



Office of the Chief Inspector

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

Name of designated centre:	OCS-KH
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	03 April 2019
Centre ID:	OSV-0005338
Fieldwork ID:	MON-0022672

About the designated centre

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

Keena house is a residential service in Co. Dublin which provides a home for up to 3 young people with an intellectual disability. The premises consists of two sections, the main house which accommodates two young adults and a ground floor apartment suitable for one person. Each bedroom has an ensuite bathroom and there are kitchens, dining facilities, and a number of multifunctional sitting/play rooms. There is a large back garden which has been divided into sections with different areas in line with the young peoples' interests and wishes. These areas include a trampoline area, a greenhouse and gardening area and an exercise area with equipment and a seating area. There is a vehicle in the centre to support the young people to engage in activities of their choosing in the community. The young people are supported 24 hours a day 7 days a week by a staff team comprising of a person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Current registration end date:	18/09/2019
Number of residents on the date of inspection:	2

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
03 April 2019	08:30hrs to 17:00hrs	Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet and briefly engage with the two young men residing in the centre on the day of the inspection. In addition, the inspector had the opportunity to meet with two of the young mens' family members who were very complimentary towards the care and support for their relative in the centre. They were particularly complimentary towards how welcome they were made to feel in the centre and the open communication between the staff team and themselves. They both stated that they felt that their family member was happy and safe and expressed their satisfaction with the levels of activities and community engagement which their relatives were engaging in since they moved into the centre. Both family members were aware of the complaints process and who they would go to if they had any concerns relating to their family members care and support.

The young men did not express their opinion verbally to the inspector but they both appeared happy and content throughout the inspection. In addition, they were being supported by a staff team who were knowledgeable in relation to their specific care and support needs and their preferred methods of communication.

Two satisfaction questionnaires were completed prior to the the inspection. The young people were supported to complete these by their family members and staff in the centre. The feedback in these questionnaires was positive, and particularly complimentary towards residents' rights, support in making choices and consistency of staffing.

Capacity and capability

The registered provider and person in charge were striving to ensure a good quality and safe service for residents. There was evidence that the person in charge, person participating in the management of the designated centre and the service manager were meeting regularly and had systems in place to monitor the quality and safety of care for the young people in the centre. However, the provider was not ensuring full oversight of the centre due to the fact that they had not yet completed the annual review of care and support in the centre for 2018, and they had not completed the six monthly visits by the provider in line with the timeframe identified in the regulations.

The provider had recently applied to renew the registration of the designated centre and had submitted all the required information with this application to the Office of the Chief Inspector. This centre was previously registered as a childrens' centre and

the provider has submitted the application to renew the registration to accommodate both children and adults in line with residents' changing needs. Appropriate arrangements to meet the number and needs of the young people and to ensure children and adults had separate sleeping accommodation were in place.

The inspector found that the the centre was well managed by the local management team. There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who reported to the person participating in the management of the designated centre (PPIM), who in turn reported to the service manager. There was evidence that they were meeting regularly and that this was leading to improvements in the quality of care and support for the young people in the centre. Whilst completing their own audits, they were recognising areas for improvement in line with the findings of this inspection. They had developed action plans following these reviews and were tracking progress in relation to these actions. Staff meetings were occurring regularly and there was evidence that the actions developed following the meetings were also leading to positive outcomes for the young people residing in the centre.

The person in charge had the necessary qualifications, skills and experience to fulfill the role. They were fully engaged in the governance, operational management and administration of the centre and very knowledgeable in relation to the young peoples' care and support needs. They had systems in place to monitor the quality and safety of care in the centre, and were supporting staff through formal and informal supervision on an ongoing basis. Family members who spoke with the inspector were very complimentary towards the person in charge.

