Beechgrove/Acorns, OSV-0004703, 6 March 2019

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Beechgrove/Acorns
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	06 March 2019
Centre ID:	OSV-0004703
Fieldwork ID:	MON-0026617

About the designated centre

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

This centre comprises two bungalows just on the outskirts of a large town in Co. Westmeath. The centre provides 24 hours care and nursing residential support to both male and female residents over the age of eighteen years with an intellectual disability. One of the houses in the centre has five bedrooms, two bathrooms, a utility room, a sitting room and kitchen. There is a large garden to the rear of the house with a large outdoor storage shed. Transport is available to residents living in the house. The other house has four bedrooms with two bathrooms, a utility room and separate toilet area. There is a sitting room, living room, visitors room, and a kitchen and dining area. There is a large garden to the back of the house with a small garden at the front. Currently there is transport available to most of the residents living in this house. There is a full-time person in charge employed in this centre who divides her time between the houses. The centre employs four full-time staff nurses (intellectual disabilities), two part-time staff nurse (mental health), two full time staff nurses (general) and two part-time staff nurses (general). The centre also employs 12 full-time health care assistants.

The following information outlines some additional data on this centre.

Current registration end date:	16/12/2019
Number of residents on the date of inspection:	8

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 - 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
06 March 2019	11:00hrs to 20:00hrs	Julie Pryce	Lead
06 March 2019	11:00hrs to 20:00hrs	Jacqueline Joynt	Support

Views of people who use the service

There were eight residents in the centre on the day of the inspection, and the inspectors met and interacted with six of them. In one of the houses all residents came to meet the inspectors on arrival, and several were keen to have a chat. Some residents showed the inspectors their rooms, and some hobbies that they were engaged in. Residents told the inspector about a forthcoming day out that they were looking forwards to. They said that they were happy in their home, and were supported by staff.

In the other house some residents chose not to meet the inspectors. Not all residents communicated verbally, however some greeted the inspectors by gesture and facial expression. It was clear that residents enjoyed interactions, however some were observed by the inspectors to have long periods of inactivity and a lack of interaction throughout the day. It was not apparent that preferences outlined in the documentation relating to residents was always implemented.

Capacity and capability

The service was not adequately managed and governed, and this had a negative impact on the quality and safety of care delivered to residents. There was insufficient evidence of clear oversight of the service, or of the monitoring of support provided to residents.There was no evidence of a solution focused management response to examine overall systematic failings rather than localised shortfalls. This resulted in many non-compliances with the regulations remaining unresolved, and in a lack of quality improvement throughout the centre.

There was no person in charge in place on the day of the inspection. The arrangements in place for the running of the designated centre were not satisfactory and not in line with the compliance plan the provider submitted in September 2018. Furthermore, the absence of satisfactory arrangements had resulted in a number of specific regulation requirements not being met.

Staff in the centre were not aware of who was in charge, and it was evident that the management presence in the centre amounted to an infrequent visits from one of the persons participating in management. The arrangements for staff to contact a manger if required were not adequate. There were two managers identified as being on call on the day of the inspection, and their names and phone numbers were displayed in the centre. However neither number was reachable by the inspectors.

This lack of oversight resulted in poor outcomes for resident, inappropriate management of staff time and non-management staff undertaking management duties such as the staffing roster.

There was not a satisfactory system in place to identify and address areas for ongoing improvement in the centre. There was an annual auditing schedule in place in relation to quality improvements for residents however it was not currently being implemented. The inspectors found that in one house the 2019 audits had not been completed for January or February and in other house had not been completed for February. Therefore the provider did not demonstrate the capacity to self identify and proactively address issues in the centre.

Unannounced six monthly reviews and annual reviews were being carried out in line with regulation. Senior management had visited the centre on the first week of March 2019 to carry out a review of the centre however, not all aspects relating to the quality and safety of the centre were reviewed during the visit.

There were inadequate arrangements in place in relation to communication with staff. There was no evidence of staff meetings since the previous inspection, and no structures means of ensuring information was disseminated between staff.

Staffing levels and skills mix were adequate to meet the needs of residents, and improvements had been made since the previous inspection to ensure consistency of staffing so that residents were supported for the most part by staff who were familiar to them. A staffing roster was available, however staff task were not appropriately allocated and as a result the optimal support was not available to all residents.

Staff had received mandatory training however, some training was outstanding but due to be completed in the next four weeks. One to one supervision meetings, which support staff perform their duties to the best of their ability, had not been provided to staff as per the designated centre's supervision policy. Furthermore, due to the unsatisfactory arrangements in place while the person in charge was absent, the inspectors found that there was no appropriate oversight or day to day supervision in place.

On the day of the inspection the statement of purpose had not been reviewed and sections of the document were not in line with the service being delivered. However, by the end of the inspection the provider had updated the document to include current and accurate information about the service being delivered.

Regulation 14: Persons in charge

There was no person in charge at the time of the inspection, and the arrangements in place were not adequate.

