



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

Issued by the Chief Inspector

Name of designated centre:	Elmville
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 October 2023
Centre ID:	OSV-0001821
Fieldwork ID:	MON-0041525

About the designated centre

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

This service is provided in a purpose built, single storey residence located in a housing development in a rural village. A maximum of six residents can be accommodated and the service supports residents with higher needs in the context of their disability. The provider aims to provide an individualised service informed by the needs, choices, interests and preferences of each resident. Residents are encouraged to maintain family and community links. The centre is open on a full-time basis and a staff presence is maintained at all times. The staff team is comprised of care assistants and social care workers led by the person in charge who is a registered nurse in intellectual disability nursing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Monday 9 October 2023	09:30hrs to 17:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in Elmville to assist in the recommendation to renew the registration of the centre for a further three-year cycle. The inspection was facilitated by the person participating in the management of the centre. On arrival, the inspector completed an introductory meeting to determine the adherence to the compliance plan submitted following the previous inspection to review the current support needs of the residents currently residing in the centre.

The inspector observed on entering the centre that the exterior of the building including walls and fencing required attention. This was actively being addressed by the provider with a painter on site on the day of inspection completing internal paintwork. A schedule of works was in place to ensure the centre was in a good state of repair and appropriately decorated both internally and externally.

The inspector had the opportunity to meet and interact with residents throughout the day. Residents in the centre communicate in a nonverbal manner. In the morning some residents were supported by staff to go for a spin and a walk. A group music session had been scheduled for the afternoon. Each resident had a timetable of chosen activities they enjoyed participating in. However, due to staffing levels within the centre, these could not always be facilitated. This will be discussed later in the report.

Residents appeared relaxed in their environment. Staff reported residents had their favourite areas in the house. One resident enjoyed sitting at the kitchen table doing their table top activities, another enjoyed sitting on their chair near the door to be able to walk around the back garden as they chose. Residents' bedrooms had been decorated in accordance with their interests. For one, this was very important as they chose to spend a large portion of time in their room watching GAA and using their sensory items.

Interactions on the day of the inspection were observed to be respectful in nature. Staff were very knowledgeable about the assessed needs of the residents. Staff were observed chatting with residents when completing duties within the house. The inspector was shown photographs of residents participating in activities bit in the house such as baking and in the large community.

The next two sections of the report will review the governance arrangements within the centre and how this impacts the quality of life of residents.

Capacity and capability

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three-year cycle. The registered provider had submitted an application for this renewal including the statement of purpose and prescribed information for all members of the governance team appointed to the centre.

The registered provider had appointed a governance structure to maintain oversight of the centre. The person in charge was supported in their role by a team leader and reported directly to the person participating in management. There was evidence of communication within this governance structure.

The registered provider had ensured the completion of the regulatory required monitoring systems including the annual review of service provision in March 2023 and six monthly unannounced visits to the centre by a delegated person. However, there was no clear evidence provided that identified actions were addressed in a timely manner and regularly reviewed. For example, in the most recent annual review and six monthly visits, it was identified that there was a need for a review of staffing levels and skill mix within the house. No actions had been taken to address this.

The person in charge completed a range of measures to monitor the day-to-day operations of the centre. This included a monthly review of incidents, fire checks and review of cleaning schedules. An audit schedule was in place to monitor such areas as medication management and infection control. Some improvements were required to ensure these systems were used to identify all potential areas for concern. For example, despite fire checks being completed it was not identified that damage was evident on several fire doors.

The registered provider had not ensured the allocation of appropriate staffing levels to the centre. An actual and planned roster was in place which evidenced the continuity of care provided to residents by core staff, however this also evidenced staffing gaps where a full complement of staff was not in place on certain days. The person in charge implemented effective measures for the appropriate supervision of the staff team. This incorporated both face-to-face formal supervision and staff meetings. Staff were supported and facilitated to attend training which was deemed mandatory to support the resident's assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application for this renewal.
Judgment: Compliant
Regulation 14: Persons in charge
The registered provider had ensured the appointment of a suitably qualified and experienced individual to the role of person in charge.
Judgment: Compliant
Regulation 15: Staffing
The registered provider had not ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents current assessed needs. It was evident hat on occasions within the centre that the staffing levels provided could not provide safe evacuation, access to preferred activities for all residents or adherence to risk assessments in place.
There was an actual and planned roster in place.
Judgment: Not compliant
Regulation 16: Training and staff development
The person in charge had ensured the staff team were supported to completed the mandatory required training to meet the assessed needs of residents.
The person in charge had also ensured the effective measures were in place for the appropriate supervision of staff.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of residents was maintained in the centre on the day of the inspection. This document included the details as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appointed a clear governance structure to the centre. There was evidence of clear lines of accountability within the centre with regular management meetings to share learning throughout the organisation. The person in charge had implemented numerous systems to ensure the day-to-day oversight of the service provided within the centre. This included audits in such areas as safeguarding, medication and infection control. While the regulatory required monitoring systems were implemented, areas of concern highlighted were not actively addressed. For example, in March 2023 as part of the annual review of service provision, it was identified that a staffing review was required to ensure that the staffing levels within the centre were as per the assessed needs of residents. This was again identified in a six monthly unannounced visit to the centre in June 2023. Despite this, no actions were evidenced to have been taken by the provider to ensure the centre was adequately resourced to provide the required support in such areas as general welfare and development, fire safety and protection.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

