



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

Issued by the Chief Inspector

Name of designated centre:	Kare DC8
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 May 2024
Centre ID:	OSV-0001987
Fieldwork ID:	MON-0034338

About the designated centre

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

Kare DC8 is a designated centre registered to provide residential short breaks (respite) to children and adults with an intellectual disability. The centre has six registered beds and accommodates children and adults, at separate times, in a dormer bungalow situated just outside Kildare Town. The house includes a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room and an office, toilet and bedroom for staff. There is a large garden on the premises with a play area which includes a trampoline, swing and jungle gym with slide. A minibus is provided to assist residents attend their day service, school and social activities during their stay. A full-time person in charge leads a team of social care workers, social care assistant and nurses employed in this centre to support service users during their stay.

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 14 May 2024	10:00hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The provider KARE, Promoting Inclusion for People with Intellectual Disabilities operates 20 designated centres and has demonstrated a good regulatory history. Inspectors of Social Services completed inspections in nine designated centres over two days, including visiting the provider's head office to discuss oversight and progress with quality improvement initiatives with members of senior management. Overall the inspections found high levels of compliance with the regulations, and effective governance and oversight systems which were identifying and acting upon issues in response to the needs of residents. In this centre, the inspector also found good levels of compliance with improvements required in relation to ensuring that risks related to residents were kept up to date and informed by changing circumstances, and in ensuring that events and practices were notified to the Chief Inspector as required.

From speaking with respite residents and their direct support staff, the inspector observed that residents were enjoying a good quality of support during their time staying in this house. Residents were observed being supported and spoken to with respect in a manner which protected their dignity and choice. This included staff members being aware of when residents required assistance or were uncomfortable, particularly when residents did not primarily communicate using speech. Other good practices were observed in staff support delivery, such as ensuring the resident's attention was engaged before asking them questions, and giving residents sufficient time to answer and make choices.

While service users did not live here as their primary home, staff demonstrated a good knowledge of residents' personalities, communication styles, interests, hobbies, jobs and histories. Residents were at day services for the morning, and after separately returning in the afternoon, spent much of the latter half of the day chatting and joking with staff, and the inspector observed an overall comfortable and friendly rapport between residents and staff. For personal, health and social support needs as assessed, staff had person-centred and detailed guidance to deliver on their support needs, however some guidance and risk control were not kept up to date for specific supports and personal risks. This will be referenced later in this report.

At the time of this inspection, five adults were availing of respite service for a few nights. The inspector had the opportunity to chat with residents together over tea, coffee and biscuits. Two residents talked about how they contributed to the household chores while staying here. One resident talked about his achievements playing bocce in the Berlin Special Olympics, and was keen to show his housemates how to play. One resident proudly described their work experience assisting with paperwork in the provider's head office. Another resident told the inspector about their work in a local café. Residents described the things they liked to do when they

stayed in the centre, such as going shopping, going for walks, or travelling together in the house bus. The residents told the inspector that they held house meetings together to plan out activities and meals for their stay, and showed the picture board in the kitchen used to display these choices.

The residents told the inspector they had a fun time when they stayed here, and that the staff took the time to get to know them and introduce them to the people they would be staying with on their respite. Residents commented that if they chose not to spend time in a group and instead watch TV or relax in their bedroom, this was respected. Residents commented that they were not treated like children, and were allowed to stay up late and take care of jobs in the house. One resident staying in the house did not communicate using speech, and staff supported them to make their preferred activities and routines in respite known. The staff later demonstrated good knowledge of this person's style of communicating, noting when they were in discomfort sitting in their chair and wished to spend time lying out and stretching on their bed.

The inspector observed that the house was furnished and decorated in a homely but simple manner, to be appropriate for either adults or children. Residents had sufficient space to store their clothes and belongings, and where residents did not require features such as bedside rails, night monitors, security gates or ceiling hoists, these were stored out of their way.

Surveys issued ahead of this inspection were responded to by three service users. These contained positive commentary in which people said that they felt safe and supported in the service, and if they required any help or support it was available whenever asked. One respondent indicated that they may not get to know some of the newer staff. The inspector observed brief reference to one resident's experiences availing of respite in the service's annual report, after which the provider had composed a simple exit survey to capture the voice of the service users in future audits. The provider collated some trends in feedback from resident representatives, including a desire for longer or more flexible respite access, and further notice when respite stays were confirmed, to allow families to plan accordingly.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector observed management and oversight systems which ensured that the service was safe, appropriately resourced and of good quality for the wide range of respite users and support needs in the designated centre.

