



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

## Issued by the Chief Inspector

Name of designated centre:	The Arches (with Tonyglasson as a unit under this centre)
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	11 December 2019
Centre ID:	OSV-0002449
Fieldwork ID:	MON-0025195

## About the designated centre

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

This centre is made up of two houses and one apartment supporting ten adults with disabilities. One house provides 24 hour nursing care, accommodating five adults with an intellectual disability and is located close to a large town in Co. Monaghan. The house consists of a main kitchen, dining room, two sitting rooms and four bedrooms, all of which are en suite. There is a main bathroom, utility room two staff office facilities and a staff restroom. There is an apartment to the rear of the house providing semi-independent living accommodation for one resident. There are large gardens to the front and back of the house with adequate parking facilities. The second house is located in a large town in Co. Monaghan. It is a two story semi-detached house providing care and support to five men with intellectual disabilities. On the ground floor in the main house there are two sitting rooms, a main kitchen, and a utility room. On the first floor there are five bedrooms with one containing a shower unit. There is a main shower and toilet facility and a staff office. There is a small garden area to the front of the house and a small patio area at the back of the house. Both houses have their own transport. The centre is staffed on a 24/7 basis by a person in charge, a team of staff nurses, social care workers and healthcare assistants.

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

Number of residents on the date of inspection:

10

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 11 December 2019	10:30hrs to 17:00hrs	Raymond Lynch	Lead
Wednesday 11 December 2019	10:30hrs to 17:00hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This centre comprised of two houses and one apartment all within a short driving distance of each other. The inspectors met four residents in one of the houses and spoke with them for a short period of time. Three residents were met with in the second house. The resident living in the apartment did not want to meet or speak with the inspectors and their wishes were respected.

On arrival to the first house that comprised this centre the inspectors observed it was warm, welcoming and homely. Three residents were out on social activities and one resident had chosen to remain at home. This resident said hello to the inspectors and it was observed that staff understood their assessed needs very well. The resident had their own routine (which was important to them), likes and dislikes and staff were seen to be respectful and understanding of this and attentive to the residents needs at all times throughout the inspection.

The inspectors met and spoke with the other three residents briefly on their return from their social outings. Residents appeared in good form and at ease in the company of staff. Staff were observed to interact with residents in a warm, caring and respectful manner.

A number of compatibility issues were on-going between residents (in this house) at the time of this inspection. In order to manage these issues the inspectors observed that a number of individual risk assessments, safeguarding plans and restrictive practices were required, along with intensive staff support. Because of these issues, aspects of the safeguarding process required continuing review and at times residents rights to freedom of movement in their own home were compromised. Notwithstanding, supports were in place to ensure the assessed health and social care needs of each resident were provided for and staff were knowledgeable on their assessed needs.

On departing the house the inspectors observed that some residents were preparing to go on more social activities and staff were decorating the house with Christmas decorations in preparation for the holiday period.

Inspectors met with three residents who lived in the second house that comprised this centre. All residents appeared very much at home in the house and made the inspectors very welcome. Residents reported that they liked living there and appeared to get on very well with the staff on duty. One resident was delighted to show the inspectors around their home and it was observed to be homely, welcoming, warm and decorated for the Christmas holidays. Residents also had music playing (that they liked) in the background. The same resident showed the inspectors their bedroom which was decorated to their individual style and preference. Inspectors also observed residents chatting and speaking with staff while preparing the evening tea in the kitchen.

Some of the residents had recently gone on holidays to the Canary Islands and inspectors saw pictures of their holiday. Residents chose to go on this holiday for themselves and reported that they very much enjoyed it. Inspectors also viewed a sample of feedback on this house from family members and they reported that the care and support was very good as were the staff team.

Overall this inspection found that systems were in place to ensure the health and social care needs of the residents were being provided for and staff were knowledgeable on and responsive in meeting their assessed needs. However, a number of compatibility issues between residents (in one house) had resulted in the implementation of a number of individual risk assessments, safeguarding plans and restrictive practices which were at times, impacting on residents rights. That said, staff were observed at all times to support residents in a warm, caring professional and responsive manner.

## Capacity and capability

This inspection was undertaken as a routine, unannounced monitoring inspection. The inspectors found that systems were in place to meet the assessed needs of the residents and senior management were utilising a comprehensive quality improvement plan so as to ensure the service remained responsive to the residents needs. This plan also highlighted areas of non-compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) and identified actions (which were time bounded and specific) in addressing such non-compliance. However, in one house that comprised this centre a number of on-going compatibility issues between residents was impacting on the quality and safety of service provided. These issues are discussed in more detail in section two of this report: Quality and Safety.

At the time of this inspection the person in charge was on extended leave however, the provider had notified the Health Information and Quality Authority (HIQA) as required and had ensured that there were suitable management structures in place and persons employed to direct and oversee the care provided to residents. A nominated senior manager (a qualified experienced nurse with an appropriate management qualification) was responsible for managing the service and an experienced and qualified clinical nurse manager 1 (CNM I) had been deployed to the centre so as to strengthen the systems of governance, management and oversight.