there were no planned admissions to the centre at the time of inspection. The provider had completed a review of the terms and conditions of residency. While an amendment had been made to the document to accurately reflect the current governance structure, there was no evidence that this had been communicated with residents or their representatives. This required review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. this document incorporated the information as required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured all incidents were notified as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This included the resolution of the complaint and the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, practices within the centre ensured residents' rights were supported and promoted. There was evidence of resident consultation in such areas as personal plan and goal setting, annual review of service provision and health-care decisions.

Each resident was supported to develop an individualised personal plan. These included a comprehensive annual receive of support needs, multi-disciplinary recommendations and personal goals. The inspector reviewed a sample of plans and it was evident that these incorporated the health, social and emotional needs of residents. Plans were updated regularly updated to reflect any change in the support needs such as changes to healthcare recommendations, progression of goals and multi-disciplinary input. While these were found to be comprehensive in a number of areas, documentation was not completed fully and historical information remained present. This made it difficult to ascertain the current supports in place.

Improvements were required in the centre to ensure all residents could participate

in the activities of their choice. It was noted that activation in the centre was impacted by staffing levels. On two occasions in the month previous to the inspection, it was documented that residents did not attend mass due to staffing levels. Another example of this impact, weekly, one resident attends a swimming session. This resulted in another resident going shopping as per their timetable. As two staff were required to support the resident swimming it was difficult to support the remaining resident in the centre to enjoy an activity. The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home. Staff spoken with were found to be knowledgeable concerning their responsibilities in ensuring residents were kept safe at all times. However, as stated under Regulation 15 at times staffing levels in the house could not provide adherence to safeguarding plans and required levels of supervision. Staff did report that this can be difficult if residents choose to relax in different rooms in the house.

The person in charge had ensured the development and review of a risk register. The resident's individualised risks were documented within their personal plan. Risk ratings applied to the identified risk did not consistently correspond to the actual likelihood and impact in place. For example, the need for a staffing review had been identified in March 2023 as part of the annual review of service provision, despite no action being taken the risk rating allocated to the staffing level risk had not been amended to address the need for additional supports. A risk assessment to review the impact of one resident's activity on others in the centre had been risk-rated low, despite this being a weekly likelihood. No identified risks in the centre had been escalated through the risk process.

The registered provider had ensured fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place throughout the centre. Each resident had a personal emergency evacuation plan to ensure awareness of safe evacuation procedures used in conjunction with regular fire drills. This set out the supports each individual required including the use of physical interventions to safely evacuate one individual. The requirement of two staff was not consistently in place for this to be safely executed.

Also, fire evacuation drills had not been completed in all known scenarios to ensure all staff and residents were aware of the correct evacuation procedure. As part of the walk around of the centre it was observed that a number of fire doors appeared to be damaged. The provider requested this to be reviewed on the day of the inspection.

Regulation 13: General welfare and development

The registered provider had not ensured all residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. While efforts had been made since previous inspection to increase the opportunities of

community participation in activities of choice, records of activities reviewed evidenced that activities had to be cancelled due to the resources available within the centre. For example, for one resident to go swimming, another residents shopping trip was cancelled. Residents had been supported to develop personal goals. However, it was difficult to track the progression of these goals. Some photographs had been used to document this, with clarity of the stage of other goals not available or known.

Judgment: Not compliant

Regulation 17: Premises

Overall, the centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

Some internal work was required to ensure the centre was in good repair. This included repair to flooring in living room and attention to the external areas.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. While there were control measures to reduce the risk and all risks were routinely reviewed, these were not consistently in place. Risk ratings applied to the identified risk did not correspond to the actual likelihood and impact in place. For example, the need for a staffing review had been identified in March 2023, despite no action being taken this risk rating had not been amended. A risk assessment to review the impact of one resident's activity on others in the centre had been risk rated low, despite this being a weekly likelihood.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place through the centre. Each resident had a personal emergency evacuation plan to ensure awareness of safe evacuation procedures used in conjunction with regular fire drills.

