



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

## Issued by the Chief Inspector

Name of designated centre:	No 2 Portsmouth
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 July 2021
Centre ID:	OSV-0005685
Fieldwork ID:	MON-0033326

## About the designated centre

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

No. 2 Portsmouth provides residential services for a maximum of two adults. It provides support to persons with an intellectual disability, including those who have autism, behaviour that challenges and who may have a dual diagnosis of mental health and intellectual disability. The centre comprised two bungalows which have recently been reconfigured. The centre is located in a large campus style setting on the outskirts of Cork city. Each bungalow was single-occupancy. The service provides support to males and females and utilises the social care model. The centre offers a person centred approach and encourages residents to reach their fullest potential in all areas of their lives. The staff in the centre have a varied range of qualifications, skills and experience of supporting people with intellectual disability, which ensures a quality service is delivered to each individual living here. The staff team work a rota system of day and waking nights shifts.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 22 July 2021	9:00 amhrs to 4:15 pmhrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with both residents. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE). The inspector reviewed documentation in the staff office of one of the bungalows with the consent of the resident who lived in the bungalow.

The inspector was met by the person participating in management and the social care team leader of the designated centre. Both of whom were very familiar with the residents and their assessed needs. As the inspector was conducting a walkabout of one of the apartments, the resident from the other bungalow was outside in their garden and came up to the boundary fence between both bungalows. The resident was listening to music on their tablet device with their headphones on them. The resident smiled as they were greeted by the staff and the inspector was greeted with an elbow tap from the resident. At the start of the inspection staff had informed the inspector that the resident had not had a good night's sleep the previous night and was being supported to go out for a spin as per their wishes. The inspector observed the resident leave the centre later in the morning and return in the afternoon. All staff were observed to adhere to the protocols to support the resident during transition from the designated centre to their transport vehicle and on their return to the designated centre which included locking the external doors in the adjacent bungalow until the resident had safely left/entered their own bungalow. The inspector was informed that the resident enjoyed a visit to a friend who had a dog and later went for a drive to a beach where they enjoyed a cup of their preferred hot drink. Staff spoken too during the day outlined the integrated service that supported the resident and the regular contact that the resident had with family members which included video calls and outdoor visits in community areas since the public health restrictions were imposed.

The staff spoken to during the inspection outlined the individualised supports in place to ensure the ongoing safety for this resident in particular in relation to eating. Staff spoke of the importance of the preparation, presentation and guidelines in place while still facilitating the particular food preferences of the resident. For example, staff were knowledgeable of what food items were safe for the resident to eat from a particular takeaway food chain such as cucumber without the skin. Staff outlined the on-going input from the multi-disciplinary team (MDT). Staff also informed the inspector that the resident had made great progress conversing with and informing staff of their preferences. The staff team noted that the resident's ability to tell staff if something was wrong or if they needed time on their own had improved greatly. The communication and integrated support from both the day service staff and residential staff had resulted in the resident being in receipt of an individualised person centred support network that assisted the resident to be able to partake in many different activities of their choice and devise meaningful goals. One of the resident's goals was to have a companion dog. As already mentioned

staff supported the resident to visit friends who had dogs and the social care leader outlined the progression of a goal to assist the resident to care for a dog of their own in the future. The staff team also planned to support the resident to enjoy another holiday break later this year after the resident had enjoyed their first holiday in 2020 while work was being completed in their bungalow to upgrade their bathroom facilities at that time.

The inspector was also shown a national information booklet that the provider had compiled which contained a photograph and profile of the resident. "On the street where I live. Celebrating having a key of my own front door" it was published in May 2021. The social care leader explained in the article the value for the resident of their integrated plan incorporating day service and residential supports. The benefits and independence gained by the resident with their bespoke person centre support network and facilitating a home from home experience for the resident.

