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Eden House Respite Service, OSV-0005010, 02 February 2022

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Eden House Respite Service, OSV-0005010, 02 February 2022', [report], Health Information and Quality Authority, 2022-03-05, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-03-13 13:41:55
Link to Item	https://hdl.handle.net/20.500.14765/106032



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

Issued by the Chief Inspector

Name of designated centre:	Eden House Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	02 February 2022
Centre ID:	OSV-0005010
Fieldwork ID:	MON-0027383

About the designated centre

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

Eden House provides respite care and support for up to 6 male and female residents who are over 18 years of age and who have severe to profound intellectual and physical disabilities. The centre is a large comfortable bungalow with a garden. It is sited in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Residents are supported by a staff team which includes a clinical nurse manager, nurses and care assistants. Staff are based in the centre when residents are present and a staff member remains on duty at night to support residents. There are also additional staff members based in the complex at night to provide additional support as required, or in the event of an emergency. The person on charge is based in an office adjacent to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 2 February 2022	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor ongoing compliance with the regulations.

On arrival at the centre staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

This centre provides a respite service for 13 residents. While the centre is registered to accommodate up to six residents, it currently accommodates up to four residents per night. The length of stays typically varies from one to three nights at a time. Residents are supported to attend their day services during the day time while availing of respite services.

At the time of arrival, residents were departing by minibus to attend their respective day services. The inspector met with staff working in the centre, the person in charge, reviewed documentation and inspected the house. The inspector met with all four residents later in the afternoon when they returned from their day services. Questionnaires submitted in advance of the inspection were also reviewed and indicated a high level of satisfaction with the service provided.

Some residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. There was a calm, relaxed and fun atmosphere in the house visited. Staff were observed to know residents well, chatting about family and topics familiar to the residents. Residents were observed enjoying the interaction and company of staff, as they sat and relaxed in the communal areas while the evening meal was being cooked. One resident told the inspector about his favourite dinner and staff confirmed that they were cooking it for him.

It was clear from what some residents said, from what the inspector observed and from a review of documentation that residents had a good quality of life, had choices in their daily lives and actively partook in activities that they enjoyed when availing of respite services.

There were stable staffing arrangements in place. Staff reported that they had worked in the centre for several years and were well known to residents and their families. Staff were very knowledgeable regarding individual residents needs, likes, dislikes and interests.

The centre was a comfortable single storey house with well-maintained gardens. It was located on a campus setting, in a residential area on the outskirts of a city. The external areas of the house were well maintained with colourful flower pots at the entrance area providing an inviting entry. The centre was warm, visibly clean, furnished and decorated in a homely style. There were lots of framed photographs

of residents enjoying a variety of activities displayed throughout the communal areas of the house.

There was a variety of communal spaces available, the layout and design allowed residents to enjoy a variety of settings including space to relax in quieter areas if they wished. There was a well equipped kitchen, laundry and sufficient bathrooms and toilets. Residents were accommodated in individual bedrooms which were comfortable and nicely decorated. However, bedrooms were not sufficient in size to accommodate equipment required by some residents. For example, wheelchairs could not be stored in bedrooms at night time.

The house was well equipped with aids and appliances to support and meet the assessed needs of the residents. Overhead ceiling hoists were provided to all bedrooms and bathrooms to assist with mobility. Specialised equipment including beds, bath and showering equipment was provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. Corridors were wide and clear of obstructions which promoted the mobility of residents using wheelchairs.

Residents had easy access to a well maintained courtyard garden to the rear of the house. There was a paved patio area with outdoor dining table and chairs, a lawn area and swing. Staff mentioned how some residents enjoyed spending time outside during the summer months and would often have their meals outside in warm weather.

Residents were supported to engage in meaningful activities that they enjoyed while availing of respite breaks in the centre. Each resident had their preferred activity schedule documented in a suitable format. Residents were supported to attend day services during the day. In the evening time and at weekends, residents were supported to go for walks in the local area, drives to places of interest, visit the shops, go for coffee, get takeaway meals and go to the cinema.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. Staff had established residents' preferences through the personal planning process and ongoing communication with residents and their representatives.

