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Childrens Respite Service, OSV-0007198, 16 December 2020

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

Issued by the Chief Inspector

Name of designated centre:	Childrens Respite Service
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	16 December 2020
Centre ID:	OSV-0007198
Fieldwork ID:	MON-0030808

About the designated centre

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

St Hilda's Childrens' respite service provides overnight respite breaks to four children and young people, age 5-18yrs, both male and female, with physical and intellectual disability.

The service is open on defined days each month and also provides an evening community respite for children and young people.

Care is provided by care assistants with nursing staff available one weekend per month and overnight on specific dates for residents who require this. The children continue to attend school or training as defined by their needs and ages.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Wednesday 16 December 2020	10:00hrs to 15:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

Due to changes to the respite dates for the Christmas period the inspector did not on this occasion meet with any of the young residents who use the service. The inspector did review residents' records, parents' questionnaires, audits, medicines management procedures, staff personnel files, rosters, governance reports, accident and incident reports, health and safety and fire safety records. The capacity of the centre had been reduced to allow the service continue and provide this much needed service in safety.

The centre was purpose built and comprises a five bedroom detached bungalow and provides respite for up to 13 residents currently. Only four of the bedrooms are used by residents.

There is a large combined kitchen/ dining room/ living room which is bright and spacious. The sensory room is spacious and very well equipped. The centre is very well decorated, warm, homely and comfortable, with ample communal and storage space.

The premises is fully accessible for the residents use with ramps installed and large suitably equipped wet rooms. There are ceiling hoists installed in all bedrooms. The equipment needed for the residents care and comfort, including specialist chairs, hoist and beds had been appropriately assessed and maintained as required for their safety. There is a large safe and suitably equipped garden and play area. The inspector reviewed questionnaires, completed by parents or relatives, which were unanimously positive of the service provided, how safe and happy their children were on coming to the centre, and the support offered by the provider during the COVID-19 pandemic.

Capacity and capability

This risk inspection was undertaken, announced at short notice, to ascertain the provider's compliance with the regulations and the provider's planning for and management of the COVID-19 pandemic. This was the first inspection of this centre since it was registered and opened in November 2019.

As part of the provider's proactive contingency planning for the public health emergency, the centres registration was varied in April 2020, to provide care for adult residents should an isolation unit be needed within the provider's organisation. The provider reverted to the function of a Children's Respite service in June 2020.

In order to maintain service and do so as safely as possible, the numbers admitted at any one time were reduced from four to three young residents.

The inspection found that there were governance systems in place, and a number of quality assurance systems were undertaken by the provider. Audits had been undertaken and the provider had completed the required unannounced visits, if remotely. Actions were identified for change, including the need to ensure staff had updated child protection training and revision of medicines management policies. The fence to the rear of the premises still awaits completion to secure the area for the children, but the provider had plans to address this. A detailed quality and safety report was also available to the provider.

However, despite these systems, the findings in relation to medicines management procedures, behaviour supports, deployment and rostering of staff and access to assessment information for the residents indicate that improvements are required in oversight and monitoring of this service at a local level to ensure the service, as it evolves, is safe and can meet the needs of the residents. The person in charge was suitably qualified and experienced and knew the residents very well. The post holder was also responsible for the pre-school service and this may account for some of the findings. Additionally, the inspector was informed that while there is always clinical out-of hour's advice available, there is no formal management on-call system, although the inspector was advised that staff know they can contact their manager if needed. Given the current environment this is a vital component.

The numbers and skill mix of staff were suitable and flexible to meet the individual residents' needs, including nursing support staff when necessary. The provider had employed a night nurse for specific occasions, in response to the identified needs of individual residents.

However, a number of nursing staff were regularly deployed from another of the provider's centres. While this was very positive and may ensure continuity, these staff were not identified on the rosters and the person in charge was not aware of who would be assigned the weekend following the inspection, or who had been assigned previously. A medicines incident had occurred, which on review, indicated that the nursing roster was disorganised which may have contributed to the issue. No remedial actions had been taken to address this in the interim. The person in charge acknowledged that there was no direct oversight or supervision of these staff. The inspector was also concerned at the systems for communication used at such points, to ensure any changing care needs for the residents were known.

From a review of a sample of personnel files the inspector found that the recruitment practices were safe and satisfactory. The training records reviewed indicated that staff had access to mandatory training to ensure that they had the skills to support the residents' varied care needs. Staff had undertaken COVID-19 specific training and regular updates were made available to them. However, staff had not been trained in the uses of clamps for wheelchairs in the vehicle, which prevented a small number of residents having access to the vehicle for recreation.

