



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

## Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	04 February 2021
Centre ID:	OSV-0003413
Fieldwork ID:	MON-0030588

## About the designated centre

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

Woodview is a purpose built bungalow within easy walking distance of a town centre. It provides community based living in a homely environment for seven adults with mild to moderate intellectual disability. Woodview has eight single bedrooms one of which is used for staff to sleep over. The staff bedroom also serves as the office. It has ample parking and a large garden which the residents enjoy and are actively involved in maintaining.

This centre seeks to maximise the participation of the individuals who live there in the ordinary life of the community and supports them in developing valued social roles. Residents in this centre are supported by a staff team comprising of social care workers and care assistants on a 24 hour a day, seven day a week basis with no closures.

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 4 February 2021	09:30hrs to 16:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre is home to seven individuals. On the day of inspection, and during the COVID-19 pandemic two residents were staying with their families. Five residents were present on the day of inspection. The inspector followed best practice with respect to infection prevention and control and reviewed documents externally to the centre but also had the opportunity to meet all five residents in their home.

Residents were seen to spend time in the communal areas of the house such as the kitchen or in one of two living rooms in addition to enjoying time in their bedrooms. A number of residents were observed to carry out housework activities with one resident commenting that they loved to keep their home tidy and were proud of how it looked. While another resident that doing jobs around the house and in the garden was important to them as it gave the day a routine and meaning. The inspector noted that while a staff member was preparing the evening meal that a resident joined them in the kitchen to do the dishes and to sort out the recycling.

Staff were observed supporting a resident to get a jigsaw ready to complete and ensured that it was laid out at the kitchen table so they could support them if asked to help while also facilitating independence skills. Board games and jigsaws were observed in the living room of the centre and one staff member spoke of playing different games with residents and how they each enjoyed slightly different levels of competition and support. In addition to the activities in the house the staff had identified areas such as a walking track nearby suited to residents physical needs and so if someone wanted to walk but could not manage the hill that the centre was located on they were driven to more appropriate surroundings to exercise. In addition, arrangements were in place for residents to join in other activities via 'zoom' such as crafts, bingo or exercise classes.

One resident engaged with the inspector while relaxing in the smaller living room and explained they enjoyed watching the television here as it was quieter than the larger room. Later they asked staff to go for a walk as they wished to visit the chickens at the nearby day service and this was facilitated, photographs of the resident working with the chickens were displayed that the inspector could see. For another resident who had completed in the special Olympics the staff had had their medals and Irish top framed and they explained that they were also waiting for an engraved plaque for the bottom of the frame. It was clear that the staff supported the achievements of the residents and ensured that personal items were on display throughout their home and not just confined to residents bedrooms.

Externally the centre had a large garden and was situated in it's own site. It was clear that where residents enjoyed the garden they were supported to be as independent as possible with individuals having their own sheds and also residents talking about going out to use the clothes line or sitting out when the weather was good. The inspector did note areas that required works to ensure that residents were safe outside such as uneven paths however, the person in charge had logged

these to be repaired.

It was observed that the staff team knew residents well and they engaged with them in a respectful and positive manner, for example when a resident was in the kitchen and wanted to put the recycling and glass jars away the staff member stepped away to allow them to complete the task and offered prompts in a quiet and unobtrusive manner. One resident shared with the inspector that there had been a bereavement in their family and that the staff had been very kind and had arranged that the resident could link live to watch their siblings funeral and were supported to say goodbye and to say the prayers. It was clear that these arrangements were very important to the resident.

All residents engaged with the inspector and stated they were very happy living in their home, although they were looking forward to the restrictions in place due to COVID-19 being gone so they could "come and go freely again". The next two sections of this report present the findings of this inspection with respect to how the centre is governed and managed in addition to the oversight arrangements in place to ensure residents experienced a good quality and safe service.

## Capacity and capability

Overall the inspector found that the registered provider and the staff team in place had ensured that the individuals living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents.

There had been a change in the management of this centre since the last inspection and there was a suitably qualified and experienced individual in the post of person in charge. There were good reporting systems evident between the person in charge and the staff team. While this centre was geographically distant from all of the providers other centres the provider had ensured that an on call system was in place for staff to call outside of regular working hours, should management support be needed.

A key governance document which describes the service to be provided called the statement of purpose was present in the centre. The inspector was satisfied that the statement of purpose had been subjected to review and reflected the day to day operation of the centre however, a number of pieces of key information required review. These included the registration details for the centre, the staffing complement and the organisational structure of the centre.