However, on the day of the inspection it was noted that a number of fire doors were damaged following the replacement of door locks. This had not been identified and reviewed by the provider within fire checks. Also, upon review of the fire evacuation drills it was identified that these had not been completed in a regular scenario of minimum staffing levels. For example, if five residents were present in the centre with one staff. One personal evacuation plan stated a resident required two staff to safely evacuate. This required review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' individual personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs. While this plans were comprehensive this consisted of some historic information which made it difficult to determine the current supports in some areas.

Each resident had a range of personal goals, some having up to ten personal goals. Due to the number of goals it was difficult to evidence the progression of each goal. On the day of the inspection, staff had difficulty evidencing which goals were progressing or which had ceased.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in

supporting the residents' with their health needs.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured residents in centre were protected from abuse. The provider proactively addressed any concern through staffing review, staff training, easy read information for residents and regular review of risk.

At times staffing levels required to adhere to safeguarding and intimate care plans were not in place. This is addressed under Regulation 23 and 15.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Overall, practices within the centre ensured residents' rights were supported and promoted. There was evidence of residents' consultation in such areas as personal plan and goal setting, annual review of service provision and health care decisions.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmville OSV-0001821

Inspection ID: MON-0041525

Date of inspection: 09/10/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider wishes to assure the Chief Inspector that in order to comply with regulation 15, it will carry out a full staffing review for the designated centre to ensure that staffing levels can provide for safe evacuation and access to preferred activities for all residents.</p> <p>This will be completed by December 15th 2023</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: As outlined in response to regulation 15 above, the Provider wishes to assure the Chief Inspector that a full staffing review of the designated centre will be undertaken. Furthermore associated Risk Assessment will be updated by the Person in Charge to ensure staffing levels are in place to maintain fire safety and the general welfare of residents at all times.</p> <p>This action will be completed by December 15th 2023.</p>	
Regulation 24: Admissions and	Substantially Compliant

contract for the provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider wishes to assure the Chief Inspector that the amendment to the Terms and Conditions of residency will be communicated to the residents and/or representatives.</p> <p>This will be completed by January 31st 2024</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: In order to come into compliance with Regulation 13, the Provider wishes to assure the Chief Inspector that with the new appointment of a Pool and Sports Supervisor for the Foundation, residents of the centre will be directly supported by this role to ensure they have the opportunities to engage more frequently in activities in line with their preferences, interests and wishes.</p> <p>As indicated under response to regulation 5 below, the Person in Charge will ensure there is better evidencing of resident's goal progression. This action will be completed by January 31st 2024.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider can confirm that its Painter was on site during the inspection with a schedule of work to ensure the centre will be in good state of repair and appropriately decorated both internally and externally. Also at time of inspection, costings were shown to Inspector with planned work pertaining to living area.</p> <p>This work is scheduled for completion by December 20th 2023.</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 Provider wishes to assure the Chief Inspector that the Person in Charge will conduct a full review of the center’s risk register and individual residents risk assessments to ensure that there is consistency and that the risk ratings applied to the identified risk do correspond to the actual likelihood and impact in place. This review will take into account staffing levels during times of residents activities.</p> <p>This action will be completed by January 12th 2024</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider wishes to confirm and reassure the Chief Inspector that post the inspection, necessary works were carried out on the fire doors by our maintenance department. Following this, the services of a Consulting engineer were sought who in turn carried out an inspection of the internal fire doors and the door furniture.</p> <p>The engineer approved the fire doors and confirmed same in writing to the Provider which is available to the Chief Inspector for review.</p> <p>Furthermore the Person in Charge will ensure that fire drills will include scenario of minimum staffing levels.</p> <p>This will be completed by December 22nd 2023</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:</p> <p>To come into compliance with regulation 5, the Person in Charge will conduct an individualised personal plan review for all residents in the centre. Furthermore the Person in Charge will ensure that going forward the number of goals set for residents are achievable and thus brought to full completion. The Person in Charge will share this with staff and monitor same going forward to ensure there is better evidencing of goal</p>	

progression. This action will be completed by January 31st 2024.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider wishes to assure the Chief Inspector that as outlined under regulations 15 and 23, it will carry out a full staffing review for the designated centre to ensure that staffing levels can provide for safeguarding.

This action will be completed by December 15th 2023.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	31/01/2024
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	31/01/2024
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Orange	31/01/2024

	accordance with their interests, capacities and developmental needs.			
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.	Not Compliant	Orange	15/12/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/12/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/12/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	15/12/2023

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/01/2024
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.	Not Compliant	Orange	12/01/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	22/12/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Not Compliant	Orange	22/12/2023

	persons in the designated centre and bringing them to safe locations.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/01/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/12/2023