Throughout the inspection, the young people appeared relaxed and comfortable in the presence of, and with the levels of support offered by staff. Staff and family members spoke with the inspector talked about how stable the staff team were and about how important consistency of staffing was to the young people. The inspector found that staff were knowledgeable in relation to residents' specific care and support needs and were particularly knowledgeable in relation to their preferred communication methods. Planned and actual rosters were available and well maintained. There were a number of staff vacancies and the provider was in the process of recruiting to fill these. These vacancies were not impacting care and support in the centre at the time of the inspection as there were only two young men living in the centre and one young man in the process of transitioning into the centre. The provider had plans that when the third young person fully transitioned into the centre, that these staff vacancies would be filled. The inspector reviewed a number of staff files and found that one staffs' file did not contain all the information required by schedule 2 of the regulations.

Staff had completed training and refreshers in line with the residents' assessed needs. However, a number of staff required training in safeguarding and refresher training in the safe administration of medicines. The person in charge showed the inspector evidence that they were booked onto the next available training sessions. The person in charge was formally meeting with staff and completing supervision

every 8-12 weeks in line with their local supervision policy. The PPIM was also completing formal supervision with the person in charge every 8-12 weeks.

Young people were protected by the complaints policies and procedures in place. These were on display and available in an accessible format. There was a nominated complaints officer and systems in place to record, investigate, respond to and follow up on complaints. There was evidence that complaints reviewed by the inspector were resolved to the satisfaction of the complainant. Both young persons' family members who spoke with the inspector, were aware of the complaint procedure and who they would go to if they had any concerns in relation to their family members' care and support needs.

The inspector reviewed both young peoples' contracts of care and found that they contained all the information required by the regulations. They outlined the charges and additional charges which the young people were responsible for in relation to their day-to-day care and support. However, one young person had recently commenced paying feeds and their contract of care was not reflective of this change. The provider was aware of this and in the process of putting a new contract of care in place.

The young people were protected by the policies and procedures in place in the centre. All of the policies required policies and procedures under schedule 5 of the regulations were in place and available. In addition, there were areas specific policies and procedures developed and in place in the centre. However, a number of schedule 5 policies had not been reviewed in line with the timeframe identified in the regulations. The provider was aware of this and had plans in place to review these policies.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre and had submitted all the information required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary qualifications, skills and experience to fulfill the role and they were working in the centre in a full time capacity. They had systems in place to monitor the quality of care and support in the centre and were supporting staff to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to the young peoples' care and support needs. The young people were observed to receive assistance in a kind, caring and safe manner throughout the inspection. There were a number of staffing vacancies and the provider was in the process of recruiting to fill these vacancies prior to a young person fully transitioning into the centre. One staff file reviewed by the inspector did not contain all the information required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for the young people. However, a number of staff required safeguarding training and safe administration of medicines refresher training. The person in charge showed evidence to the inspector that staff were booked onto the next available training session. Staff were supported in their role by the person in charge, person participating in the management of the centre and the service manager. They were in receipt of regular formal supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place, which contained all the information required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place against injury to residents and other risks

such as damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. Staff and management meetings were occurring regularly and there was evidence that actions following these meetings were positively impacting residents' care and support in the centre. However, the provider was not ensuring full oversight of the centre due to the fact that they were not completing the six monthly reviews in line with the timeframe identified in the regulation and the annual review for 2018 had not yet been completed.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There was an admissions policy and procedures in place. Both young people had a contract of care in place which contained the information required by the regulations. However, one young persons' contract was not reflective of the fees charged. This change in fees had recently occurred and the provider was in the process of putting a new contract of care in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaint policy and procedures in place which were available in a format accessible for the young people. Complaints were logged, followed up on and

closed to the satisfaction level of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a number of policies required by schedule 5 of the regulations which had not been reviewed in line with the timeframe identified in the regulations. These policies included;

- the prevention, detection and response to abuse policies
- risk management and emergency planning

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the young people were in receipt of a good quality of service and that the provider and person in charge were keeping them safe. They lived in a caring environment and were engaging in activities in line with their needs and wishes. The provider and person in charge were recognising areas for improvement in line with the findings of this inspection including required works relating to the maintenance and upkeep of the premises.

