



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

Issued by the Chief Inspector

Name of designated centre:	Teach Shingán
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	05 March 2024
Centre ID:	OSV-0002125
Fieldwork ID:	MON-0037683

About the designated centre

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

Teach Shingán aims to provide respite for five service users with intellectual disabilities varying from low support needs to high support needs to aid service users to achieve their full potential. Teach Shingán is a bungalow located on the outskirts of a busy town in Co.Wexford. The respite team, comprising of the respite team leader, nursing and care staff, are committed to the provision of a quality driven respite service under the ethos of the County Wexford Community Workshop. The respite team leader and staff endeavour to build up a relationship with people who attend respite and their families in order to provide the best possible service to suit the needs of all. As part of their COVID-19 contingency plan, Teach Shingán will be an isolation house for residents identified. Persons/Families availing of respite are aware of this as they may need to return home to their families if their residents are suspected or confirmed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 March 2024	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to review the provider's compliance with the Regulations and the quality of care and support offered to residents staying in the centre. This centre offers respite stays to a maximum of five adults at any one time.

Overall, the inspector found that this centre was endeavouring to offer respite stays which catered to individual resident wishes and goals while providing for their care and support needs. The majority of Regulations reviewed on this inspection however, were found to require some improvement. While these had not to date impacted residents' experience of respite stays there were risks associated with these deficits that required actions. These included the implementation of governance oversight systems, staff training, identification and management of risk, assessment of personal plans for all health and social needs and the notification of incidents and accidents.

The provider had not previously been in a position to fully operate the centre to its maximum capacity as stated in the last report for the centre. This had arisen following a period of closure during the COVID-19 pandemic, when centre staff were required to support residents in the provider's other registered centres. The provider has now been consistently operating respite since June 2023 for three days a week and following discussion with the funder of their service is now also to operate some weekend respite.

The weekend following the inspection was the first scheduled weekend of respite and as such there was no service open during the week of the inspection. The centre continues to only operate a service three days a week, either mid-week or at weekends. The inspector did not therefore get the opportunity to meet with any residents during this inspection. Since re-establishing respite in June 2023 the provider has endeavoured to develop a service that is not an extension of day service and respects the stated wishes of the individuals who use respite. As a result the inspector found that the numbers of residents using the service has increased with residents also requesting repeat stay opportunities. The inspector reviewed respite 'exit' conversation records and there were statements such as "I really did enjoy myself" or 'I loved playing pool or games with my friends'. Family and resident satisfaction surveys also indicated that staying in respite had been a positive experience with a significant number of respondents also commenting that they were looking for weekend stay opportunities.

This inspection was facilitated by the person in charge and the centre team leader and the inspector found they were aware of resident likes, dislikes and preferences, and were motivated to ensure that residents were happy, safe, and engaging in their community and participating in activities they enjoyed while staying in respite. The provider currently operated a respite service for 63 individuals with an

additional short waiting list.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall findings from this inspection were, that while residents were in receipt of a good quality service when staying in respite some improvements were required to ensure that the service was safe at all times. The provider had developed systems for monitoring the quality of care and support residents received however, these were not yet effective in this centre at capturing all areas where improvement was required. This was in part due to the fact that a respite specific management system was still evolving with a reliance in part on day service documentation.

The provider, person in charge and team leader were working with residents to take a respite stay that supported them in gaining independence and in making choices in their day-to-day lives. They were committed to ensuring residents had the opportunity to experience activities and events that were important to them.

The person in charge had responsibility for two other centres operated by the provider and was supported by a team leader in this centre and by a person participating in management.

Regulation 15: Staffing

The provider had ensured that the centre was well resourced for the hours of operation and that a consistent staff team was in place for both the mid-week or weekend service. The centre team comprised five whole time equivalent staff and there was currently one whole time vacancy that was covered by consistent relief or a small number of named agency staff. The staff team comprised a combination of nursing and social care staff.

The inspector reviewed a sample of centre rosters and found these were well maintained and clearly indicated the skill mix of staff on duty. There was an on-call roster also available and staff knew who to contact for support at any time. The inspector also reviewed a sample of staff personnel files and found them to be well maintained and containing all information as identified in Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and resident's assessed needs. The provider had a training plan in place that identified training courses available over the course of the year.

The inspector found that the staff team for the most part were in receipt of training as required however a small number of staff required key refresher training. In the majority of these cases training was already scheduled, for example, refreshers in manual and patient handling training. One staff member however, required refresher safeguarding and child protection training that had been out of date for at least a year.