There were no complaints or concerns recorded since the centre opened but the provider had a detailed policy in place to manage such issues.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been submitted to the Chief Inspector. Such events were not a feature of this service.

It is acknowledged that findings of this report are influenced by a number of factors, including the opening and then closing of service, the impact of the pandemic and the time frame needed to develop and embed systems to support the care of the residents in a respite service, which does present challenges in many areas.

Regulation 14: Persons in charge

The person in charge was suitably, qualified, experienced and knew the young residents very well.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff were suitable and flexible to meet the individual residents' needs, including nursing staff when necessary. The provider had employed a night nurse for specific occasions, in response to the identified needs of individual residents. Recruitment procedures were satisfactory.

There was however, no planned and actual staff rosters detailing who would be on duty at certain times.

Judgment: Not compliant

Regulation 16: Training and staff development

While there was a supervision system implemented for the staff who worked in the centre fulltime, the additional staff deployed regularly from another centre were not

monitored by the person in charge.

Staff did not have the necessary training in the use of wheelchair clamps in the vehicle to allow some residents to use this.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspection found that there were governance systems in place, and a number of quality assurance systems were undertaken by the provider. Audits had been undertaken and the provider had completed the required unannounced visits. However, as demonstrated the findings of this inspection, improvements are required in implementing strategies for oversight of care, at a local level, to ensure the service, as it evolves, is safe and can meet the needs of the residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required amendments to indicate the specific care and support needs to be accommodated and the details of the conditions of registration.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector noted that all of the required notifications had been submitted to the Chief Inspector. Such events were not a feature of this service.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints or concerns recorded since the centre opened but the

provider had a detailed policy in place to manage such issues should they occur.

Judgment: Compliant

Quality and safety

The inspector found that the residents respite periods were planned and managed in a manner so as to ensure that the residents had a relaxed and positive experience. The service operated from Wednesday afternoon until Sunday or Monday morning over 16 days per month. Residents attended for between one to three nights, dependant on the need for support.

During the weekdays, the residents continued to attend school, so as not to disrupt their education or training, and then had a break at the weekend. The physical environment was laid out in a manner so as to ensure that their physical care needs could be supported.

While the COVID-19 pandemic has impacted on the residents' ability to access external recreational facilities during their stay, staff used the well-equipped sensory room, arts and craft and music to support the residents. They had opportunities for play and there were supported as they remained in education and before transitioning to adult services. There were very detailed synopsis as to the residents' personal preferences, likes and dislikes, favourite personal items available to support them.

However, a significant challenge for respite services is to ensure that all relevant and up-to-date information was available between admissions. This was not consistently evident, and from a review of documentation and speaking with the person in charge, there was a dependence on informal communications to access this information. The details of some pertinent information was not available to inform the residents support plans in the centre. For example, in some instances the outcomes of clinical assessments undertaken, such as speech and language or physiotherapy were not available. The person in charge advised that reviews of the residents care would commence in January 2021 and would as appropriate, be held in conjunction with day service, schools and families.

There were good systems in place to support and monitor the resident healthcare needs. While the primarily responsibility for accessing such care remains with the families, there was good access to clinical supports via the nursing staff and out-of-Hours GPs if necessary. Their healthcare support plans were very detailed and it was obvious from the records that the staff monitored this very closely. The residents also had detailed communication plans devised which were obviously based on good knowledge of their communication needs and their verbal and non-verbal communication, which assisted staff in ensuring that their wishes and needs were understood.

The provider had ensured that transport was available to the residents so they could go out to activities or drives on the weekends.

The systems for managing and monitoring of medicines however, required review to ensure they were safe. As is customary in respite services, medicines are submitted on admission with the resident. There was a system for recording and checking the medicines submitted. However, the records of those medicines were not clear or accurate. This presented risks due to the nature of some of the medicines concerned. Additionally, an emergency medicine was discovered by staff to be well out-of-date. This could have posed a significant risk to the resident had it been required during the respite stay which had occurred. In response to this, the location of the medicine storage area was altered. In discussion with the person in charge, the inspector was unable to ascertain how this had occurred, or if staff had realised the medicine was not available for use when the resident was admitted in the intervening period.