The registered provider had arrangements in place to monitor the service provided and a number of audits were being completed. One unannounced visit to the centre to review the quality and safety of care provided to residents had been carried out in February 2021 however the previous one had been twelve months before that

and not six monthly as required by the regulations. There was an annual review of the quality and safety of care by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. There were also audits completed by the person in charge and evidence of follow up on actions from these audits. Staff meetings were held regularly and the agenda items were found to be resident focused it was noted that the person in charge utilised a number of means to ensure the staff team could meet such as electronic meeting systems.

The provider had made arrangements for the allocation of adequate staffing levels to support residents. During the COVID-19 pandemic the provider had ensured that a consistent relief panel of staff was available if required and a small core number of staff from the providers day service was also available. An actual and planned rota was developed and maintained by the person in charge. This required further review however, as it did not clearly identify the staff on duty. The rota ensured that staffing was sufficient both day and night to meet the assessed needs of the residents.

The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Staff had all completed training and refreshers in line with residents' needs and were in receipt of support and supervision provided by the person in charge in line with the providers policies.

A complaints log was present within the centre with a record of any complaints, comments or compliments maintained. There was documented evidence that all complaints were dealt with in a timely effective manner and it was documented whether these had been resolved to the satisfaction of the resident and whether follow up actions had been completed.

The person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

## Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the designated centre. This person possessed the necessary skills, experience and knowledge to meet the regulatory requirements.

Judgment: Compliant

## Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents. Contingency plans were in place to ensure that in the event of a shortfall of staff, additional staffing support would be available.

The staff rota however required review to ensure that staff on duty were identified.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. Staff were in receipt of formal supervision and support from the person in charge.

The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. The training records viewed indicated that all staff had completed training in infection control, in donning and doffing of personal protective equipment (PPE) and in hand hygiene.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were appropriate governance and management structures in place with clear lines of authority and accountability. Audits had been carried out in key areas such as health and safety and medicines. The registered provider had carried an unannounced visit to the centre to carry out a review of the quality and safety of care provided to the resident in February 2021 however, the previous visit had not been six months prior as required by the regulations.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place which accurately described the nature of the service provided. While the statement of purpose contained most of the required information, some details as outlined in the body of the report required clarity. While



the person in charge had identified the areas for review an updated statement of purpose was not provided to the inspector at the point of writing the report.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations, however notifications on a quarterly basis of any injuries received by the residents had not been submitted as required.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Policies and procedures were in place in relation to complaints. A complaints officer was in place and the residents and their relatives were aware of how they could make a complaint if required. A complaints log was maintained outlining the nature of any complaints made, any action taken and whether individuals were satisfied with the outcome.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents lived in a warm, comfortable and relaxed home. The existing staff team were attempting to support residents to engage in meaningful activities. While the COVID-19 pandemic had impacted on residents ability to engage freely in their communities, with all residents commenting on how much they missed this, the person in charge and staff team were trying to find alternative activities that were personally appealing to residents. Links and regular communication with family and friends was being maintained and supported via telephone and video calls.

The premises was found to be clean, spacious, well designed, homely and meeting residents' specific care and support needs. There were areas in need of maintenance and repair such as painting or repair to a wardrobe following a leak in one of the residents bedrooms. However, these were areas of maintenance identified by the provider and scheduled for completion when the current restrictions

were lifted. Areas external to the centre also required maintenance and had been identified by the provider for urgent repair as they presented as potential hazards, with for example, an uneven area of gravel next to the front door which was cordoned off with cones and warning tape.

There were suitable arrangements to detect and extinguish fires in the centre. However the systems for containment of fire required review. While the centre was subdivided into secure compartments internally, all resident bedrooms were in one zone and the inspector noted the bedroom doors open on the day of inspection with no self closing mechanisms or procedures in place. Suitable equipment was available and there was evidence that it was maintained and regularly serviced. The residents had a recently reviewed personal emergency evacuation procedure in place to guide staff. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring. A resident reported to the inspector that a patio door was challenging to open and this had caused them to almost slip on the floor when pulling it open, this required review as the patio door was an assigned fire exit and the person in charge identified review of this as a matter of urgency.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and the assistant director of service as required. General risk assessments were in place for the centre and these were discussed with the person in charge, some additional areas required consideration such as the risk of falls in the garden due to the uneven ground. Individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. All residents had risk assessments in place with respect to COVID-19 and any restrictive practices in the centre had also been risk assessed. There were also systems to identify, record, investigate and learn from adverse events in the centre.

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection to residents and staff working in the centre. The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. All staff had received training in this area. The infection control policy had been updated to include a guidance document to prevent/ manage an outbreak of COVID-19. Staff were clear about the measures in place to prevent an outbreak. Staff temperatures were also taken prior to commencing work. All staff wore personal protective equipment (PPE) as required by national policy and guidelines. The inspector witnessed these measures in place on the day of the inspection. Where residents were not currently present in the centre there were cleaning schedules and systems to monitor water quality in their rooms on a weekly basis.