The service was resourced with a suitably qualified and experienced person in charge, and a front-line team who demonstrated a good knowledge of the assessed support needs of the children and adults attending on respite. The inspector reviewed a sample of the structured supervision and training of the team, and identified good practice around identifying training for staff based on the needs of the service users. The inspector observed examples of how the provider was assured that staff were appropriately skilled and competent for their respective roles through performance management and probation systems.

The designated centre was appropriately staffed, with annual leave and unplanned absences sufficiently covered by staff overtime and a small cohort of relief personnel. These contingency measures ensured that continuity of support was maintained for residents, and rosters were clear on shift patterns and when staff were off-duty. A sample of personnel files were reviewed which contained all required information including Garda vetting.

The provider had conducted audits and quality inspections in the designated centre, and the findings of all assessments were collated into a live action plan document. This outlined specific, measurable and time-bound objectives required by the person in charge, the nursing team, key worker or the front-line staff. The inspector reviewed some actions past their completion date which had not been started yet.

Records and documents related to the operation of the service was detailed and up to date, such as the statement of purpose and centre policies and procedures. However, there were a number of gaps in information required to be notified to the Chief Inspector.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in this designated centre. They were suitably qualified and experienced in leadership and management roles in disability and children services.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection there was one full-time post recently vacated on this team. Otherwise the staff team consisted of experienced, knowledgeable staff who demonstrated a good awareness of residents' care and support requirements. Use of staff overtime and regular relief personnel mitigated the potential impact of vacancies and absences on the continuity of resident support.

A review of a random sample of personnel files was completed on the day of this inspection in the provider's head office. They were found to contain the information required under Schedule 2 of the regulations, including evidence of professional references and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

Skills and training identified as required to effectively support residents coming to this centre were being attended by staff, including supporting people with dementia, epilepsy, autism and positive behaviour support needs. Where new staff had joined or where staff required refresher courses, these were booked for the coming weeks. All staff were up to date on mandatory training in fire safety, safeguarding of people at risk of abuse, safe moving and handling, and administration of medicines.

The inspector reviewed a sample of records related to staff supervision and performance management schedules, including records related to staff on performance improvement plans and probation review. The person in charge demonstrated evidence of how performance was measured to ensure the team provided quality and safety of care and support.

Judgment: Compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management structure for this service was clearly defined, with clear lines of reporting and accountability. The inspector observed examples of how matters of concerns were escalated to local and provider management as required.

This designated centre was subject to a six-monthly inspection by the provider, most recently in January 2024, from which a comprehensive and detailed report was published including specific, measurable and time-bound actions to address service deficits and come into compliance with regulations, standards, best practice and provider policy. A number of these actions had not been commenced and were past their target for completion.

The provider had published their annual report for the service in November 2023. This report outlined the key achievements and challenges in 2023 and set out objectives for the year ahead, including specialist training for staff, premises renovations, and enhancing options for meaningful community activities during respite stays. This report reflected on commentary and feedback from family members related to scheduling and flexibility of respite stays, with plans on how this could be address going forward.

Improvement was required in how the annual report captured the commentary, feedback, suggestions and experiences of service users collected through the year. The inspector observed that while almost 40 people used this service, limited reference was made to just one service user's feedback collected by the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the services provided to residents as required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not submitted information to the Chief Inspector in line with the requirements of this regulation. The provider had not notified the Chief Inspector of occasions on which restrictive practices were used in the designated centre. A number of safeguarding incidents were also notified outside of the required

timeframe.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All policies and procedures required under Schedule 5 of the regulations were reviewed and were up to date. The provider was in the process of developing easy-read versions of these, with which residents could engage and understand.

Judgment: Compliant

Quality and safety

The inspector found this to be a well-run service led by the choices and assessed needs of residents. The provider had implemented and sustained a number of improvements to aspects of the service, to provide a homely and safe environment suitable for either children or adults. A number of risk assessments, risk controls and staff guidance related to the safety and assessed needs of residents were not created or implemented, or required review based on latest clinical assessment or changing support needs.