Judgment: Not compliant

Regulation 15: Staffing

Due to the absence of a person in charge, staffing levels and skill mix to meet the needs of the residents could not be ensured at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff received inadequate day to day oversight and supervision. Furthermore, staff were not in receipt of the recommended one to one supervision meetings as per the organisation's supervision policy.

The inspectors found that most of the staff training was up-to-date however, outstanding training had been organised for staff within the next four weeks.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not ensure services provided were consistently and effectively monitored. There were no clear lines of accountability for decision making and responsibility of the delivery of services to residents. The compliance plan agreed from the previous inspection had not been implemented.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Improvements had been made in residents agreements, which had been updated. However agreements had not been signed by residents or their

representatives.

Judgment: Substantially compliant

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

The inspectors found that although this notification had been submitted the procedures and arrangements in place were not appropriate and resulted insufficient governance and management systems in the centre. Furthermore the arrangements listed on the form did not correlate with the compliance plan actions submitted in September 2018.

Judgment: Not compliant

Quality and safety

It was not demonstrated that all residents were supported to have a meaningful day, and improvements were required in the provision of healthcare for some residents. Improvements were also required in infection control procedures.

There were personal plans in place for each resident, although these were not all available in a format accessible to the resident. The information in the plans was not always implemented, in particular in relation to activities and interactions with residents. There was insufficient evidence that adequate activities were supported for some of the residents. Some residents were observed by the inspectors to have long periods of inactivity throughout the day, and that interactions which did take place were not as outlined in the guidance in personal plans. It was clear from the response of some residents to the inspectors that they enjoyed interaction. Therefore not all residents' social care needs were being met.

There was evidence of some of the residents having been involved in various training and development courses several years ago, but no evidence of programmes currently ongoing in relation to the maximising of residents' potential. There was a chart available in one of the houses to indicate the level of support that residents required for various aspect of daily living, however there was no evidence of reducing the level of support, and the chart was the same for each resident. This did not indicate person centred support in these areas.

There were personal plans in place in relation to healthcare needs for residents. There was evidence that residents had access to healthcare, to the appropriate members of the multi-disciplinary team, and that any changing healthcare needs were addressed in a timely manner. Interventions were implemented for the most part, and recordings of these were maintained. However some improvements were

required, including the incorrect settings on pressure reliving mattresses, and the implementation of exercise plans for residents.

Not all residents' rights were upheld, and not all agreed actions from the previous inspection in relation to residents' rights had been implemented. There was personal information about residents kept out in the kitchen area of one of the houses. There was staff office equipment in some of the residents' living areas, including filing cabinets in a living room and the staff work station in one of the dining rooms. There was a lack of accessible information available to residents, including their personal plans, and while there were boards in residents' rooms for indicating daily activities, these had not been filled in. While there was an outside smoking area available to residents this was not accessible after dark because of a lack of outside lighting. This meant that residents' rights to choice and to have their personal information protected in these areas were not being upheld.

Not all areas of the centre were visibly clean. There were various areas requiring attention including the cleaning of doors and paintwork, mop storage, dust in one of the houses and a used ashtray in one of the bathrooms. There was a strong smell of urine from one of the bathrooms, and badly stained flooring around one of the toilets. Cleaning schedule sheets were not regularly completed in one of the houses, so that there was insufficient evidence that an acceptable level of hygiene was maintained.

Overall the premises were not maintained to an acceptable standard. Various areas were in a state of disrepair and poor decor. These issues were long standing in the centre, and the agreed actions to improve the condition of the premises from the previous inspection had not been implemented. The governance and management systems in place were inadequate to ensure an acceptable level of maintenance of the houses.

There was a risk register in place which outlined some of the environmental risks, and individual risks, all of which had been risk rated. However there were inconsistencies and gaps in the risk assessments. Not all individual risk assessments included a resident's name or ID number, so that it was not clear from the register who these documents referred to. Not all risks had been included, for example a resident who was at risk of falls was described by staff as being 'linked' when going out, but there was no falls assessment or management plan documented. Some improvements were required to ensure overall oversight of risk within the centre.

Overall, there were good systems in place for the prevention and detection of fire. The inspectors found that the fire fighting equipment and fire alarm systems were appropriately serviced. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes. The inspectors found that improvements had taken place regarding simulated fire drills and arrangements were now in place for ensuring residents were aware of the procedure to follow. Furthermore residents personal emergency and evacuation plans had been updated so that residents mobility and cognitive understanding had been considered in the fire and evacuation procedure. Some actions required following the previous inspection in relation to the provision of adequate lighting on an escape route had

not been implemented. Overall the provider had demonstrated that residents safety could be maintained in the event of an emergency.

Regulation 13: General welfare and development

There was insufficient evidence that residents were supported to have a meaningful day, or that sufficient arrangements were in place to ensure residents were supported to maximise their potential.