Throughout the inspection, it was evident that staff prioritised the welfare of residents and that they ensured residents were supported to live person-centred lives where their rights and choices were respected and promoted.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This was an announced inspection. The registration of this centre was due to expire in July 2022. Prior to the inspection, the provider had notified the Chief Inspector of its intention to cease operating this designated centre and had applied to register another house on the same campus. The provider intends to move the service provided in this centre to the new designated centre. The person in charge confirmed that the staff working in the centre would also be moving to the new centre.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who received respite services in this centre. This centre had a good history of compliance with the regulations.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary qualifications to carry out the role. The person in charge was supported in their role by the area manager and team leader. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and the statement of purpose. The staffing roster reviewed indicated that there was a regular staff pattern and a number of locum staff were also employed. Staff were available in the centre when residents were present and a waking staff member remained on duty at night to support residents. There were additional staff members based on the campus at night time to provide additional support if required, or in the event of an emergency.

Training was provided to staff on an on-going basis. Records indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. Staff had also attended other training that was appropriate to their roles and to the assessed care needs of residents using the service including medication management, management and replacement of gastrostomy tubes, training on the use of hoists, dysphagia and epilepsy.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review from 2020 had been completed and the person in charge advised that the review for 2021 was in progress. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Unannounced audits continued to be carried

out twice each year on behalf of the provider. While issues identified as a result of these reviews had been addressed, further oversight was required in relation to the use of bed rails at night time to ensure compliance with national policy on the use of restrictive practices and to some aspects of fire safety management.

Regular reviews of identified risks, health and safety, COVID-19 prevention and management, accidents and incidents, complaints and medicines management were completed. Records reviewed indicated a high level of compliance with audits.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative, however, a small number of policies were outside of their review dates.

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received since the last inspection and there were no open complaints. All complaints were reviewed by the person in charge and were discussed as a standing agenda item at the team meetings. Feedback from satisfaction questionnaires completed by family members indicated a high satisfaction with the service provided.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents and in line with that outlined in the statement of purpose. Staffing rosters reviewed showed that this was the regular staffing pattern.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management, management and replacement of gastrostomy tubes, training on the use of hoists, dysphagia and epilepsy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to monitor and review the quality and safety of care in the centre however, further oversight was required in relation to:

- the use of bed rails at night time
- some aspects of fire safety management

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in an accessible and appropriate format in the main hallway.

There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some policies had not been updated in line with their review date.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents received a good quality service and that there were suitable arrangements in place which ensured a person-centred service. Each resident's well-being was promoted, independence and community involvement was encouraged. Some improvements were required to ensure a safer service such as, ensuring that bed rails in use at night time were being used in line with national policy and to some aspects of fire safety management.

The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met during respite breaks. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although staff in the centre also supported these assessed needs and plans during respite stays.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated in an urban area and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own vehicle, which could be used for outings or any activities that residents enjoyed.

Residents were supported to enjoy a range of activities during their respite stays including going for walks in the locality, going for drives to places of interest, visiting the shops, going for coffee, getting takeaway meals, going to the cinema and spending time in the garden. Staff spoken with advised that due to the COVID-19 restrictions, activities such as going to music concerts, going swimming and eating out had not been taking place but were now hopeful that residents would soon be able to resume attending those activities that they enjoyed.

There were arrangements in place to ensure that residents' healthcare needs were being delivered appropriately. Due the short and intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly supported by their families. Nursing staff spoken with were familiar with and knowledgeable regarding residents up-to-date health care needs. Personal plans in place were detailed, person centered and in place for all identified healthcare needs.

The house was well equipped with aids and appliances to support and meet the

assessed needs of the respite service users. Overhead ceiling hoists were provided to all bedrooms and bathrooms to assist with mobility. Specialised equipment including beds, bath and showering equipment was provided. Low low beds, crash mats and sensor alarms were in use for some residents assessed as being at high risk of injury due to falling from bed. However, bedrails were in use for six other residents and the inspector was not assured that the use of these bed rails at night time was being managed in line with national policy. Risk assessments completed did not include a clear rationale for the use of the bed rails and did not indicate what other alternatives had been tried or considered. There was no evidence of multi-disciplinary team input into the decision to use the bedrails. There were no care plans in place to guide staff in the safe care of residents using bed rails and their use was not mentioned in the residents night time routine. This issue was discussed with the person in charge who agreed to review the use of all bed rails.