The inspector was introduced to the second resident when they woke up shortly after the inspector arrived in the centre. Their home was very bright and decorated with items of personal interest to the resident which included trains. There were many printed photographs visible on the walls of the resident which were taken in various outdoor locations which they enjoyed visiting such as beaches and woodlands. The positioning of furniture and doors were as per the resident's expressed choice. The inspector observed the resident to move their chair to a different location when they went into their den to watch a programme on the television. The resident had done a lot of work with staff in the secure back garden with a variety of vegetables, herbs and flowers growing very well. There was also a comfortable swing seat, outdoor dining furniture and a barbeque which the inspector was informed was well used in recent weeks. Staff outlined the importance of routine and familiar staff to support the resident in their home as per their expressed wishes. The day service staff had been redeployed during the public health restrictions to support the resident in their home. Staff outlined how this change had benefited the resident, who was no longer anxious about being ready or waiting for day service staff to arrive or to be taken to their day service building. Staff spoke of how the resident directed staff on what they would like to do, activities were supported by social stories and printed routes of how to get to a planned activity were available for the resident.

The resident had chosen to complete a baking activity on the morning of the inspection. The inspector was invited to observe the resident fully participating in the activity including the tasting afterwards. The staff supporting the resident explained how the resident had made a lot of progress in completing the steps of baking activities in recent months, enjoying the activity and learning to put the ingredients in as per an easy-to-read recipe guide which staff had put together specifically so the resident would understand the steps required. Staff had compiled a personalised recipe book together with a photograph of the resident on the front cover. The book contained many different treats that the resident enjoyed making. The resident would decide with staff the evening before what they were going to make. This book was observed by the inspector to be open on the page of the recipe being followed and referred to by both the staff and resident during the activity. The resident also enjoyed making different flavoured ice-pops and had a

fridge in their den where they kept these for later in the evening. The resident was also observed to independently access their own safe where they kept their wallet prior to going out for a spin.

It was evident that residents were happy. They were supported to live a life that promoted and respected their choices and wishes. They were provided with daily opportunities to participate in a variety of activities which included basketball, swimming, walking and gardening. The inspector reviewed three questionnaires that had been completed prior to the inspection. Both residents had been supported to complete the questions by staff members and one family representative had also submitted a completed form. All spoke of the positive outcomes for both of the residents, the increased independence, the variety of activities, the ability to plan their day as per their wishes, no longer being restricted to transport times for attending day service and the ongoing support of the staff team in their homes. The next two sections of this report will 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 provided.

## Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in managing behaviours that challenge and fire safety.

At the time of the inspection the person in charge was on unplanned extended leave which the inspector was aware of prior to the inspection. The relevant notification had been submitted by the provider to the Health Information and Quality Authority (HIQA) but not within 28 days as required by the regulations. The social care leader and the person participating in management facilitated the inspection and demonstrated throughout the inspection their knowledge and familiarity with the assessed needs of the residents. The social care leader spoke of the individuality of the services provided, how each resident was being supported to direct the care provided to them and also how the ongoing input from the MDT supported both the residents and the staff team. The inspector was informed that the staff team reviewed any incident that occurred and looked beyond the incident to see if there was something that the team could change or support the resident to avoid a similar incident occurring again in the future. For example. One resident likes to have all the doors of their home open during the day, after an incident where the other resident had entered the bungalow while experiencing anxiety a protocol was implemented to ensure the safety of all. This required the staff team to develop a social story to explain to the resident why some of the doors in their home may need to be locked at times during the day for brief periods. The inspector was shown this social story which was located near the kitchen door and staff used this

to help explain what was happening. The social care leader explained that once the resident is informed of the doors being closed they continue with their routine of activities. The inspector observed the doors to be locked only for a short period during the day when the other resident was being supported by their staff to leave or enter their bungalow. All of the doors were re-opened once the resident had left the communal area at the front of the bungalows.