The inspector found that the house and apartment were clean, warm and comfortable. There was separate sleeping accommodation in place for children and adults and areas of the centre were found to be decorated in an age-appropriate manner. However, in line with the findings of the providers' most recent six monthly review and the previous annual review, significant works were required to the premises. There were areas in need of repair and refurbishment. The person in charge and PPIM showed evidence of the escalation of these required works to the relevant parties. These planned works included; plastering and painting, the replacement of flooring in areas of the centre, the replacement of windows and doors, works to improve ventilation in bathrooms, works to the exterior of the property, and repairs in the kitchens. There was a young person in the process of transitioning into the centre and some of the works outlined by the provider needed to be completed prior to their admission to the centre.

The young peoples' personal plans were found to be person-centred. Each person had an all about me in place which clearly outlined their care and support needs. It was clear that their care and support needs had been assessed through the use of several assessments and other documents, and that these assessments had contributed to their all about me document. However, there was no formal

assessment of need document in place for each young person. There was evidence of regular review and update of their personal plans in line with their changing needs and their personal plans were detailed and clearly guiding staff to support them. Each young person had access to the support of a keyworker to develop and achieve their goals. They had a monthly report in place which reviewed all aspects of their care and support for the month. Each young person had an accessible person centre plan, a health communication book and evidence of goals relating to both life skills and upcoming activities and holidays.

The young people were being supported to enjoy best possible health. They had access to allied health professionals in line with their needs and health action plans were developed as required. There was evidence of regular review and update of their personal plans in line with their changing needs. They had health communication books in place and an OK healthcheck completed and reviewed as required.

Each young person was assisted and supported to communicate in line with their needs and wishes. They had access to the necessary supports and aids. Their preferred methods of communication were detailed in their personal plan and staff were aware of these preferred methods of communication. They had access to accessible information throughout the centre and augmentative forms of communication were utilised in line with their wishes and preferences. One young person was waiting for speech and language therapy input in relation to a communication passport, but in the interim staff were supporting them to communicate and make choices in relation to their day-to-day life.

There were a number of restrictive practices in the centre and there was evidence that these were assessed and reviewed regularly. Staff had the up-to-date knowledge and skills to support each young person to meet their assessed needs and the young people had access to the support of relevant allied health professionals in line with their needs. There was evidence that their support plans were reviewed and updated regularly.

One young person was in the process of transitioning into the centre at the time of the inspection. There was evidence of comprehensive transition planning which included the input of the young person and their , the staff team and the relevant members of the multidisciplinary team. The staff were recording each time the young person or their family visited the centre and there was a social story developed for the young person. Each time the young person visited the centre new pictures were taken and added to this social story. Individual needs and preference assessment were completed for young people as required. These assessment was detailed in nature and reviewed aspects of the young persons' care and support needs, their social role, their communication preferences, their activity preferences, their preferences for future accommodation, and other details in relation to their needs and wishes. From reviewing documentation and speaking to staff, it was clear that the young person was being supported to transition into the centre in a planned and safe manner and at a pace that suited them and their peers.

There was a residents' guide in place which clearly outlined the services and

facilities provided for young people in the centre. It also detailed the terms and conditions relating to living in the centre, the arrangements for young peoples' involvement in the running of the centre, how to access any inspection reports, the procedure for complaints and the arrangements for visitors.

The young people were protected by appropriate risk management procedures and practices. In the centre, there were systems in place for keeping residents safe while responding to emergencies and there was a risk register and general and individual risk assessments in line with the young peoples' needs. There was evidence of regular review and update of risk assessments in line with their changing needs and learning following incidents. However, the risk management policy dated March 2015, did not contain all the information required by the regulations and had not been reviewed in line with the timeframe identified in the regulations. The provider was aware of this and was also in the process of reviewing and updating the policy to ensure it contained all the information required by the regulations.