The provider had completed a campaign of fire upgrade works to ensure that internal doors were rated to contain fire and smoke and were equipped with appropriate self-closing devices and seals. Following this work, further fire safety upgrades had been identified as required, such as part of the centre which were not connected to the alarm and detection system. Other fire safety equipment such as extinguishers and emergency lighting were subject to routine service and inspection. While the variation and combination of respite users' support needs required this service to carry out regular practice evacuation drills, assurance was required that timely evacuation could consistently take effect during times of minimal staffing.

Physical, environmental and rights based restrictive practices were kept under review by a designated panel, which clearly documented how they were assured that the measures were the least restrictive option available for the lowest amount of time. For examples in which evidence collected did not support this rationale, measures had been retired or amended, to mitigate the impact of other respite users who did not require them.

Safeguarding risk controls were in effect in response to the needs of service users and incidents, or trends of incidents, in the designated centre. This included having respite users come in at separate times or on their own, where concerns around compatibility arose. While all incidents involving potential or actual safeguarding risk

were reported internally, there was some discrepancy in the implementation of provider policy on referral to outside authorities such as the Child and Family Agency.

As referenced earlier in this report, residents felt happy, safe and confident that their choices and preferences would be respected and facilitated. The inspector observed evidence during the day to indicate that staff were striving to promote the preference, privacy and dignity of respite users in their time using this service.

Regulation 13: General welfare and development

The inspector observed evidence to indicate how residents were encouraged to socialise with each other during their respite stays together, to make friends in the service, and establish groups who may wish to attend respite together. Residents were supported to have meals and go on community outings together, and also to spend time alone when this was in line with their comfort and preference.

As children used this service, the provider had ensured appropriate and accessible play equipment, garden space and sensory games and toys to enjoy meaningful opportunities to play.

Judgment: Compliant

Regulation 17: Premises

This house was suitable in size and layout for the number and assessed needs of service users, including featuring mobility aids and accessible facilities for wheelchair users. The house was overall clean and in a good state of maintenance, and was decorated to be suitable for either adults or children. There was suitable outdoor play equipment for children. Where deficits had been identified in the day-to-day upkeep and maintenance of the house and grounds, the person in charge had brought these to the attention of the facilities department using a live ticketing system.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector observed a number of risks requiring a formal risk assessment which had not been created, had not been amended following reviews or changes in circumstances, or had not established risk control measures and staff instruction to

reduce the associated risk. This included personal risks related adults and children using respite, including residents' epilepsy and seizures, residents at risk of choking, residents requiring coeliac diets, residents presenting with behaviours which presented a risk to themselves or others, and risks related to the use of restraints.

Judgment: Not compliant

Regulation 27: Protection against infection

The premises was clean and works to facilitate good cleaning and disinfecting of surfaces, had been carried out since the previous inspection. Staff had completed formal training in the prevention and control of infection in a health and social care setting, and were observing good practice related to management of food, waste, and protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed fire safety upgrade works to install self-closing, fire-rated internal doors along evacuation routes. Following this, a fire risk assessment had been carried out which identified other areas for improvement in fire safety, such as storage areas and rooms with electrical equipment which were not suitably equipped to detect and alert to fire or smoke.

The provider had conducted a number of practice evacuation drills to be assured that a timely and safe evacuation could take place consistently in the centre. While evacuations practiced during the day achieved acceptable times of 30 to 90 seconds, a night scenario in which staff would be at minimum levels and people would be asleep took seven minutes to complete in October 2023. While this target was identified as too long to get to a safe location, no further practice had taken place to provide assurance to the provider that consistent target times could be achieved.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

In the main, the health, personal and social care needs of the children and adults were described in an evidence-based and person-centred manner. The provider had means by which the care and support plans could incorporate changes to residents'

needs and their latest assessments by their healthcare professionals. The inspector observed some gaps in staff guidance and risk control measures related to resident needs, this is referenced under Regulation 26 Risk Management Procedures. Support plans were easy to follow and were personalised to each respite user.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge and provider oversight group had identified a large number of physical and environmental restrictive practices for which there was insufficient evidence to justify its continuation on formal review. As such, many practices had recently been:

- retired completely,
- utilised only when specific service users were staying in the designated centre,
- changed in their form to reduce impact on other service users,
- retained for children but discontinued for adults.