There was evidence of a co-ordinated approach by the staff team, both residential and day service, which demonstrated their flexibility to continue to support the residents while the day service staff were re-deployed to the designated centre as a result of the pandemic. Both residents were supported at all times by dedicated familiar staff and assistance from additional houses was in place if required. The team also facilitated both residents to have social meetings together if they choose to, such as having a preferred hot drink together out in the garden space during the fine weather or in the dining area of one of the bungalows. The inspector was informed that as a result of the success and benefits for the residents in this designated centre of the integrated day service that developed following the public health restrictions, the provider was actively looking at the provision of this type of service for other residents and advancing with plans for a pilot study to assist with further learning and improvement in the provision of similar services to other residents.

There were no open complaints in the designated centre at the time of the inspection. The inspector reviewed multiple compliments regarding the care and support the staff team provided to both residents. One resident's family representative outlined how they appreciated the planning and resources provided to support their relative to go on a holiday break for the first time while at the same time ensuring the planned upgrade works were completed in the designated centre before the resident returned. Another from a member of the MDT complimented the staff team on their achievements and the improvement they could see in the quality of life for the residents in the designated centre over the previous 12 month period.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

#### Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the



residents, statement of purpose and the size and layout of the designated centre.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
A schedule of training for 2021 was in place and staff had received training including on-line training in safeguarding, infection prevention and control in addition to feeding eating drinking and swallowing disorders, (FEDS). However, at the time of the inspection not all staff training was up-to-date, 17% required fire safety training and 8% managing behaviours that challenge.
Judgment: Substantially compliant
<b>Regulation 21: Records</b>
The provider had ensured that records had been maintained and were available for review as specified in Schedule 2 and 3.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were effective governance, leadership and management arrangements, including audit schedules and regular staff meetings to govern the centre ensuring the provision of good quality care and safe service to residents.
Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had not ensured that notice in writing had been given to the Chief Inspector within 28 days of the unplanned absence of the person in charge.

Judgment: Not compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider gave notice in writing of the arrangements in place for the running of the designated centre during the absence of the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints in the designated centre. The staff team had received a number of compliments from relatives and members of the MDT regarding the achievements that the staff team had supported residents to attain in their daily lives.

Judgment: Compliant

## Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected. Staff adapted the environment and the supports provided to each resident as required and ensured ongoing supports were in place and regularly reviewed to assist residents to become more independent and enjoy their lives in their homes in the designated centre as per their wishes.

The inspector reviewed both personal care plans and found that residents' personal and social care needs were assessed and were subject to regular review. Both residents had comprehensive assessments and ongoing medical reviews. The residents were also supported by the staff team and MDT to ensure each had meaningful activities and experiences, such as swimming, walking, using the computer to schedule and review journey routes and other activities, including crafts. Community activities were also facilitated which included meeting with family members weekly and going for drives to places of interest. Staff outlined the importance of communicating in advance of any planned meetings with family representatives to ensure the resident enjoyed the experience. For example, planned snacks for the social meeting and an agreed location helped staff to support the resident to prepare in advance. One resident was supported to continue with their routine of visits overnight to their family home. This consistency was very important to the resident and staff had ensured safety precautions were in place as per public health guidelines. This resident was also being supported to self-medicate.

The staff team had been supported with additional training following an incident with one resident who required staff intervention after the resident had ingested an item of food that they were unable to swallow. All staff had since received FEDS training and those spoken to on the day were very familiar with the speech and language therapist recommendations. However, not all staff had attended emergency first aid training which was recommended in an assessment in June 2021.

Both residents were effectively supported to communicate and express themselves. The staff team were familiar with a personal communication dictionary that had been created for one resident who had a communication assessment completed in April 2021. The staff were provided with guidance information and photographs to ensure a consistent approach by the staff team when supporting the resident to have a bath. Other activities of daily living were outlined in documentation and guidance for the staff team to ensure a consistent approach to providing supports for each resident.