Staff were in receipt of supervision and support in line with the provider's policy and where staff had been new to the centre a clear induction process with scheduled support had been in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider has a clearly defined management structure in place in the centre. The person in charge has responsibility for three centres operated by the provider and was supported in this centre by a full time team leader. They in turn are supported by a person participating in management for the centre with clear lines of authority and accountability in place.

The inspector acknowledges that since the centre has reopened and has begun to offer respite on a regular basis it has amended how the residents avail of support evolving so that respite is no longer viewed as an extension of day service. This has resulted in a need to develop a system which accurately reflects this. However, this is not as yet complete nor has it been consistently embedded into practice. There remains an over reliance on the documentation created by the day service not all of which applies to the centre with gaps in the documentation that is available to guide staff practice.

The gaps in documentation are reflected under other Regulations such as Regulation 26 risk management or Regulation 5 personal plans. These gaps in conjunction with the need to have a centre specific overview system have not ensured that the provider has effectively identified all areas that require action despite them having good audit structures in place.

Staff meetings were taking place in line with the provider's policy and there were clear systems for communication with the staff team.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider has a clear admissions policy and process in place. There are clear systems for the assessment of need for those referred to the respite service and strong assessment procedures to look at the compatibility between individuals who may stay together.

The person in charge and team leader have developed a clear procedure in advance of a resident stay for staff to review information present in the centre and what may be required. Clear communication with the individual coming to stay in the centre and their representative is in place.

Due to changes in the fees and charges as part of the terms and conditions for a respite stay the provider had identified that new service contracts were required. These are being updated following consultation with residents as their next respite break is scheduled.

Judgment: Compliant

Regulation 31: Notification of incidents

On review of the incident and accident register it was found that a number of incidents had not been notified to the Chief Inspector of social services as required.

These included loss of heating in the centre which is to be notified within three days and minor injuries that are required to be notified on a quarterly basis. In addition two potential safeguarding incidents between two individuals over the course of one respite break was not identified and screened as required (see Regulation 8) in addition to not being notified.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure in place for the management of complaints including some easy-to-read documents. The inspector found that residents and

their representatives were aware of how to make a complaint if they wished to. Details of who to complain to was available in the centre, in addition to information on accessing advocacy or other supports.

The inspector reviewed the centre complaints register and found that a comprehensive tracking system was in place that monitored the progress of complaints. In 2024 one complaint had been received to date and this was resolved at the point of contact. Other complaints received throughout 2023 had all been resolved locally.

Judgment: Compliant

Quality and safety

The inspector found that residents who availed of respite stays were supported and encouraged to engage in activities of their choosing and to have good quality experiences. There was evidence of consultation and residents had access to opportunities for social engagement. Improvements were required in risk management, individual assessments and personal plans with improvements also required in the completion of fire drills.

Residents were supported to control and retain access to their personal possessions while staying in respite with clear processes in place to oversee what arrived at the centre and what was with the resident when they returned home. These included medications, finances and personal items. Residents had access to facilities to launder their clothes if they wished to while staying in the centre.

It was evident in the centre that residents were supported to participate in activities in accordance with their interests. Residents had access to transport and staffing allocations meant that residents could get out each day to areas of their choice.

Regulation 17: Premises

This centre comprises a large bungalow set in its own grounds on the outskirts of a town in Co Wexford. There are five bedrooms available for residents to stay in. Two of these have en-suite bathrooms, one with an overhead hoist to support transitions between the bedroom and bathroom. The other three rooms have access to a large wet room bathroom. There is a spacious kitchen-dining room with a sun room also off this area which is currently empty and waiting review. A large communal sitting room was also available for residents to use.

The centre was well maintained and where minor repairs were required these had been identified and flagged to the provider's maintenance team. Larger works had

also been identified and were recorded as required with actions in place such as obtaining quotations or developing business cases. This included the development of parking areas to the front of the premises and enhancements to the garden to the rear.

Judgment: Compliant

Regulation 26: Risk management procedures

As stated previously the emerging systems within the centre remained for the most part reliant on risk assessments completed by day service staff and therefore which reflected day services. The inspector acknowledges that the staff team in the centre had full access to these risk assessments to inform their practice however, these were not based on the presentation of individuals in a home environment.