The young residents were protected from harm in a number of ways. As required by legislation, there was a child safety statement and the child protection policy was in the process of revision to ensure that all matters required were included. The mandated persons were identified and the person in charge was the designated officer with reporting responsibilities. Each resident had a detailed intimate care plan, There were unannounced visit taking place as an additional safeguarding measure. In addition, the admissions were planned so as to ensure compatibility of need and ages for the children, and thereby avoiding situations of conflict. The pocket monies which the residents brought with them, or left for safekeeping, were carefully recorded.

A number of behaviour support plans were devised, where such guidance was needed or available. However, one plan, written by the staff, indicated that a medicine was to be administered, which the person in charge advised was not prescribed for use for the residents in such situations. It was apparent that this plan had not been reviewed or monitored to ensure that it was in accordance with medicines management practices, and evidence based use of medicine for the support of behaviours of concern. The use of environmental or other restrictions was minimal, implemented for the residents own safety, assessed appropriately and reviewed.

There were strategies in place for the management of risk, including health and safety audits, emergency plans and systems for assessing and responding to risk. Each resident had an individual risk assessment and management plan implemented. However, the risk register which had been compiled was generic, and did not take account of the potential risks inherent in the environment or for the individual residents which would ensure that the risks were being continuously reviewed and identified in such a fluid service.

Prior to opening, the provider had installed a range of good fire safety management systems to protect the residents. These included suitable containment measures, alarms and emergency lighting which had been serviced as required. Staff did regular checks on these systems. However, while a number of practice fire drills had

taken place, none had been conducted to simulate either night time evacuation or single staff evacuations which may be required. In addition, the nursing staff assigned regularly from another centre had not participated in a practice drill. As they were assigned to support residents who required high support for such events, this should have been prioritised.

The provider's preparedness and response plan for the COVID-19 pandemic was detailed and acknowledged the increased risks and challenges of this virus to a respite service. However the provider recognised the need to re-commence the vital respite for the young residents. Home supports continued in some instances so as to provide some support to families. To this end, a number of systems were implemented specifically for respite services. There was a COVID-19 lead responsible which ensured that training was provided to staff and all updated guidance was available. A number of preventive strategies were deployed within the centre. These included no visitors to the centre, which given the nature of the services was satisfactory. Increased sanitising processes were implemented between admissions and there were protocols for staff coming on and leaving duty. There was a sufficient supply of PPE available. There was a pre-admission protocol for the residents, along with arrangements with the schools they attended, to prevent the spread or risk of infection. However, there was a lack of clarity evident in the actions to take should one resident present with symptoms, and have to go home, as to the status of the remaining residents, in terms of contacts, and whether they would continue to attend school. The person in charge was requested to seek further advice from the public health experts with particular reference to this type of service.

Regulation 10: Communication

The residents had detailed communication plans devised which were obviously based on good knowledge of their communication needs and their verbal and non-verbal communication, which assisted staff in ensuring that their wishes and needs were understood.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had opportunities for play and development and they were supported as they remained in education or training, before transitioning to adult services.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built, well laid out, very comfortable and suitable to meet the varied needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were strategies in place for the management of risk, including health and safety audits, emergency plans and systems for assessing and responding to risk. Each resident had an individual risk assessment and management plan implemented. However, the risk register which required review so as to ensure that risks were being continuously reviewed and identified in such a fluid service.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider's preparedness and response plan for the COVID-19 pandemic was detailed and acknowledged the increased risks and challenges of this virus to a respite service.

However, the person in charge was required to seek further advice from the public health experts with particular reference to this type of service, in the event of a suspected or confirmed case during the respite period.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had installed a range of good fire safety management systems to protect the residents. However, while a number of practice drills had taken place, none had been conducted to simulate either night time evacuation or

single staff evacuations. In addition, the nursing staff assigned regularly from another centre, had not participated in a practice drill.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The systems for managing and monitoring of medicines required review to ensure they were safe, with accurate records maintained, procedures for ensuring the resident medicines were present and in-date on admission and that medicines which are not prescribed for specific purposes are not administered.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the residents respites were planned and managed in a manner so as to ensure that the residents had a relaxed and positive experience. However, there was no formal systems for ensuring that up-to-date information was available between admissions or that formal assessment carried out were available to inform the childrens' support plans being developed. This was not a consistent finding however, and in some instances there were detailed and well informed plans devised to ensure their care needs were known and could be met. There were very detailed synopsis as to the residents' personal preferences, likes and dislikes, favourite personal items available to support them and the respites were planed to provide enjoyment and fun.

