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**Oakvale, OSV-0002463, 10 May 2021**

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

## Issued by the Chief Inspector

Name of designated centre:	Oakvale
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	10 May 2021
Centre ID:	OSV-0002463
Fieldwork ID:	MON-0032627

## About the designated centre

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

Oakvale provides high support residential care for up to 30 adults with an intellectual disability and/or autism. Oakvale is comprised of five separate six bedded bungalows located in a campus setting in County Cork. All 5 bungalows are joined by a link corridor. Two of the bungalows have five bedrooms while three of the bungalows have six bedrooms. Within each bungalow there is a kitchen/dining room, sitting room, bedrooms and bathrooms. There is one double bedroom in each of the two bungalows that have five bedrooms, all other bedrooms are single occupancy rooms. Oakvale is the residents' home and is open twenty four hours a day, 7 days a week. Residents are supported through a medical model of care. The staff team is comprised of nurses and health care assistants who provide support to residents by day and night.

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

Number of residents on the date of inspection:	28
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## 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
Monday 10 May 2021	10:00hrs to 18:00hrs	Elaine McKeown	Lead
Monday 10 May 2021	10:00hrs to 18:00hrs	Lucia Power	Support

## What residents told us and what inspectors observed

On the day of the inspection, the inspectors had the opportunity to meet with 15 of the residents in the designated centre. The inspectors visited four units of the designated centre, inspectors visited two units each. The inspectors were introduced and spoke with residents in their homes, while adhering to public health guidelines and wearing personal protective equipment (PPE). To reduce movement in the bungalows, as a result of the COVID-19 pandemic, the inspectors conducted the documentation review in the administrative building located on the campus. Inspectors noted that the residents were well supported by staff and staff interactions were respectful taking into account the individual care needs of residents. One resident told the inspector that they moved into their new home in the last month and they preferred this environment as it was at ground level. This resident enjoys sport and on the day of inspection a satellite service was been installed for their individual use. The inspectors observed that there was sufficient staffing on duty to provide supports to the residents, these staff had a good understanding of the individual preferences of each resident and it was observed that residents felt comfortable with staff.

Some residents were observed to spend time in preferred areas of their home such as a sunny window seat or near a large window where a resident told the inspectors that they liked to watch the different types of cars passing on the main road. Another resident had been supported by staff to colour their hair. Some residents could also choose to spend time sitting in the bright link corridor; inspectors met one resident who stated that they were very happy with their home, enjoyed listening to their radio and reading the newspaper on this corridor. One resident had been assisted to decorate their bedroom with many personal items and a seating area was now available to the resident where previously they had shared the bedroom space with a peer. Inspectors were informed that there remained only one shared bedroom in the designated centre. This will be further discussed in the next section of the report.

Staff explained to the inspectors how residents had been supported during the pandemic restrictions which included involving residents in baking, music sessions and art activities. Staff outlined how residents had been supported to maintain contact with family members through regular video calls, window visits and pre-planned social distancing visits. Staff in one bungalow showed the inspector a number of newsletters that had been compiled by the staff. Each resident in that bungalow had their own newsletter; it contained photographs of the resident participating in activities in the designated centre and detailed what they had been doing and how they had coped during the public health restrictions. These newsletters were sent to the family members of each of the residents. Staff were happy to report that the feedback from the families was positive and staff plan to send another newsletter during the summer months.

Staff spoke of different activities that residents enjoyed prior to the pandemic

restrictions which included going to restaurants, hairdressers and horseriding; framed photographs were on display in one of the sitting rooms of a boat trip that had been enjoyed by some of the residents. In previous years prior to the pandemic residents had also been supported to have their Christmas party in a local hotel; however staff supported the residents to have a party in their own bungalows in December 2020 while adhering to the public health guidelines. While some of the residents were supported to attend an activation centre on the campus, staff informed the inspectors that residents were not supported to leave the campus setting for walks or spins while the public health restrictions were in place. Staff did outline how they consulted with residents regularly regarding bringing in treats such as ice cream or takeaways as per residents' wishes. While the residents were provided with their dinner from a central kitchen on campus, staff explained how residents can choose what they would like to have and how evening meals are made by staff in each bungalow. The kitchen in one of the bungalows was kept locked; however, residents were supported to access the kitchen under the supervision of staff but would not be regularly involved in meal preparation due to a number of factors which included the heightened anxiety of one resident when they had access to the kitchen, special dietary needs of another resident and the requirement of supervision of hygiene practices.

