



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

## Issued by the Chief Inspector

Name of designated centre:	Brinkwater Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 October 2022
Centre ID:	OSV-0007772
Fieldwork ID:	MON-0037976

## About the designated centre

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

Brinkwater Services provides a residential service for up to six adults with a moderate to severe intellectual disability. The house consists of two premises, one has three self-contained apartments: two one bedroom, and one three bedroom apartment and the other premises is located in a congregated setting and supports one resident on a short-term basis. Residents have complex health and behaviour support needs and receive and a staffing complement support residents during day and night time hours. Residents are supported by their staff and allied health professionals who are familiar with their care and support needs.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 4 October 2022	10:00hrs to 16:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector observed that the resident enjoyed living in this aspect of the centre and that they were supported by a kind and considerate staff team. Although this inspection identified several areas of care that required adjustment, the move to this aspect of the centre for this resident had been in response to their changing needs and assisted in ensuring that the safety of care was maintained to a good standard.

The inspector met with one resident who was using one aspect of this centre on the day of inspection. The provider had responded to a crisis event and they moved one resident to a new premises in response to safety and behavioural concerns. This new premises was located in a congregated setting and the resident had full access to all areas of their home. The premises was large and the resident had their own bedroom and multiple bathrooms were available for them to use. There was a large open plan living and dining area and there was also a small kitchen.

The premises was warm and pleasant and the resident had brought their art supplies and some of their favourite games play. They met with the inspector at various times throughout the inspection and they were happy and content across all interactions. They chatted freely with the inspector, person in charge and staff member during the inspection and there was a jovial relaxed atmosphere. The resident had individualised needs and they were well supported in line with these needs. They had a sleep in on the morning of inspection and there was no pressure applied to them to progress with any of their personal care needs. The resident was supported to take their time and move between tasks at a pace that they preferred and the staff member who was on duty was very conscientious and patient in their approach to care.

Prior to moving to this aspect of the centre the resident was enjoying a full and active life. A review of their personal plan indicated that they attended day services and that they enjoyed meals out, trips to the cinema and social events in their spare time. Discussions with the person in charge indicated that following the resident's admission to the centre they found this active lifestyle was not what the resident wanted or enjoyed and resulted in a steady decline in the resident's presentation. The staff member who was on duty explained that they had returned to basic activities with the resident such as art, games and watching television and they found that the resident responded well to low arousal activities which placed no demands upon them.

It was clear the the best interests of the resident were to the forefront of care and the staff member chatted warmly and in a manner which promoted the resident's independence. When the resident got up they requested assistance with breakfast and the staff member advised them to get stated with their tea while they put on some toast. This seemed like a small gesture but the resident smiled and conversed as he went about making his tea. Again, the resident liked to take their time when preparing breakfast and they also took their time when responding to request and

general conversation. The staff member was well in tune with the resident's needs and they worked at a pace that the resident preferred and responded well to.

Overall, the inspector found that the new arrangements for this resident promoted their wellbeing and that they seemed to enjoy their new surroundings. They were well supported by a consistent staff team and the provider was keeping their needs under regular review.

## Capacity and capability

This inspection was conducted following the receipt of information from the provider that a resident had moved to an unregistered designated centre in response to safety and behavioural concerns. The provider was aware of the regulatory breach and an application to vary the registration of this service was submitted promptly in order to bring this centre back into compliance with the registration regulations. However, this inspection did identify that improvements were required in regards to fire safety and personal planning, with significant improvements required in regards to safeguarding and the submission of notifications.

The provider had varied the initial registration of this centre to include an additional house which was located on the grounds of a congregated setting. The provider had completed this action in response to significant safety and behavioural concerns with the overall aim of providing targeted care for one resident in the above mentioned premises. This centre comprised two buildings; however, the second premises in this centre was not visited during this inspection.

The person in charge facilitated the inspection and it was clear that they had a good understanding of the challenges which the service had undergone and the actions which were required to ensure that the quality and safety of care for all residents was maintained. They attended the service on a daily basis and it was apparent that they had a good rapport with the resident and the staff member who was on duty.

The overall centre was inspected in May of this year and the inspector found that residents received a good quality service. Subsequent to this inspection a resident was admitted to this centre. However, in the months following their admission it became apparent that the environment did not suit their needs which had resulted in a marked increase in behaviours of concern and this resident reaching a crisis situation. In response to this, the provider moved this resident to an unregistered designated and they were aware of this breach in the regulations. The provider had notified the chief inspector of this breach and also submitted an application to vary the conditions of this centre in order to bring the centre back into regulatory compliance.