The individual social care needs of residents were being supported and encouraged. From viewing a sample of files, the inspector saw that the residents were being supported to maintain links with their families and friends. Residents were supported

to go for walks in the local vicinity and had been consulted in setting goals for themselves, with one resident supported to buy an audio recording system to record personal memories and another supported to redecorate their bedroom.

Systems were also in place to ensure the healthcare needs of the residents were being provided for with one of the staff team having responsibility for oversight of appointments. Staff who spoke to the inspector were aware of specific health needs of residents and one spoke in particular of the arrangements in place to locate a dental practice closer to the centre for residents. Regular access to GP services was ongoing and access to a range of other health and social care professionals, such as physiotherapists or speech and language therapists, was provided for as required. 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 psychology and behavioural support. Residents who required them had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques. This meant that they had the skills required to support residents in a professional and calm manner if or when required. The inspector noted a number of restrictive practices were in place in the centre and these were all identified by the person in charge and had been referred to the providers restrictive practice committee for consideration or review. On reviewing minutes of these meetings the inspector noted that issues such as consent from residents and reducing levels of restriction over time were identified and discussed. The person in charge had as an example of a review begun the process of moving the control panel to turn off the external door alarm, out of the staff office to the hallway so residents could access this without having to ask a staff member.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. On the day of inspection there were no current safeguarding plans in the centre. Previous safeguarding plans had been reviewed and closed in line with the providers policy. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

## Regulation 17: Premises

The premises presented as warm and comfortable and meeting residents needs. While there were areas in need of repair as outlined in the report. It is

acknowledged by the inspector that these had been identified by the provider and were scheduled for maintenance as soon as the COVID-19 restrictions allowed for same.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The inspector reviewed the risk register which was reviewed regularly by the person in charge and the assistant director of service as required. There were a number of centre specific risks that had not been included on the register for the centre such as the tripping risk externally. Individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The person in charge, and registered provider had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The infection control policy had been updated to include up to date guidance on how to prevent and manage an outbreak of COVID-19 in the centre.

The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect and extinguish fire in the centre however, improvement was required to the systems in place for containment of fire. In addition, one fire exit was highlighted by residents as difficult for them to open and the inspector also found this to be the case.

Suitable equipment was available and there was evidence that it maintained and regularly serviced. Staff were completing regular checks of equipment as outlined

by the providers policy and best practice. Fire drills were occurring and residents had detailed and up to date personal emergency evacuation plans.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. Audits were completed regularly in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and there was an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs. The person in charge was clearly reviewing residents' social goals, ensuring information was consistent across all documentation in residents' personal plans and reviewed support plans to ensure they were effective.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that residents' healthcare needs were assessed on a regular basis and guidance was available to support staff in caring for the healthcare needs of these residents. Residents also had access to a wide variety of health and social care professionals or hospital specialist services, as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. The residents had positive behaviour support plans where required, which clearly guided staff to support them to manage their

behaviour. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour. The use of restrictive practice was in place to promote the safety of the residents and there was evidence this was reviewed and monitored on an ongoing basis.

Judgment: Compliant

### Regulation 8: Protection

There were policies and procedures to keep residents safe. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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	Compliant

# Compliance Plan for Woodview OSV-0003413

Inspection ID: MON-0030588

Date of inspection: 04/02/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All staff rosters will contain the full name of the staff member so they can be easily identified as required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The quality assurance department has made a commitment to complete 6 monthly unannounced provider audits and annual reviews as required under regulation 23 going forward.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person In Charge in conjunction with the quality assurance department will update the Statement of Purpose and forward to HIQA lead inspector by 26/2/21.	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person In Charge will ensure that all notifiable incidents are submitted within the required timeframe as required by the regulations.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All risks specific to the Designated Centre will be added to the risk register as required. A risk assessment relating to an external tripping risk has been completed and is in the risk register as of 12/2/21.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The identified fire exit that a resident indicated as difficult to open will be reviewed by maintenance before the end of March 2021 and will be repaired / oiled as required to ensure ease of use.</p> <p>Door closers will also be added to each resident's bedroom door that will activate in the event of the fire alarm being activated and ensure containment.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/03/2021
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 written report on the safety and quality of care and support provided in the centre and put a plan in place to address any	Substantially Compliant	Yellow	31/08/2021

	concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	12/02/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	05/02/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/02/2021
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Not Compliant	Orange	30/04/2021

	relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
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