The premises was clean and homely with personal possessions evident in resident's bedrooms. However, some maintenance issues were noted; for example, rust was observed on some bathroom pipes and damaged surfaces on storage presses. In addition, there were works that remained outstanding to support residents who required the use of wheelchairs to access all areas of their home. These issues were also identified in previous inspections and were scheduled to be addressed by December 2020 but the public health restrictions impacted the works being completed. The person in charge outlined to the inspectors the advanced plans to get the required works completed.

Staff spoken to during the inspection were familiar with individual preferences and routines of the residents they were supporting. Some residents had complex medical needs and were supported through a medical model of care. Staff explained that residents had coped well during the pandemic and outlined how they had successfully kept residents in the designated centre safe when one resident contracted COVID-19. All residents apart from one resident had either been fully vaccinated or had received their first dose of the vaccine. However, inspectors found evidence that residents had been restricted to access community activities prior to any pandemic restrictions being implemented in March 2020. The provider had identified risks since 2019 which included availability of staff to drive residents to community activities which impacted residents ability to exercise choice and engage in preferred individual activities away from the campus setting. In addition, the report from the provider's most recent six monthly audit completed in April 2021 identified that there was insufficient evidence to indicate that alternative, risk-assessed social activities had been implemented while acknowledging the impact of the public health restrictions in place due to the pandemic.

## Capacity and capability

Overall, the inspectors found that there was a requirement for further improvements with the governance and management systems in place to promote a good quality, safe and person-centered service for residents. This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in December 2019 had been completed and to inform the decision to renew the registration of the designated centre.

The person in charge worked full time, they had a remit over this designated centre. They were supported in their role by a staff team that was comprised of nurses and care assistants and ensured they had regular contact with all staff members. They were very knowledgeable of the requirements of their role and responsibilities. While scheduled staff training had been impacted due to the pandemic, the person in charge had ensured all staff had completed safeguarding and infection control and protection training on-line. There was planned training for staff in the weeks following the inspection in the areas of fire safety, medication management, administration of emergency medication and managing behaviours that are challenging. However, at the time of the inspection 34% of staff required refresher training in managing behaviours that challenge and 9% in fire safety training.

The person in charge had ensured complaints that had been made in the designated centre had been dealt with as per the provider's policy. There was one open complaint on the day of the inspection, this related to a shared bedroom in one of the bungalows. The person in charge had placed this on the risk register and outlined how the provider was actively seeking a solution to the complaint. The inspectors were informed during the inspection of concerns that had been raised regarding the support provided to a resident. Following the inspection the provider outlined the procedure that was being followed regarding this concern.

The provider had ensured that management systems were in place that had oversight in the designated centre, an annual review and six monthly provider-led audits had been completed. However, ongoing risks identified since 2019 in relation to residents' being supported to engage in social activities outside of the campus setting remained unresolved.

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

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured the number and skill mix of staff was as per the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had received training including online training in safeguarding and infection prevention and control. A schedule of training for 2021 was also in place. However, not all staff training was up to date at the time of the inspection.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured an annual review and six monthly audits had

been completed in the designated centre. However, the findings of these reports and this inspection have identified that further improvements are required to ensure the service provided is appropriate to residents' needs.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge ensured planned new admissions to the designated centre were supported and in line with the statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured complaints received were managed as per procedure.

Judgment: Compliant

## Quality and safety

The provision of service in this centre was primarily focused on a care model and further improvements were required in relation to general welfare and development and residents rights. In addition, not all actions identified in the previous inspection of December 2019 regarding regulation 17 had been addressed.