Prior to the admission of the above mentioned resident, the provider had completed all required reviews and audits as set out in the regulations. An inspection prior to the this admission had found that residents received a good service and overall the quality and safety of care was maintained to a good standard. However, a review of information on this inspection indicated that there had been some incidents of concern and although the designated officer was involved in reviewing the situation, the provider failed to demonstrate that all concerns were reported and reviewed by the designated officer which did impact on safeguarding in this centre. In addition, the provider also failed to notify the office of the chief inspector of these safeguarding concerns.

This inspection was conducted within two weeks of the completion of the application to vary the conditions of the registration of this centre. The resident was still adjusting to their new environment and the person in charge had highlighted several areas of care which required further clarity in order to ensure that care was maintained to a good standard. These issues were discussed at an multidisciplinary team meeting on the day of inspection and further guidance was issued in areas such as behavioural support and nutrition and hydration. Although a formal audit process had not been introduced to the service it was clear that the person in charge was keeping the service under review to ensure that the resident's needs were met.

There was one staff member supporting the resident on the day of inspection and they explained how they had worked with this resident prior to their transition to this premises. They discussed the resident's care needs and it was clear that they had a good understanding of their care requirements in regards to behavioural support, communication and personal care. A review of the rota indicated that their was a consistent staff team in place and they were also up-to-date in regards to their training needs. The person in charge also indicated that a team meeting specific to this premises was scheduled to occur in the days subsequent to the inspection which gave staff an opportunity to discuss the resident's care needs or challenges the service may be facing.

Overall, the inspector found that the provider had responded to the changing needs of a resident and the current arrangements promoted the safety, wellbeing and welfare of all residents who used this service. However, the oversight of safeguarding in this centre and reporting of associated concerns did require improvement to ensure that these issues were reported upon and fully investigated.

### Registration Regulation 8 (1)

The provider was aware of the regulatory breach which had occurred and they promptly submitted an application to vary the registration of this centre which brought the centre back into compliance with the registration regulations.

Judgment: Compliant

### Regulation 15: Staffing

The provider ensured that the resident was supported by a consistent staff team and a staff member who met with the inspector had a good understanding of the resident's needs. The person in charge also maintained an accurate staff rota.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had scheduled a team meeting to occur subsequent to the inspection and a review of records indicated that staff were up-to-date with their training needs.

Judgment: Compliant

### Regulation 23: Governance and management

There was a robust governance arrangement in place and the provider had appointed a person in charge who had a good understanding of their role and also their responsibilities. The provider had taken action to promote the safety of a resident and they were also open and transparent when notifying the chief inspector of the breach in the registration regulations. However, this inspection identified failings in regards to safeguarding and the notification of incidents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The provider failed to ensure that chief inspector had been notified of all potential safeguarding concerns.

Judgment: Not compliant



## Regulation 21: Records

The resident was observed to have good access to meals and snacks and they were assisted by staff to make their own breakfast on the morning of inspection. The resident had specific food and nutrition needs and detailed records were required to ensure that these needs were being met. However, these records were not maintained in a consistent manner.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the resident enjoyed their new surroundings and that they were relaxed and comfortable in the presence of staff. Their quality of life had improved since they transitioned to this premises; however, there were still improvements required in regards to safeguarding. Although safeguarding measures required review, there was no immediate risk to residents who were using this service but several safeguarding concerns required review to ensure that all measures had been taken in this area of care.

The inspector met with the resident and found that they were happy and content in the new aspect of the designated centre and a staff member was observed to be very kind and conscientious in their approach to care and there were no active safeguarding concerns in this aspect of the centre on the day of inspection. However, as mentioned earlier in the report, there had been incidents of concern in the recent past and it was clear that some of these concerns were discussed at a multidisciplinary team meeting and the designated officer was informed. However, the trail of evidence from when incidents occurred to review by the designated officer were of a poor standard. For example, although staff had concerns the person in charge was unable to demonstrate that formal referrals were made to the designated officer for all incidents. As a result the provider failed to demonstrate that all incidents were formally reviewed by the centre's assigned designated officer to ensure that safeguarding incidents had not occurred.

The provider had systems in place to ensure that risks were well managed and the person in charge had risk assessments in place in regards to issues such as behaviours of concern, absconding and nutrition and hydration. These risk assessments were kept under regular review which assisted in ensuring that these safety concerns were well managed.