Practices which were retained were kept under review to ensure that their purpose was clear, and what alternatives had been assessed to be assured that the measure in place was the least restrictive option to mitigate the relevant risk. Staff were observed to be using time logs to denote when measures such as cameras were turned on and off, to ensure they were used for the least amount of time necessary.

Judgment: Compliant

Regulation 8: Protection

In the main, practices and procedures for identifying and responding to alleged, suspected or reported instances of abuse were sufficient to keep adults and children safe. Where the provider noted incidents or trends of incidents which posed a risk of causing harm or distress between respite users, arrangements were made to ensure they were safe going forward, including accommodating service users at separate times if deemed necessary.

The provider's policies on safeguarding people at risk of abuse, and on child protection, were kept up to date and reflected national guidance and good practice. However, in reviewing a sample of safeguarding incidents recorded in the centre, the inspector observed that not all of these were referred to the Child and Family Agency (Tusla) in line with provider policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Respite users told the inspector that overall they felt listened to and respected during their time in this house. Residents commented that they had the choice to do what they wanted when they stayed over, including what they had for meals and when they got up or went to bed. The inspector observed respectful and dignified interactions from staff members, including during the delivery of personal support. Respite stays included meetings in which service users could plan out what to do in their time together. The service provider had commenced using easy-read exit surveys to identify what the services users liked or did not like about their time in the house.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kare DC8 OSV-0001987

Inspection ID: MON-0034338

Date of inspection: 14/05/2024

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 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 actions arising from the six monthly inspection were reviewed in May 2024 by the Leader and the quality team member and some of the timelines for completion were updated. These updates were made to the team plan where actions were compiled in to one location for ease of oversight. The updates were not changed on the audit template as per Kare process.</p> <p>The service has commenced gathering feedback after every shortbreak stay. This commenced in March 2024. This feedback will be collated and captured in the annual review for 2024. This will be completed prior to the end of 2024.</p> <p>As part of the discharge process the leader is adding a feedback form to record family experiences with respite in general. This will be in place by the end of June 2024.</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>The child protection policy will be reviewed to ensure the steps that staff are required to take are broken down clearly. This will be updated by the end of October 2024. This will be presented to the Heads of Units meeting in November 2024.</p> <p>The safeguarding policy will be reviewed to ensure the steps that staff are required to take are broken down clearly. This will be updated by the end of October 2024 This will be presented to the Heads of Units meeting in November 2024.</p> <p>The leader will ensure all necessary children related incidents are reported to TUSLA as and from the 14th of May 2024.</p> <p>The staff team have discussed the Safeguarding policy and notification requirements in April and May 2024. This will be repeated at the staff team meeting in July 2024.</p> <p>An updated Bodymark guideline for staff has been reviewed with changes made to make</p>	

it more user friendly. This will be launched at the HOU meeting on the 24th of June 2024 to leaders across Kare for sharing with staff teams. The staff team will discuss the updated changes at the staff team meeting in July 2024.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Risk register review for this location is scheduled for July 2024 with the leader and the quality team members.

The Review of support needs will be reviewed and will identify all supports and individual risk assessments required. This will be completed for all individuals using the service by the end of March 2025.

The individualized planning policy is under review which will update the responsibilities and the agreed risk assessments for any support plan that is agreed for. This will be completed and launched to staff prior to December 2024.

The clinical recommendations or guidelines will be clearly documented and communicated through CID database to the staff team supporting each individual. This revised process will be completed by the end of December 2024.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 A night stimulation fire drill was repeated on the 20th of May 2024 with a successful evacuation of under 3 minutes.

The emergency plan will be reviewed and updated prior to the end of August 2024.

The Storage areas will be reviewed for requirements related to smoke alarms to detect fire or smoke. Actions following this review, if required will be completed by the end of July 2024.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 The child protection policy will be reviewed to ensure the steps that staff are required to take are broken down clearly. This will be updated by the end of October 2024. This will be presented to the Heads of Units meeting in November 2024.

The safeguarding policy will be reviewed to ensure the steps that staff are required to take are broken down clearly. This will be updated by the end of October 2024 This will be presented to the Heads of Units meeting in November 2024.

The leader will ensure all necessary children related incidents are reported to TUSLA as and from the 14th of May 2024.

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 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	30/06/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	31/03/2025

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2024
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	31/08/2024
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	14/05/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Orange	31/07/2024

	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 occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Substantially Compliant	Yellow	30/11/2024