The designated centre was clean, bright and welcoming with personal pictures evident in both bedrooms and communal areas. However, as previously mentioned in the report, the inspectors observed general maintenance issues in some areas of the designated centre which included rust evident on pipes in some of the bathrooms and damage to surfaces on some storage units. In addition, areas of the designated centre remained un-accessible to some residents who required the use of wheelchairs, this was also identified in the previous inspection report of December 2019. An environmental audit conducted in March 2021 also identified issues. However, actions had not yet been taken to resolve all of the issues at the time of the inspection.

The provider had in place good person centre plans that incorporated information about the resident which were clear and written in a respectful manner. Goals identified were short and long term. There was evidence that goals were been reviewed, however goals identified were task focused in nature, for example goals read as: listening to the radio, go for a walk around the local area, visit family.

The inspectors reviewed a number of resident health care plans and noted that these were detailed and provided good guidance for staff. It was also noted that residents has access to allied health care professionals and the provider demonstrated good follow up in relation to these appointments and there was evidence of ongoing review in relation to medical and therapy appointments.

Where residents required support with behaviour that challenges the provider had ensured that there was a support plan in place which was reviewed and adjusted in line with the resident's needs. There was good documented evidence of strategies based on a traffic light system which highlighted the levels of support required under each colour.

At present the residents have limited access to amenities outside of the centre and walks primarily have been on the grounds of the centre. The most recent guidance in relation to COVID-19 was not in place by the provider to ensure that the rights of residents were in keeping with the government restrictions. A number of activity logs were reviewed by the inspectors and it was noted that the residents lacked a meaningful day. For example one resident's activity log over a 13 day period had TV/news as a daily activity and in this period only two walks outside were documented. One resident over a week period had music as an activity every morning and bed rest for the afternoon. Another resident over a seven day period had books as an activity in the morning and sitting room and walks on the grounds for the afternoon. On review of the residents daily notes the reports pertained to

care and medical needs as opposed to meaningful day for the residents. The provider had identified on their risk register that some staff could not drive the centre vehicles, this had a direct impact for residents accessing their community but also impacted their rights.

The provider had ensured that fire safety management systems were in place. Residents and staff participated in regular fire drills. However, inspectors noted some issues with the fire doors and the provider committed to getting these reviewed. For example fire doors were not closing properly and there was gaps in the structures. It was also noted that there was a gap in a bathroom door which did not protect the privacy of residents. The provider has also given an undertaking to complete door widening works on bedroom doors to facilitate bed evacuation, if required by residents.

The person in charge ensured centre specific and individual risk assessments had been completed. These had been subject to regular review and reflected actions that remained outstanding from the last inspection in December 2019. These included the ongoing restricted access to some areas of the designated centre to individual residents who required the use of wheelchairs. The person in charge outlined how the planned works had been expanded to include the widening of all doors in the designated centre to ensure all residents could access all areas as they wished.

### Regulation 13: General welfare and development

The registered provider had not ensured that residents had been provided with the opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Not compliant

### Regulation 17: Premises

The registered provider had not completed works to ensure accessibility for all residents to all areas of the designated centre and general maintenance required review.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC. However, at the time of the inspection the provider had not ensured that the designated centre had adopted measures in line with the most up-to-date guidance available.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety management systems were in place which included, fire alarm, emergency lighting staff training and regular fire drills, However, not all fire doors were closing as required on the day of the inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were reviewed annually with evidence of multidisciplinary input. The input of residents and family representatives was evident and goals were identified.