It was clear that the wellbeing and welfare of the resident were to the forefront of care. There had been a number of multidisciplinary interventions following an escalation of incidents and prompt action was taken by the provider to remedy safety concerns in this centre. The person in charge was well aware of the

challenges which the service had faced and they also identified the requirement for ongoing review to ensure that the quality and safety of care was maintained to a good standard. A review meeting occurred on the day of inspection and further recommendations were made at this meeting in regards to behavioural support, personal care and nutrition and hydration. Furthermore, a mental health professional also attended the service on the day of inspection which demonstrated the coordinated efforts which were implemented to ensure that the resident's wellbeing was promoted.

As mentioned above, there was clear evidence that the resident had regular access to allied health professionals and overall they enjoyed a good quality of life and health. Although the resident was independent in regards to many aspects of their life, they did require additional assistance with their personal care. The person in charge was aware of their care needs and intimate care plans were reviewed and discussed on the day of inspection to ensure that staff had sufficient guidance which promoted a consistent approach to this area of care. However, some improvements were required in regards to nutrition and hydration. The resident had specific needs in relation in this area of care and detailed records were required to monitor their fluid and nutritional intake; however, these records were incomplete on the day of inspection.

The resident had a personal plan in place which clearly outlined the resident's preferences in regards to care and the inspector observed that they went about their daily routine at a pace that suited themselves and a staff member was observed to be very cognisant in regards to their preferences. Their personal plan also highlighted the activities which they had previously engaged in such as going to the cinema, day trips and also meals out. As mentioned earlier the provider were establishing if a high volume of these activities had resulted in an escalation of behaviours of concern and at the time of inspection a much reduced activity planner was in place for this resident. In general there was evidence of ongoing review of this resident's care needs; however, there was no formal assessment of need available for review which was required to be completed following their initial admission to this centre.

Overall, the inspector found that the provider had responded to safety concerns in a prompt manner which ensured that the safety of all residents was promoted; however, this inspection highlighted that the identification, reporting and review of safeguarding concerns required adjustments to ensure that this area of care was promoted at all times.

## Regulation 17: Premises

An additional premises had been added to this centre since it's last inspection. This premises was reviewed on this inspection and it was found to be homely and warm in nature. There was an adequate number of bathrooms to use and the resident had their own bedroom. The resident also had access to all areas of the home and it was

kept in a good state of renovation and repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had measures in place to ensure that the safety of residents and staff was promoted. Detailed risk assessments were in place in response to safety concerns such as behaviours of concern, absconding and nutritional intake. The person in charge had a good understanding of these risks and they were kept under regular review to ensure that they did not have a negative impact on the provision of care.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety systems in place such as fire alarm, emergency lighting and fire doors. There was a service contract in place for all required equipment and the provider ensured that equipment was serviced as recommended. However, some improvements were required as a fire drill had not been completed following the resident's admission to this aspect of the centre and fire procedures which were specific to the centre had not been developed or displayed.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medications were stored appropriately and staff had been trained in the safe administration of medications. A review of records also indicated that all regular medication had been administered as prescribed. However, some improvements were required as a protocol for the administration of an as required medication was not in line with the associated prescription sheet.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

<p>The resident had a personal plan in place which clearly outline the care needs and how they preferred these needs to be catered for. Staff had a good understanding of the resident's needs and regular reviews of these needs were occurring. However, the inspector found that there was no assessment of need available for review which had been completed following their admission to this centre.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 6: Health care</b></p>
<p>The resident had good access to allied health professionals and the were review by medical professionals as and when required. They had no significant health care needs and the enjoyed a good quality of life.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 7: Positive behavioural support</b></p>
<p>The resident had free access to all areas of their home and there was one restrictive practice in place which was subject to regular review. The resident's behavioural support plan was also regularly reviewed with additional recommendations made on the day of inspection following a multidisciplinary team meeting. Staff who met with the inspector also had a good understanding of the resident's behavioural needs and they reported a marked reduction in incidents following their transfer to this area of the centre.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 8: Protection</b></p>
<p>Safeguarding underpins the quality and safety of care which is provided in designated centres. A review of daily notes indicated that there had been some incidents of concern. Although the safeguarding officer had reviewed some concerns, the provider was unable to demonstrate that all concerns had been fully reviewed and investigated to ensure that safeguarding incidents had not occurred.</p>
<p>Judgment: Not compliant</p>

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 21: Records	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Brinkwater Services OSV-0007772

