



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

Issued by the Chief Inspector

Name of designated centre:	Florence House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	12 July 2023
Centre ID:	OSV-0002632
Fieldwork ID:	MON-0031912

About the designated centre

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

Florence House is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a community residential service for up to eight adults with a disability. The centre is a detached two storey house. It is set on its own grounds in a housing estate on the outskirts of a large town within a short distance of local facilities and amenities. The building consists of two floors, with the ground floor being accessible to residents and the upstairs floor used for office purposes. The centre's downstairs comprises of a sitting room, activity room, sensory room, dining room, kitchen, eight individual resident bedrooms, visitor room, laundry room, two shared bathrooms and two offices. There was a garden for residents to avail of if they wished. The staff team consists of a Clinical Nurse Manager (CNM) 1, staff nurses and multi-task workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Wednesday 12 July 2023	10:00hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet with the eight residents over the course of the inspection. All residents used different means to communicate, such as vocalisations, facial expressions, behaviours and gestures. The inspector endeavoured to gather an impression of what it was like to live in the centre, through observations, discussions with the staff team and management, monitoring care practices and reviewing documentation.

On arrival to the centre, the inspector was greeted by the person in charge. The inspector observed residents being supported to prepare for the day, three residents were in the sitting room watching TV and one resident was relaxing in the sensory room. One resident was supported to attend an appointment in the morning.

In the afternoon, the inspector briefly observed residents being supported to have lunch. Two residents were supported to attend the cinema and one resident was supported to attend an appointment. Throughout the afternoon, the inspector observed residents watching TV, spending time in their bedrooms or the garden, engaging in massage, meditation and table top activities with staff. Positive interactions were observed between the residents and the staff team.

However, the residents in the centre were assessed as requiring high levels of support due to the nature of their disability and health care needs.

The inspector found that, at times, the mix of eight residents and their respective assessed needs in the centre contributed to a lack of personalised daily activities. This was also identified as an area for improvement on the previous inspection. The provider has self-identified this as an area for improvement in their annual review and six-monthly audits. The inspector was informed that the provider had recently purchased two properties which require some renovation before any resident transitions from Florence House can take place.

The inspector also reviewed three questionnaires completed by residents' representatives describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a level of satisfaction with many aspects of service in the centre such as bedrooms, meals and the staff who supported the residents. However, one questionnaire noted the number of residents living together in the house and that their family member may benefit from a reduction in the number of residents in the centre. In addition, representatives noted the availability of transport and activities in the community for the residents to take part in as areas for improvement. The inspector also met with one family member on the day of inspection. Overall, the family member spoke positively about the care and support provided in the centre.

However, they did highlight the number of people in the house which is very busy at times.

The inspector carried out a walk through of the centre accompanied by the person in charge. As noted, the centre is a detached two-storey house set on its own grounds. As noted, the house consisted of a sitting room, activity room, sensory room, dining room, kitchen, eight individual resident bedrooms, visitor room, laundry room, two shared bathrooms and two offices. There was a large garden to the rear of centre which contained swings and garden furniture. The person in charge noted that all windows and the heating system had been recently upgraded. However, the inspector found that areas of the centre required attention. For example, the inspector observed areas of lifting floors, areas of chipped paintwork, staining on bathroom floors and worn areas on walls. This also impacted on the ability of the staff team to effectively complete infection prevention and control cleaning.

In summary, while the residents appeared comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner, there were a number of areas identified which required improvement including residents' rights, governance and management, infection prevention and control, positive behaviour support, fire safety, premises and staff training and development.

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

Capacity and capability

There was a clearly defined management system in place. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, improvements were required in the effectiveness of the governance and management and the systems for staff training and supervision.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of quality assurance audits taking place including the annual review and six monthly unannounced audits as required by the regulations. However, improvements were required in the governance of the centre to ensure that areas for improvement were addressed in a timely manner and the service provided to residents was appropriate to their needs. For example, a number of areas for improvement identified on this inspection had been previously identified. These areas including the compatibility of the resident group due to their high support needs, areas requiring attention in the premises and infection prevention and control.

On the day of inspection, there were sufficient numbers of staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was

an established staff team in place which ensured continuity of care and support to residents. The inspector observed positive interactions between the residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample records, it was evident that the majority of staff team in the centre had up-to-date training. However, some of the staff team required training in infection prevention and control and safe feeding, eating and drinking supports/practices. From a review of supervision records, some improvement was required in ensuring formal supervision occurred with all staff members in line with the provider's policy.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for this designated centre alone and was supported in their role by a CNM1.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that there was a core staff team in place. The inspector was informed that the centre was operating with two vacancies. One vacancy had been filled with the staff member due to start shortly following the inspection. The other vacancy was being filled by regular agency and relief staff while recruitment was ongoing. This ensured continuity of care and support to residents.