Judgment: Compliant

Regulation 6: Health care
Residents were supported with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had ensured residents who required support with behaviours that challenge had support plans in place that were subject to regular review. Staff training in managing behaviours that challenge will be actioned under regulation 16: Staff training.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents. There were active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated, where required, with actions completed.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider had not ensured residents right to privacy and dignity were supported at all times.
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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Oakvale OSV-0002463

Inspection ID: MON-0032627

Date of inspection: 10/05/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Due to the COVID-19 pandemic most physical training was postponed or running at much reduced capacity. With the wider reopening of the country and within the service training in managing behaviors that challenge &amp; fire safety training has recommenced. This has been scheduled for the next 3 months. Training in managing behaviors that challenge will be completed by 30/09/21 and training in fire safety training will be completed by 30/09/21.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The most recent section 23 was completed at the end of May. The main issues identified in this audit mirror those raised in Regulation 13: General welfare and development. The PIC had not carried out these actions at the time as the inspection was carried out only a few days later. These actions will be resolved in line with the actions for regulation 13.</p>	
Regulation 13: General welfare and	Not Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>In order to comply with this regulation the PIC is implementing the following measures.</p> <ol style="list-style-type: none"> <li>1. The centers OT has been consulted around assisting staff with identifying more meaningful day activities appropriate to the individual resident's needs. These will be activities which the staff working in the bungalows can carry out with the residents. From this timetables will be made for each individual resident. Supplies to facilitate these activities will be sourced by management. This will be completed by 31/08/21.</li> <li>2. Risk assessments around COVID-19 and accessing the community, driving of cars etc. have now been completed and are in place in line with the, 'COVID-19 Guidance on visits to Long Term Residential Care Facilities 04/05/21' document. This allows for trips to the community and to access services in the community which have reopened to recommence. This is now underway.</li> <li>3. An additional activation staff will be employed in Oakvale to provide greater on site activation. Recruitment is taking place at present. This will be completed by the 31/08/21.</li> <li>4. Services within the centre which were curtailed due to the COVID-19 pandemic such as aromatherapy and alternative therapies. With the population of residents and staff now fully vaccinated these activities have now been risk assessed and are now deemed safe to recommence with safety measures. These will be back up and running by the 31/08/21.</li> <li>5. Driving within the service is currently undertaken by staff on a voluntary basis. This is an ongoing industrial relations issue which is progressing through the IR mechanisms. This remains on the risk register however has been given a higher rating of 20 in the red category. In the interim Taxi's will be block booked to facilitate social outings. This will be completed by the 16/07/21.</li> <li>6. Monthly audits of social activities within and outside the home will take place within the centre from the 31/07/21.</li> </ol>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Access to quite rooms was identified as an issue for some service users who use wheelchairs at a previous HIQA inspection. The service gave a commitment to rectify this however due to circumstances outside of the centres control (COVID-19) this action was not met. It was also identified at a fire inspection that free swing door closers to the bedroom doors on the corridors in 3 of the bungalows were recommended. Works to rectify these issues are at an advance planning stage and the service will endeavor to have these works carried out by the end of Dec 2021. The rusty in two bathrooms pipes have been reported to maintenance and they have committed to rectify this by the 31/07/21.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The fire doors which are not closing correctly have been highlighted to maintenance and have been rectified. These doors were examined the month prior to the inspection and were deemed to be fire compliant. The doors identified at the inspection had been replaced during maintenance works previously. During replacement the incorrect incandescent strip was installed on the door. We have been assured since the inspection that these strips respond to heat by expanding thus sealing any gap. These seals have been changed out for different incandescent strips which seal the gap fully as they present a privacy issue rather than a fire hazard. This action is complete.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The fire doors which are not closing correctly have been highlighted to maintenance and have been rectified. On the day of inspection spaces where a gap is left in the doors which presented a privacy issue was identified. In the meantime a screen was put in place inside the door to ensure adequate privacy. This action is complete.</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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/08/2021
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with	Not Compliant	Orange	31/08/2021

	their wishes.			
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	30/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2021
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	Yellow	31/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/08/2021

	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	12/05/2021
Regulation 09(2)(b)	The registered provider shall ensure that each 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.	Substantially Compliant	Yellow	31/08/2021
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	Not Compliant	Orange	12/05/2021

	information.			
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