Both bungalows reflected the personal choices of each resident. One resident's sitting room was painted to create a calm atmosphere and furniture had been arranged to suit the resident's personal needs. Their bathroom had been adapted to suit their needs with additional mats put in place after it was determined that these would be of benefit and help reduce discomfort that was experienced by the resident at times. However, the flooring surface in the hallway was not intact in some parts and a foot stool used by the resident had visible wear and tear to the material covering the stool.

The inspector reviewed the detailed personal emergency evacuation plans (PEEPs) that had been developed specifically to support each resident to safely evacuate in the event of a fire. The items identified as being necessary to support the residents to leave the houses were located exactly where they were described in the PEEPs. Learning from fire drills was documented and shared with the staff team to ensure consistency in the approach for both residents. However, not all staff spoken to during the inspection were aware of the specific details required to support the residents to evacuate safely in the event of a fire. In addition, weekly fire safety checks were not consistently completed in the designated centre. An identified staff member completed the checks when they were on duty which resulted in gaps occurring when the person was not on duty.

#### Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

#### Regulation 11: Visits

Residents were supported to visit family and friends while adhering to public health guidelines in –line with the residents' preferences and wishes.

Judgment: Compliant

#### Regulation 13: General welfare and development

The provider had ensured each resident was supported to have access to appropriate care and supports as per their expressed wishes and assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the needs of the residents. The centre was clean and decorated to reflect personal preferences of the residents. However, not all items of furniture or flooring were in a good state of repair at the time of the inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were supported to participate in the preparation and cooking of meals as per their choice. Staff were familiar with the special dietary requirements and assistance required by residents.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured a resident's guide for this designated centre had been prepared and was available to residents. Easy-to-read documentation was readily available for residents as per their wishes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had fire safety management systems in place, including serviced fire safety equipment. Detailed PEEPs had been developed to ensure the safe evacuation of both residents, however, not all staff were aware of details contained in these individual plans. In addition, weekly checks were not consistently completed in the designated centre as per the provider's policy on fire safety.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge and staff team had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support and input from the MDT.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices and decisions which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for No 2 Portsmouth OSV-0005685

Inspection ID: MON-0033326

Date of inspection: 22/07/2021

## 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> <p>The Person Participating in the Management of the Centre, in the absence of the Person in Charge, has ensured that</p> <ul style="list-style-type: none"> <li>- all staff due refresher training in managing behaviours that challenge and fire safety are booked on this training at the earliest date available.</li> <li>- That fire safety training ensures that staff are knowledgeable in the specific support requirements of residents in evacuation of the Centre</li> <li>- That staff unable to attend emergency First Aid training receive this training at the earliest possible date</li> <li>- The staff training matrix is updated and that the training department allocate necessary bookings and work with the PIC to reschedule for non- attenders</li> </ul> <p>Timeframe 28 October 2021</p>	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:</p> <p>The Provider will ensure that the Authority is notified of unexpected absence of the Person of Charge for greater than 28 days on a worst case scenario judgement of the likely duration of the absence, where this remains uncertain after 14 days or earlier as appropriate.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The Provider will ensure that</p> <ul style="list-style-type: none"> <li>- Worn furniture items are removed and replaced as necessary [ 31July 2021]</li> <li>- floor surface is replaced as advised by the maintenance Department who have assessed the situation. [30 September 2021] and</li> <li>- All staff are reminded to identify premises maintenance issues in a Maintenance Log in the Centre. [31 August 2021]</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Provider will ensure that all staff are familiar with the specific details required to support residents to safely evacuate in the event of a fire by ensuring all staff have signed that they have read and understood the PEEPs for each resident in the fire safety folder and through PIC fire safety audits throughout the year. [31/08/2021]</p> <p>The Provider will ensure that the weekly fire checks are completed by setting these to be completed on a specific day of the week by the post of responsibility on duty on that day. [25/08/2021]</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/10/2021
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	30/09/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Substantially Compliant	Yellow	31/08/2021

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the information referred to in paragraph (2).	Not Compliant	Orange	05/08/2021