The house was comfortable, visibly clean, furnished and decorated in a homely style. Service users were accommodated in individual bedrooms which were comfortable and nicely decorated. However, bedrooms were not sufficient in size to accommodate equipment required by some residents. For example, wheelchairs required in the event of evacuation at night time could not be stored in bedrooms. The person in charge explained that residents will be accommodated in larger bedrooms more suited to their assessed needs following the planned move to the new designated centre on campus.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection. Staff had received training in managing behaviours of concern. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies.

There were systems in place to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. A dedicated housekeeper was employed. There was a cleaning schedule in place, the building and equipment used by residents was found to be visibly clean. Residents had their own personal equipment including hoist slings in line with best practice in infection control. The laundry room was well equipped and maintained in a clean and organised condition. Staff spoken with were knowledgeable regarding infection prevention and control systems in place for laundering of clothes and cleaning equipment.

Overall, there were good arrangements in place to manage risk in the centre,

however, some improvements were required to some aspects of fire safety management. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, emergency plan and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. The person in charge advised that there were a maximum of four residents being accommodated per night based on their assessed evacuation needs. While regular fire drills had been completed simulating both day and night time scenarios, improvements were required to fire drill records to ensure they accurately and clearly reflected the number of staff involved in the drills. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. While daily fire safety checks were carried out and recorded, monthly checks on the fire alarm system were not being completed or recorded in line with the centres own policy. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Bedrooms were not sufficient in size to accommodate equipment required by some residents. For example, wheelchairs required in the event of evacuation at night time could not be stored in bedrooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were generally suitable arrangements in place to manage risk in the centre,

however, some improvements were required to

- some aspects of fire safety management and are included under Regulation 28: Fire Precautions,
- to the management of restrictive practices (bed rails) and is included under Regulation 7: Positive behavioural support

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Fire drill records required improvement to ensure they accurately and clearly reflected the number of staff involved in each drill.

Monthly safety checks on the fire alarm system were not being completed or recorded.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents'

healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

Judgment: Compliant

Regulation 7: Positive behavioural support

The use of bed rails were not managed in line with national policy

- Risk assessments completed did not include a clear rationale for the use of the bed rails.
- There was no evidence that other alternatives had been tried or considered.
- There was no evidence of multi-disciplinary team input into the decision to use the bed rails.
- There were no care plans in place to guide staff in the safe care of residents using bed rails.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eden House Respite Service OSV-0005010

Inspection ID: MON-0027383

Date of inspection: 02/02/2022

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>A multi-disciplinary review of the use of bedrails took place on February 21st and night time care plans and routines have been amended to include further information on the use of bedrails for each of the individuals involved. Bedrails are no longer in place for two individuals as a result of the review. Risk assessments have been completed and now include a clear rationale for use. Management will ensure that bedrails are used in line with national policy and that alternative options are explored where appropriate. Ongoing review of the use of restrictive interventions and relevant paperwork are now included as part of the Person In Charge quarterly audit.</p> <p>In relation to fire safety management a new system is in place to record the monthly monitoring of the fire safety system and oversight of all fire safety systems will be included in the quarterly audit completed by the PIC. This audit will also include the review of drills completed in the quarter to ensure accurate recording and sharing of learning from fire drills.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policies that are out of date have been referred to the National Policy management group. One policy had been reviewed but was not updated in the folder at the time of the inspection, the updated version has since been included in the folder.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The size of the bedrooms is the primary reason why we are relocating this service. Works are underway in the new location which will provide rooms that will ensure all equipment can be accommodated.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A new monthly recording system is in place to monitor the fire system. The recording of fire drills has been reviewed and where necessary information has been updated. Clear guidelines on the completion of paperwork relating to fire drills is now in place.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A multi-disciplinary review of the use of bedrails has taken place and night time care plans and routines are currently being amended. Risk assessments have been completed and now include a clear rational for the use of the bedrails. Information gathering is taking place for some individuals to explore the feasibility of alternative options and further multi-disciplinary review will take place once information has been gathered to identify and introduce alternatives to the use of bed rails if deemed appropriate.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	Yellow	31/03/2022
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	15/03/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	03/02/2022

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 so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	03/02/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/05/2022
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	15/03/2022