Judgment: Substantially compliant

Regulation 6: Health care

There were good systems in place to place to support and monitor the resident healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans devised were not monitored to ensure they did not include the use of non-prescribed medicines and were implemented in accordance with evidence based guidelines for such strategies.

Judgment: Not compliant

Regulation 8: Protection

The children were protected from harm in a number of ways, with appropriate child safety statements and the child protection policy in place. The mandated persons were identified and the person in charge was the designated officer with reporting responsibilities. No current safeguarding concerns were reported. Admissions were planned so as to ensure compatibility of need and ages for the children and thereby avoid situations of conflict.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Childrens Respite Service OSV-0007198

Inspection ID: MON-0030808

Date of inspection: 16/12/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff full names are now documented on rosters. Completed 17/12/20. The planned and actual roster shall be properly maintained by the Team Leader on a monthly basis. The PIC shall review the roster to ensure it is in compliance with regulation 15(4). The Provider will review the staff allocation to the children's service to see if the nursing hours provided can be consolidated and allocated to a single nurse (s) to build expertise and skills required for working with Children with higher needs. This part of the action plan will be part of the Provider review of the service to be completed by 1st April.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will conduct supervisory meetings for all staff working at her centre by 15/1/21 in compliance with Regulation 16(1)(b). Clamping training will be completed by 20/2/21 or sooner if it is deemed safe to do so (COVID 19 Level 5 Restrictions). The PIC will ensure this is completed.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will review her procedures for conducting the oversight of care. The review will put in place a schedule for the PIC to perform checks on the following:</p> <ul style="list-style-type: none"> • Implementation of medication procedures relating to storage, stock and administration of records in place by the provider • Implementation of procedure for gathering updates each time the child comes to respite that is documented. • A schedule to review all files to ensure all health care updates from health professionals are on the file and form part of the support plan of the child. • Review the behaviour support plans with Key workers and educators and health professionals to ensure it is purposeful and valid in what it seeks to do. <p>This will be completed by the PIC by 31st of Jan 2021.</p> <p>A complete review of the oversight and governance of the Childrens Respite Services will be completed 1/4/21 and the Provider will review the checks put in place as part of this process.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Amendments to the Statement of Purpose and Function regarding Care and support needs, Details of registration has been completed 11/1/21.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk register has been reviewed to include individual and centre specific risk. All individual risk assessments are currently being reviewed in line with National guidance Disability Services 6/1/21 and this should be completed by 15/1/2021</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There is a contingency Plan in place in line with Public Health guidance. The Provider reviewed the procedures for staff in the event of a suspected case and is satisfied that this is in line with Public health. The Procedure is clearly displayed for all staff. This was validated by Residential Manager on 11th Jan 2021</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Nurse completed for fire drill carried out 20-12-20 Single staff evacuation completed 5-1-21</p> <p>Simulated fire drill will be carried out on the 14/1/21 and arrangements for further simulated fire drills are in place.</p> <p>The PIC will confirm to Provider that all staff working at the centre have completed Fire Drills by end Jan 2021.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All staff to review Medication Policy and strict adherence to this policy will be implemented by the PIC.</p> <p>Sleep over staff will be responsible for checking and recording all medication on arrival to the centre for respite</p> <p>The PIC will confirm to the Nurse for Services that:</p>	

- Implementation of medication procedures relating to storage, stock and administration of records is place.

The Nurse for Services will conduct a Medication Audit to reassure the Provider that the organisation's policy in relation to medication is being implemented at the centre. The date for this audit will be confirmed and subject to COVID Restrictions estimate 14th Feb 2021.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 The PIC will:

- PIC will request speech and language, physiotherapy and OT reports from the school age team. The team leader will review reports and add them to relevant care plans.
- Request copies of any health-related reports from parents.
- Put in place a Continuity of care communication document to contain updated information on the child and is to be used on admission each time a child comes back to respite.
- Ensure Team record notes are documented in mornings also to document overnight and mornings 7/1/21
- Pre admission information needs to be completed by way of update for each individual attending respite in the centre

These actions will be completed by 31st Jan 2021

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 The PIC will:

- Request school age team psychologist for behavior support plans.
- Develop a plan where its needed and discuss with school age team and supports of the child including the family.

31st Jan 2021



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 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.	Not Compliant	Orange	17/12/2020
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	20/02/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/01/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/01/2021

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/01/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	11/01/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Not Compliant	Orange	14/01/2021

	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 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.	Not Compliant	Orange	14/02/2021
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure	Not Compliant	Orange	14/02/2021

	manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/01/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/01/2021