Judgment: Not compliant

Regulation 17: Premises

The premises were not maintained to an acceptable standard.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management processes and structures were in place, but not all risks had been identified.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Not all areas of the centre were clean and well maintained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In one of the houses, a fire escape route had inadequate external lighting in

place. This action was outstanding since the last inspection. Furthermore, documentation relating to roles and responsibilities for fire precautions required updating to remove staff who were no longer working in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place, however they were not available in a format accessible to residents, and did not provide sufficiently for residents' social care needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were in receipt of healthcare in accordance with their needs, although some improvements were required in the implementation of healthcare plans.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights to a well maintained home were not upheld. Residents' rights in relation to their documentation and choice regarding accessing smoking areas were not upheld.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Beechgrove/Acorns OSV-0004703

Inspection ID: MON-0026617

Date of inspection: 06/03/2019

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A PPIM/ADON has commenced working in the centre on the 25th March 2019. A newly appointed PIC will commence working in the centre on the 20th May 2019. Support is provided from the PPIM/ADON on a daily basis to the staff working in the centre. Email and phone support and visits to both houses in the centre are provided. A full Induction will be implemented by the PPIM with newly appointed PIC on week commencing 20th of May 2019.and ongoing support within the role to be given.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff rosters are reviewed on a weekly basis by the PPIM in order to ensure that the relevant staff skill mix is in place. The PIC will continue to review rosters weekly in order to ensure that the staffing levels and skill mix meet resident's needs.	
Regulation 16: Training and staff	Substantially Compliant

development	

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Staff are in receipt of daily oversight and supervision from the PPIM.
Staff have access to the PPIM/ADON daily. On commencement of the PIC the PIC will be present in the center 5/7 Monday to Friday.
A supervision schedule has been completed for all staff in the center. Supervision meetings will commence with the PIC for all staff in accordance with the schedule.

The PPIM reviewed all training records in the centre.
All staff have completed all mandatory training and additional training specific to residents needs.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A PPIM/ADON has commenced working in the centre on the 25th March 2019.
A newly appointed PIC will commence working in the centre on the 20th May 2019.
Support is provided from the PPIM/ADON on a daily basis to the staff working in the centre.
The PPIM has reviewed the compliance plan from the previous Inspection and has ensured that all Actions have been implemented.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
All contracts of care have been reviewed and signed by the individual and or their representative.

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant
Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent: All notifications of procedures and arrangements for periods when the PIC is absent will be submitted to the authority in accordance with regulatory requirements. .	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: A review has been undertaken by the staff in the designated area of all meaningful activity plans for residents in the center. All meaningful activities in resident's personal care plans they will be updated with their families and support staff to ensure that arrangements in place to maximize potential and ensure that there are meaningful opportunities for activation on a daily basis. All residents to have a individualised personal care plan which reflects their level of needs and support for social integration and activation.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Emergency lighting has been provided to the smoking and fire escape area outside of one house in the center. Footpath's and level access building works outside one house in the center will commence on the 13th May 2019. Toilets have been replaced in both bathrooms in one house in the center. Flooring will be replaced in both bathrooms in one house in the center.	

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A review has been undertaken by the PPIM of the Risk Register in the centre All risk assessments have been updated in order to include the residents ID number. An up to date falls risk assessment and management plan is in place for the individual who was at risk of falls in the centre.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Deep cleaning has been carried out in both houses in the centre. Painting works will be completed in one house in the center. There is a cleaning schedule in place for both houses in the center and all staff have been advised at house meetings of the importance of adhering to the cleaning schedule including the safe storage of mops and buckets.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review was carried out of the fire Register. Details pertaining to the responsible person have been updated on the fire register. Emergency lighting has been provided to the outside escape routes in both areas.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Accessible formatting of Personal Plans has been made available to all residents.	

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: A review has been undertaken of each individual's health care plan. All residents in Acorn and Beechgrove been supported with their health care review.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Lighting will be placed over the smoking areas in the designated center. External emergency lighting has been provided in the designated centre. There is a plan in place to ensure cleaning and maintenance of the smoking shelter.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	17/06/2019
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Not Compliant	Orange	17/06/2019
Regulation 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Red	23/04/2019

Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant		22/07/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant		20/05/2019
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		17/06/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant		02/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the	Not Compliant		02/09/2019

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant		21/03/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant		02/09/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant		02/09/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery	Not Compliant		20/05/2019

	of care and support in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant		20/05/2019
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.	Not Compliant		20/05/2019
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant		17/06/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	25/03/2019

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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		17/06/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant		21/03/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant		21/03/2019
Regulation	The registered	Not Compliant		28/05/2019

28(4)(b)	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.			
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.	Not Compliant		14/04/2019
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, he or she shall give notice in writing to the chief inspector of the procedures and arrangements that will be in place for the management of the designated centre during the said absence.	Not Compliant		21/03/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days	Substantially Compliant	Yellow	17/06/2019

	after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant		21/03/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant		21/03/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	21/03/2019
Regulation 09(2)(b)	The registered provider shall ensure that each	Not Compliant		17/06/2019

	resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant		21/03/2019