The inspector found that each young person had access to meaningful home and community based activities in line with their wishes and preferences. They were being supported to maintain relationships with their families and friends and to develop links in their local community. Children living in the centre had access to opportunities and equipment both indoors and outdoors for play. They were being supported to develop life skills and prepare for adulthood.

Regulation 10: Communication

Each young person was assisted and supported to communicate in accordance to their wishes and needs. Staff were aware of their different communication needs and supports and ensured that these needs were met.

Judgment: Compliant

Regulation 17: Premises

The main house and apartment were clean and warm and it was clear that attempts had been made to decorate them in line with the young peoples' needs and preferences. However, significant works were required in the centre in relation to maintenance and refurbishment. The provider had recognised that these works were required in both their most recent annual review and six monthly visits. The person in charge and PPIM showed the inspector evidence that a list of these required works had been escalated to the relevant parties.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide developed and available which contained all the information required by the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Young people were in receipt of the necessary supports as they transitioned to the centre. There were individual needs and preference assessments and clear step-by-step transition plans in place to ensure transitions occurred at a pace suitable to the young person and their peers.

Judgment: Compliant

Regulation 26: Risk management procedures

The young people were protected by appropriate risk management procedures and practices in the centre. Arrangements were in place to ensure risk control measures were relative to the risk identified and arrangements were in place for identifying, recording, investigating and learning from serious incidents and adverse events involving the young people. The organisations' risk management policy had not been reviewed within the timeframe identified in the regulations and required review to ensure it contained all the information required by the regulations.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each young persons had a personal plan in place. There was evidence of review to ensure their personal plans were effective and that they were updated in line with residents' changing needs. However, there was no formal assessment of need document in place for each young person.

Judgment: Substantially compliant

Regulation 6: Health care

The young people were supported to enjoy best possible health. They had access to the support of relevant allied health professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place due to the assessed needs of the the young people. These practices were reviewed regularly and there was evidence that the staff team were attempting to use the least restrictive practices for the shortest duration. The young people had access to allied health professionals in line with their needs and plans were developed and reviewed as necessary. Staff had received training to support the young people in line with their assessed needs and were knowledgeable in relation to each persons' specific care and support needs.

Judgment: Compliant

Regulation 13: General welfare and development

The young people were supported to take part in meaningful activities in line with their wishes and preferences. They were supported to develop and maintain relationships and links in their local community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 13: General welfare and development	Compliant

Compliance Plan for OCS-KH OSV-0005338

Inspection ID: MON-0022672

Date of inspection: 03/04/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regulation 15</p> <p>(1) Staff vacancies will be filled prior to the third resident moving into the centre. Advert on display 01-05-19, closing date 15-05-19. Interviews held 29-5-19 and successful applicants to go through recruitment process.</p> <p>(5) HR personnel forwarded missing information from staff file to the HIQA inspector on 02-05-19</p>	
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>3 staff have completed safeguarding training, remainder of team booked to do same on 15-05-19</p> <p>All staff that require SAM refresher are booked into training on 08-05-19</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Provider audits will be carried out 6 monthly not twice yearly. The next Provider Audit will be completed by 30-08-19. Annual Review scheduled 09-05-19</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Revised contract of care for one resident in place from 05-04-19</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Written Policies & Procedures are being updated and completed by the following dates: Risk Management – completion date 15-06-19 Child Protection – completion date 31-08-19 Garda Vetting – completion date 31-05-19</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Renovation and maintenance work to be completed by 31-07-19</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Management policy completed by 15-6-19</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual assessment and personal plans in place, document required to link them together in place 01-05-19.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	05/07/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	02/05/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	15/05/2019

	refresher training, as part of a continuous professional development programme.			
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.	Not Compliant	Orange	31/07/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	09/05/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a	Substantially Compliant	Yellow	30/08/2019

	written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	05/04/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	15/06/2019
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	15/06/2019

	includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.			
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.	Not Compliant	Orange	31/08/2019
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	01/05/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an	Substantially Compliant	Yellow	01/05/2019

	appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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