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The staff team consisted of nurses and multi-task workers. During the day, the eight residents were supported by eight residential staff members. The centre had recently increased the number of nursing staff working during the day from two to three in line with the assessed needs of residents. At night, three waking-night staff were in place to support the eight residents.

The inspector reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, fire safety and de-escalation and intervention techniques. However, some of the staff team required training in feeding eating and drinking supports and infection prevention and control.

The staff team all engaged in formal supervision. While there was a supervision schedule in place and evidence of some supervision taking place, the inspector found that supervision was not always provided in line with the provider's guidance and required improvement.

Judgment: Not compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the CNM3, who in turn reported to the Assistant Director of Nursing. The person in charge was supported in their role by CNM1.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. The annual review required some improvement as it did not demonstrate consultation with the residents and their representatives, as is required by the regulations.

In addition, local audits were also carried out by the person in charge and staff including medication audits, health and safety audits. These audits identified areas for improvement and developed action plans in response.

However, the governance arrangements of the centre did not effectively address areas for improvement in a timely manner in order ensure that the service provided

to residents was appropriate to their needs. For example, this inspection identified areas for improvement which had been identified in previous inspections. These areas included the compatibility of the resident group due to their high support needs, areas requiring attention in the premises and infection prevention and control. While some actions had been completed, the areas for improvement remained ongoing at the time of the inspection.

In addition, the arrangements for the centre's transport required review. The centre had access to two vehicles. However, each vehicle could only support a limited number of wheelchair users at one time. This at times negatively impacted on the choice and control of residents in the centre as a number of residents in the centre were wheelchair users.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service strived to provide person-centred care and support to the residents. The inspector found that the were residents being well supported in some areas of such as health-care. However, improvements were required in residents' rights, infection prevention and control, maintenance of the premises, fire safety and positive behavioural support.

The inspector reviewed a sample of residents' personal files which comprised of an

up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guided the staff team in supporting the residents with their personal, social and health needs.

The previous inspection found that improvements were required in residents rights as residents living in the centre had high care needs and, at times, it appeared that the mix of residents in the centre contributed to a lack of personalised daily activities and person centred care. As noted, the provider outlined plans to reduce the number of residents in a previous compliance plan. This was later deemed not a suitable option. The inspector was informed that the provider had purchased two properties with the aim of reducing numbers in this designated centre. However, this remained an ongoing area for improvement at the time of the inspection. The inspector found that the mix of residents continued to impact on the services ability to provide personalised daily activities and person centred care to each resident.

The compatibility of the resident group also impacted on the ability to effectively implement recommended behavioural interventions. For example, one resident was assessed as requiring a low arousal environment but recent reviews noted that due to the busy environment in the centre, that this was not possible.

The previous inspection identified a number of areas in relation to premises and infection control for improvement. There was evidence of some actions completed including replacing windows, new arrangements in place for managing cleaning equipment and laundry. However, a number of actions remained outstanding including areas of the premises requiring attention such as lifting floors, areas of chipped paintwork, staining on bathroom floors and worn areas on walls. In addition, this inspection identified areas for improvement were identified to ensure a well maintained premises and effective infection prevention and control systems.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, improvements were required to ensure that all residents could evacuate safely in the event of an emergency, particularly at night-time.

Regulation 17: Premises

The designated centre consisted of two floors, with the ground floor being open to residents and the upstairs floor used for office purposes. However, areas of the premises required attention including areas of internal painting, worn areas on walls and lifting floors. This was also identified on the previous inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

The previous inspection identified that the centre continued to use a communal kitchen for some meals meaning residents were not always facilitated to buy, prepare and cook their own meals in the designated centre. This had been addressed and all meals were now prepared in the centre.

Judgment: 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

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

The systems in place for the prevention and management of risks associated with infection required improvement. This was also identified on the previous inspection.

An internal infection prevention and control audit completed by an infection control specialist in March 2022 highlighted that while staff were applying good infection prevention and control and cleaning practices, infrastructure issues in the centre did not allow them to perform cleaning tasks appropriately at times. This included areas of the premises which required attention such as areas of lifting floors, staining on a bathroom floor and areas of chipped paint. While the issues had been self-identified, they remained outstanding at the time of the inspection.

Also, the previous inspection identified that cleaning schedules required review.