The CNM I (along with senior management) oversaw the quality of the service provided through a number of auditing processes and a comprehensive quality improvement plan. It was observed that these audits and reviews were responsive in bringing about positive changes to the service. For example, a review of fire safety procedures, individual personal plans, the statement of purpose

and p.r.n. protocols found some issues that required addressing. A time bound and specific action plan was compiled regarding these issues and the inspectors observed that they had been addressed at the time of this inspection.

However, a number of compatibility issues between residents (in one house) was on-going at the time of this inspection. While management had implemented (and had plans to further implement) a number of initiatives to help alleviate this situation, aspects of the quality and safety of care provided in this house continued to require review as at times, it was not appropriate to the needs of the residents. These issues are further discussed in section 2 of this report: Quality and Safety. It was also observed that some adverse incidents occurring in the centre (in the past) had not been notified to the Health Information and Quality Authority as required.

The skill-mix and staffing levels were based on the assessed needs of the residents. Where required, residents were provided with nursing staff and one-to-one staff support throughout the day (or 2:1 in the community) and rosters reviewed reflected this. Provision of same was also observed by inspectors on the day of inspection. Staff also had the required training to support residents in a knowledgeable and consistent manner in line with their assessed needs. However, while it was observed that staff had the training and skills to support the residents in line with their assessed needs, the systems in place for formal supervision and appraisal of staff required review as some were not up-to-date.

Procedures were in place for the receipt and management of complaints. While it was observed that some complaints had been made about the service, these issues were resolved at the time of this inspection (and it was documented in the centre to the satisfaction of the complainant). One complaint was on-going and under review however, management informed inspectors that they had met with that complainant and had resolved the issue.

Overall, this inspection found that there was a clear management structure in place in the centre and systems were in place to meet the residents health and social care needs. However, a number of on-going compatibility issues between residents was impacting on the quality and safety of service provided. Notwithstanding, staff were observed to support the residents in a calm, caring and professional manner at all times over the course of this inspection.

## Regulation 15: Staffing

The skill-mix and staffing levels were based on the assessed needs of the residents. Where required, residents were provided with nursing staff and one-to-one staff support throughout the day (or 2:1 in the community) and rosters reviewed reflected this. Provision of same was also observed by inspectors on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

While it was observed that staff had the training and skills to support the residents in line with their assessed needs, the systems in place for formal supervision and appraisal of staff required review as some were not up-to-date.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a management structure in place with clear lines of authority and accountability and a systems of audits was bringing about positive changes in the centre. However, a number of compatibility issues between residents (in one house) was on-going at the time of this inspection. While management had implemented (and had plans to further implement) a number of initiatives to help alleviate this situation, aspects of the quality and safety of care provided in this house continued to require review.

Judgment: Substantially compliant

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

The issue related to the contracts for provisions of services to be provided and for the fees to be charged as identified in the last inspection had been addressed by the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

A suitable statement of purpose was available within the centre. This was kept under regular review. Practice was found to match the description of the service in that statement of purpose.

Judgment: Compliant



<b>Regulation 31: Notification of incidents</b>
Some past adverse incidents occurring in the centre had not been notified to the Health Information and Quality Authority as required.
Judgment: Substantially compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
At the time of this inspection the person in charge was on extended leave however, the provider had notified the Health Information and Quality Authority (HIQA) as required and had ensured that there were suitable management structures in place and persons employed to direct and oversee the care provided to residents.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Procedures were in place for the receipt and management of complaints. While it was observed that some complaints had been made about the service, these issues were resolved at the time of this inspection (and it was documented in the centre to the satisfaction of the complainant). One complaint was on-going and under review however, management informed the inspectors on the day of the inspection that they had met with that complainant and had resolved the issue.
Judgment: Compliant
<b>Quality and safety</b>
The quality and safety of care provided to the residents was being monitored however, there were significant on-going compatibility issues between residents in one house that comprised this centre. These issues had resulted in a number of adverse incidents occurring between residents, the implementation of a number of environmental restrictions and a number of assaults towards staff. While management were aware of these issues and were reviewing and implementing plans to address them, the measures in place to adequately safeguard residents and protect their rights were compromised at the time of this inspection.

Notwithstanding, residents health and social care needs were being comprehensively provided for, residents appeared comfortable in the presence of staff and staff were observed to support the residents in a warm, caring, patient and professional manner.

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences and the individual social care needs of each resident was being supported and encouraged. From viewing a sample of files, the inspectors saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community.

Residents were being supported to achieve personal goals such as going on holidays overseas, engaging in horticulture programmes and attending social farming programmes. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents frequented local shops and shopping centres, went for walks and regular trips to larger towns such as Drogheda and Dundalk for a day out. Some residents also accessed a nearby day service where they engaged in a range of social and/or learning activities of their choosing. However, residents choice was also respected and if a resident chose to stay at home as opposed to avail of a social activity, their choice was respected by staff.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied healthcare professionals formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, dietitian and physio therapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals. Residents were also supported to enjoy best possible mental health and where required, had access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required.