The inspector found that there were a number of impacts on the centre as a result of this system. Firstly where residents did not attend the provider's day service there were gaps in identification of risks with some resident files reviewed by the inspector with no individual risks having been identified nor assessed for. Secondly where residents had risk assessments in place for day service that were not reflective of all aspects of care, such as skin integrity and the impact of taking a shower on a wound that was dressed. Thirdly where there was a risk of duplication of risk assessments with conflicting control measures such as those for fire safety or management of hoisting as part of transitions where different hoist types or slings were in use for instance.

Finally not all hazards within the centre had been identified which in respite centres may change depending on who is staying in the centre at any given time, for example access to chemicals which were observed on the day of inspection as fully available in the laundry area, kitchen and bathrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider and person in charge had reviewed the fire safety arrangements in the centre following the last inspection and a number of changes to evacuation and fire safety equipment and containment had been completed. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. Checks were being completed in accordance with the provider's policy and best practice.

Some improvement was required however, in the fire drills being carried out and in the recording of learning from these. The inspector reviewed records of fire drills

being completed in the centre and found no evidence that 'night drills' had been completed. This did not provide assurance that the maximum number of residents could be evacuated by the minimum number of staff. The fire drill records also indicated that the majority of drills irrespective of the number of residents or staff were completed in the same time, one minute. The drill records did not always indicate where the residents were in the centre and how they had evacuated. For example one resident had self reported that they had not heard the alarm as they were wearing headphones and staff had to find them to direct them to leave. This had not been noted on the drill record.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Respite users had an assessment of need and personal plans in place; however, these documents (a combination of those prepared by the day service and from the respite centre) did not clearly identify all their health, personal, and social care needs. Areas of assessments and plans not completed from within the centre required review to ensure they were reflective of respite user's needs. Also that they adequately guided staff to support them in line with their wishes and preferences at all times of the day. The provider was aware of this and had started development of a number of new plans but these were not fully implemented at the time of the inspection.

Residents were meeting with their keyworkers or the staff team at the start of each stay and there was a process of developing goals at a pace that suited them. For instance, five young individuals staying together, realised they were all fans of the 'GAA'. On discussion they found that only one had visited Croke Park in Dublin. They expressed at the start of their stay that this was something they really would like to do and the staff made arrangements for the five residents to visit and do the stadium tour. This had been recorded as something that was very successful and enjoyed by all.

Judgment: Substantially compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure for the most part that residents were protected from all forms of abuse in the centre. Some improvements were required however to ensure that residents were fully protected

at all times.

While residents had 'intimate and personal care' plans in place these had been devised in the day service and while reviewed by the respite centre staff they had not been amended to reflect personal care that would be carried out only in the centre. The person in charge was also aware of the need to protect residents' personal information and was aware that until plans were available only in the centre system that personal care information would be shared or accessed by multiple staff groups. This was a risk the provider was working to avoid.

As stated under Regulation 31 two incidents were recorded during one stay that had not been identified as potential safeguarding concerns and therefore not investigated as required. These included one resident shouting at another resident in a public location. The inspector found that the person in charge demonstrated learning and implements changes to practice within the centre following reviews of allegations and incidents/accidents. In this instance the person in charge had reviewed the compatibility assessment and updated available information however, it remains that a safeguarding situation was not fully investigation and screened in line with National policy and the provider's own processes.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents staying in the centre had opportunities to engage in activities of their choice in the community. Residents were supported for example to go out walking, to the gym, to shops and swimming. Residents had access to playing games with board games and a pool table available in the house. Residents engaged in outings and activities that were throughout the region or throughout the country

Staff who met the inspector spoke about supporting residents to understand their choices and to make informed decisions. They also spoke about the importance of respecting people's choices. They spoke about using easy-to-read documents and residents' preferred communication styles to support them to understand what options were in place when making decisions.

Resident and their representatives input was being sought as part of the provider's reviews. The reports reviewed by the inspector detailed how residents were getting up when they choose, having meals and snack at times that suited them, and taking part in activities of their choice. Family surveys had also been completed and the provider's review indicated that feedback in these was mostly positive.

