed time. Reflecting also the individuals schedule

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
A PSF1 form was completed by the Designated Officer in Cheeverstown and was submitted to the HSE on the 27/04/23 and this was held by the DO and can be accessed at any stage. This information will now be held in the relevant designated centre.

All NF06 incidents are reported to the HSE in line with Cheeverstown Policy.

All residents have personal plans which assess the person's needs and wishes in relation to positive care supports in a manner that respects the resident's dignity. These Positive care support plans are reviewed regularly and updated.

Residents are educated on skills of self-care and are supported to understand what to do to protect themselves.

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	30/09/2023
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	30/09/2023
Regulation 13(2)(c)	The registered provider shall provide the following for	Substantially Compliant	Yellow	30/09/2023

	residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
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	31/07/2023
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.	Substantially Compliant	Yellow	30/09/2023
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	30/09/2023
Regulation 17(4)	The registered provider shall ensure that such	Substantially Compliant	Yellow	31/10/2023

	equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	30/06/2023
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	31/07/2023
Regulation	The registered	Substantially	Yellow	30/09/2023

23(1)(c)	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.	Compliant		
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	30/09/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	01/06/2023
Regulation	The registered	Not Compliant	Orange	01/06/2023

23(2)(b)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
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	30/06/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Orange	11/05/2023

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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	Red	11/05/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and	Not Compliant	Orange	30/06/2023

	assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	19/06/2023
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	19/06/2023