There were systems in place to manage and mitigate risk in the centre and each resident had a number of individual risk assessments on file. For example, where a resident maybe at risk in their community they were provided with either 1:1 or 2:1 staff support as required. This ensured residents continued to safely access their community on a regular basis. Where a resident may be at risk due to a health related issue, plans were in place to direct staff on how to support the resident and adequate staffing cover was provided to mitigate such risks.

However, the measures and actions in place to control the risk of adverse incidents in the centre required review due to the level of peer to peer related issues occurring. There were on-going compatibility issues between residents in one house and a review of documentation informed inspectors that there was a level of unpredictability regarding some residents behaviour. This had resulted in a number

of safeguarding concerns and rights restrictions placed on residents so as to provide for a safe living environment. While management were aware of these issues and had plans (and were further implementing and reviewing plans) to alleviate these concerns, the measures in place to adequately safeguard residents and protect their rights were compromised and continued to require review.

For example, at times some residents could not access their kitchen due to safety concerns caused by other residents. In order to manage peer to peer related adverse incidents, staff members had to act as buffer between some of them as a means to protect and keep them safe. Another way of managing risk associated with behaviour of concern was to keep residents separated in their own home. It was also observed that some residents could not have meals together due to incompatibility issues and the risk of an adverse incident occurring. A review of adverse incidents also found that there was a high level of assaults on staff by residents occurring in the centre.

However, it was observed that staff were knowledgeable on the assessed needs of the residents and provided care and support to each one in a patient, respectful and calm manner. Staff also had training in safeguarding of vulnerable adults and positive behavioural support.

All fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in June 2019. A sample of documentation informed the inspectors that staff undertook regular checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drills, conducted in September and December 2019, informed that all residents left the premises promptly when the alarm was sounded. All residents also had an up-to-date personal emergency evacuation plan in place. From a sample of files viewed, the inspectors observed that staff had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicines, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre. All staff that administered medication were trained to do so.

Overall, some of the residents spoken with by the inspectors reported that they were happy with the service and feedback from family representatives was also positive. There was also systems in place to ensure that residents health and social care needs were being provided for. However, there were significant on-going compatibility issues between residents in one house that comprised this centre which were impacting negatively on residents rights and safeguarding. That said, residents appeared comfortable in the presence of staff and staff were observed to support the residents in a warm, caring, patient and professional manner at all times

throughout the duration of this inspection.

### Regulation 26: Risk management procedures

While there were systems in place to manage and mitigate risk in the centre and each resident had a number of individual risk assessments on file. the measures and actions in place to control the risk of adverse incidents occurring in the centre required review.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into residents'

personal plans.

Judgment: Compliant

### Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to behavioural support therapy and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

A number of restrictive practice were in use in the centre and were kept under review. However, this was discussed in greater detail under Regulation 9: Residents Rights.

Judgment: Compliant

### Regulation 8: Protection

At the time of this inspection the measures in place to adequately safeguard residents and protect their rights were compromised and continued to require review. There was a high level of adverse incidents occurring in the centre to include peer to peer related incidents and assaults on staff.

Judgment: Not compliant

## Regulation 9: Residents' rights

Due to significant compatibility issues between residents in one house, some restrictive practices used to keep some residents safe were at times, impacting on the rights and freedom of movement other residents.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for The Arches (with Tonyglasson as a unit under this centre) OSV-0002449

Inspection ID: MON-0025195

Date of inspection: 11/12/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>In order for this centre to come into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• All formal supervision for staff will be undertaken and completed by 31/01/2020.</li> </ul>	
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>In order for this centre to come into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• Autism training will be delivered to all staff by the service Senior Clinical Psychologist. This will be completed by 13/02/2020.</li> <li>• The service Clinical Nurse Specialist has been assigned to work directly with this centre to systematically review incidents and also review plans on an ongoing basis that have been implemented to alleviate issues relating to compatibility within the centre.</li> </ul>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In order for this centre to come into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• A full review of adverse incidents to be undertaken within the centre and all retrospective incidents to be notified to HIQA by 14/02/2020.</li> <li>• The requirement to notify adverse incidents to the Authority has been re communicated to the Person in Charge for this centre and all staff.</li> </ul>	
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>In order for this centre to come into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• The service Clinical Nurse Specialist has been assigned to work directly with this centre to review all risks and measures currently in place with the Person in Charge. This will be completed by 31/01/2020.</li> </ul>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In order for this centre to come into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• Any peer to peer related incidents will reviewed by the Multi-disciplinary team. The Safeguarding &amp; Protection team will also be consulted with to ensure plans implemented protect each resident.</li> <li>• The service Clinical Nurse Specialist has been assigned to work directly with this centre to systematically review incidents and also review plans on an ongoing basis that have</li> </ul>	

been implemented to alleviate issues relating to compatibility within the centre.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
In order for this centre to come into compliance with this regulation the following actions will be undertaken:

- All restrictive practices currently implemented within the centre to keep residents safe will be reviewed to ensure that the least restrictive measure is implemented. This will be completed by 31/01/2020.

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2020
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	13/02/2020
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	Substantially Compliant	Yellow	31/01/2020

	emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	14/02/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/01/2020
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.	Not Compliant	Orange	31/01/2020