There was advocacy information available with resources such as information about the availability of independent advocacy services and application forms to access advocacy services. There were also easy-to-read documents relating to residents' rights, fire safety, the use of restrictive practices, infection prevention and control,

contracts of care, and safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 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 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Shingán OSV-0002125

Inspection ID: MON-0037683

Date of inspection: 05/03/2024

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>The HR department and Person in charge have scheduled training for staff identified. The staff whom their two HSE lands were out of date have now been completed on 6th of March 2024. New admin support for residential to plan and arrange all training to ensure improved training compliance.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC and team leader have linked with the staff and have scheduled for five individuals’ plans to be updated and reviewed on a weekly basis when they attend Respite as per their allocation. To date there is 25 completed. The PIC, PPIM and team leader have ensured that iplanit access is on a need to know basis. The team leader and PIC monitor and gives direct access to staff who support the person. Any plans associated to Respite are clearly defined as a respite plan.</p>	

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>On reflection of the incident and accident register two notifications should have been submitted. Two safeguarding have been submitted to safeguarding team and the notifications submitted to Hiqa as late admission on 26.03.2024. The PIC has created a new incident register to highlight all notifiable events to be submitted through the Hiqa portal within the time frame. The PIC has completed a detailed list of what incidents are recognised for notification and sent to all team leaders and staff. With regard of loss of heating of one radiator to a bedroom the resident was supported to stay in another room. For future reference this will be submitted within three days. In the absence of the PIC the acting person will ensure going forward to complete safeguardings and submit notifications.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC, team leader and staff have been completing and reviewing the risk register. New individuals attending respite will be assessed when they come in to respite and risks identified and completed. Admission assessments from the liaison nurse/social care workers within the HSE will be implemented prior to the person's stay. Respite will have center specific support plans and risk assessments identified on inpatient based on the presentation of individuals in a home environment.</p> <p>Risk assessments will be reflective of aspects of care, such as skin integrity, fire safety with regards to the use of slings and the impact of taking a shower on a wound that was dressed. The PIC and team leader have reviewed the risk register and all risk assessments to ensure no duplication or to have conflicting control measures, this will be reviewed regularly by the respite staff.</p> <p>The PIC and Team Leader have completed generic risk assessments of hazards within the centre, for example access to chemicals.</p> <p>The PIC and team leader have linked with the staff and have scheduled for five individuals' risk assessments to be completed or reviewed on a weekly basis when they attend Respite as per their allocation. To date there is 25 completed.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The PIC and Team leader have ensured that night drill was completed on the 27.03.2024 where there were maximum respite users were present and supported by the minimum number of staff for the evacuation. The PIC has linked with the Health and safety coordinator to complete an audit/analysis of fire drills and review the times of evacuations and provide feedback to the PIC and team leaders with recommendation. The PIC has arranged for the fire safety trainer to attend Respite to meet staff for additional support on fire drills, times and procedures of completing the fire drill report in detail this will take place on the 16.04.2024. The team leader will conduct unannounced fire drills throughout the year.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 The PIC and team Leader are currently working on the Respite users assessments of need and personal plans to clearly identify their health, personal, and social care needs in detail. Areas of assessments and plans will be completed from within the centre and are currently been reviewed to ensure they are reflective of respite user's needs and to adequately guide staff to support them in line with their wishes and preferences at all times of the day. The PIC and Team Leader started development of a number of new plans for the 70 individuals. While the PIC and Teamleader have implemented a 'one person one plan' approach as per the national person centered planning framework for persons with disabilities. Assisted daily living supports are consistant across the service between day and residential and with the addition of residential specific plans, namely intimate support, morning/night time routine and wound care.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 Where residents have 'intimate and personal care' plans, these are reviewed by the respite centre staff, the plans are currently been amended to reflect in detail the personal care that would be carried out in the centre. The PIC, PPIM and team leader have ensured that iplant access is on a need to know basis. The team leader and PIC monitors and gives direct access to staff who support the person.

On reflection of the incident and accident register two notfications should have been submitted. Two safeguarding have been submitted to safeguarding team and the

notifations submitted as late admission on 26.03.2024. The PIC has created a new incident register to highlight all notifiable events to be submitted through the Hiqa portal within the time frame. The PIC has completed a detailed list of what incidents are recognised for notification and sent to all team leaders and staff. With regard of loss of heating of one radiator to a bedroom the resident was supported to stay in another room. For future reference this will be submitted within three days.

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2024
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	31/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Not Compliant	Orange	31/05/2024

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	27/03/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2024
Regulation 31(1)(c)	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 fire, any loss of power, heating or water, and any incident where an	Not Compliant	Yellow	12/04/2024

	unplanned evacuation of the centre took place.			
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.	Not Compliant	Orange	26/03/2024
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 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).	Not Compliant	Orange	30/04/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/07/2024
Regulation 08(3)	The person in	Substantially	Yellow	26/03/2024

	charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Compliant		
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	30/04/2024