Inspection ID: MON-0037976

Date of inspection: 04/10/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider has a robust management system in place and the PIC has knowledge of all issues arising in this centre. The provider has reviewed management systems to ensure that the systems in place continue to be robust and responsive to all issues that arise in the designated centre and will continue to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored. A suite of trainings is in place for all staff including mandatory training on safeguarding, and incident management training. Training records have been reviewed. All staff are up to date in relation to safeguarding training and are aware of the procedures that are in place for reporting any safeguarding concerns. All Schedule 5 policies, including a policy on safeguarding, are in place and are available to all staff. The management in the centre have reviewed all records and have planned a bespoke record management training for staff with the Quality Enhancement &amp; Development department. The management in the centre has also met with the Designated Officer in relation to any incidents of concern and has conducted a review of all behaviours of concern. Where the Designated Officer deems an incident as a safeguarding concern, the provider will ensure to notify HIQA in accordance with regulation 23 and company policy. The Designated Officer has advised that following this review no further action is currently required. Management has team meetings with staff members on a 6 weekly basis and any safeguarding or incidents of concern that should arise are discussed in full at these meetings. The management of incidents and records of MDT support and management review is maintained on an Online Information System, OLIS, to ensure up to date information is readily available to all staff.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In accordance with regulation 31 (1) (f). The management in the centre has met with the Designated Officer in relation to any incidents of concern and has conducted a review of all behaviours of concern. Where the Designated Officer deems an incident as a safeguarding concern, the person in charge will continue to notify HIQA in writing within 3 working days following any adverse incidents occurring in the designated centre; any allegation, suspected or confirmed, of abuse of any resident as per the Brothers of Charity Ireland safeguarding policy and guidance from the HSE safeguarding office in accordance with regulation 31 and company policy. The Designated Officer has advised that following this review no further action is currently required.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>In accordance with regulation 21 (1) (c), The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector. The management in the centre have reviewed all records and have planned a bespoke record management training for staff with the Quality Enhancement &amp; Development department.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In accordance with regulation 28, The person in charge has reviewed, amended and displayed fire procedures specific to each building within the designated centre. The registered provider will 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.</p>	
Regulation 29: Medicines and	Substantially Compliant



pharmaceutical services	
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In accordance with regulation 29, Medication audits to ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines, are regularly completed. All future audits will ensure that medicine, which is prescribed, is administered as prescribed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>In accordance with regulation 5, The organisation is accredited and independently audited by the Council for Quality and Leadership (CQL). This is an internationally recognised standard for excellence in services. Personal Outcome Measures (POMs) is our Quality Management System. POMs measures quality of life for the people we support by exploring the presence, importance, and achievement of outcomes, along with the supports that help people achieve those outcomes. Through POMs, people are supported to identify what is important to them in their lives as well as the supports they require for their best life. Through our Personal Profile system a comprehensive assessment of each individual's needs and wishes is identified and documented. The person in charge has met with Multidisciplinary team to review the assessment of supports and will ensure that a comprehensive assessment of the health, personal and social care needs of each resident is completed and reviewed as required or at least annually.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In accordance with regulation 08 (3) the person in charge will continue to initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse. This will be carried out in consultation with our designated officer and in line with our safeguarding policy and procedures, and with guidance from the national HSE safeguarding office. This information will be clearly documented and available for review. The registered provider has a robust management system in place. The provider has reviewed management systems to ensure that the systems in place continue to be robust and responsive to all issues that arise in the designated centre and will continue to</p>	

ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Training records have been reviewed. All staff are up to date in relation to safeguarding training and are aware of the procedures that are in place for reporting any safeguarding concerns. All Schedule 5 policies, including a policy on safeguarding, are in place and are available to all staff. The management in the centre has also met with the Designated Officer in relation to any incidents of concern and has conducted a review of all behaviours of concern. The Designated Officer has advised that following this review no further action is currently required. Management has team meetings with staff members on a 6 weekly basis and any safeguarding or incidents of concern that should arise are discussed in full at these meetings. The management of incidents and records of MDT support and management review is maintained on an Online Information System, OLIS, to ensure up to date information is readily available to all staff.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/10/2022
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	Substantially Compliant	Yellow	30/11/2022

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	13/10/2022
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	01/11/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Not Compliant	Orange	30/11/2022

	incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	15/12/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	15/12/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of	Not Compliant	Orange	13/10/2022

	abuse and take appropriate action where a resident is harmed or suffers abuse.			
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