While cleaning schedules had been updated, they required further review. For example, the inspector observed a thick layer of dust on two bathroom air vents. There was also no flushing schedule in place for one wash-hand basin which was not in use and posed a risk of Legionnaires disease. In addition, the storage of some incontinence wear was observed to be inappropriate. The inspector observed incontinence wear stored in the bathroom and not in a dry area.

The inspector did find that some of the areas identified for improvement in the last inspection had been addressed. This included a new system in place for the management of cleaning equipment and the use of colour zone system. In addition, the laundry system had been changed to ensure clean and dirty laundry was appropriately separated at all times. However, the recommendation from the March 2022 audit to develop written guidelines for the use of the washing machine was not evident on the day of inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The systems in place for fire safety management required improvement. While there was evidence of regular fire drills, a night-time drill had not completed in the last year. This meant that it was not demonstrable that the arrangements in place at night-time were appropriate to evacuate all persons with the minimal numbers of staff from the designated centre in a timely manner.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' 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.

Judgment: Compliant

Regulation 6: Health care

The residents' health-care supports had been appropriately identified and assessed. The inspector reviewed a sample of health-care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The designated centre had ensured that the residents were facilitated to access appropriate allied health professional as required.

The person in charge identified a risk in ensuring regular appointments to meet a particular healthcare need. However, the person in charge was knowledgeable of the residents' needs and systems were in place to ensure medical appointments were made and followed up as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines outlined proactive and reactive strategies to support the residents. Residents were supported to access psychology and psychiatry as required. However, it was noted on two files reviewed that the effective implementation of some recommended interventions was not always possible in the centre due to the group profile of the residents' needs.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified, assessed and reviewed. However, some improvement was required. For example, a door alarm was in place for one resident which had not been identified, assessed and reviewed as a restrictive practice. In addition, the inspector was informed that the night-time checks were in place for all residents due to the needs of the residents. However, this had not been identified as a restrictive practice and was not subject to assessment and regular review.

Judgment: Not compliant

Regulation 8: Protection

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 in relation to their responsibilities in ensuring residents were kept safe at all times.

Judgment: Compliant

Regulation 9: Residents' rights

Residents living in the centre had high care needs and at times, it appeared that the mix of residents in the centre contributed to a lack of personalised daily activities and person centred care. Residents' choice and control in their daily lives were limited at times due to daily schedules. This had also been identified on previous inspections and in the provider's annual review 2022. The inspector was informed that the provider had identified two potential properties to support the reconfiguration of the service however plans were in the early stages.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Florence House OSV-0002632

Inspection ID: MON-0031912

Date of inspection: 12/07/2023

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. All staff to complete AMRIC IPC training modules 2. All staff to complete Managing feeding, eating, drinking and swallowing in people with ID HSE Land module 3. Supervision schedule to be fulfilled 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that consultation taking place with residents and their families is reflected in the Annual Review going forward.</p> <p>All painting and floor replacement requirements had been approved and have now been scheduled for priority completion</p> <p>The ongoing changing needs of the residents presents continuous challenges in relation to compatibility. The progression of the works required to the 2 new builds will allow for further moves for residents across all centers and in turn address changing needs.</p> <p>IPC enhancement / completion works prioritised</p>	

Significant delays in sourcing appropriate vehicles has been a supply issue nationally for dealers. The service are actively pursuing all avenues to secure suitable converted vehicles in order to address service deficits.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 All painting and floor replacement requirements had been approved and have now been scheduled for priority completion

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 All painting and floor replacement requirements had been approved and have now been scheduled for priority completion

Work scheduled are being reviewed to include:
 Cleaning of air vents
 Flushing schedule of hand washing sink

Guidelines for the use of the washing machine are being devised and will be available for all staff

Procedure for the safe and effective storage of incontinence wear reiterated to all staff

All staff to complete AMRIC IPC training modules

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Robust Personal evacuation plans recommend the use of compartmentalisation for to support horizontal evacuation.

Pre incident fire planning survey being carried out by Fire Officer

Night time fire drill scheduled for to be carried out in September

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 Enhanced daily activation plans are being devised to ensure barriers to implementing behavior support plans are eliminated.

Door alarm in use had been identified as a restrictive practice and all necessary Restrictive practice procedures have been initiated.

All night checks are being reviewed, those deemed necessary will have a risk assessment in place. Night check documentation has been individualized to reflect actions required following risk assessments.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 Enhanced daily activation plans are being devised

The ongoing changing needs of the residents presents continuous challenges in relation to compatibility. The progression of the works required to the 2 new builds will allow for further moves for residents across all centers and in turn address changing needs.

Significant delays in sourcing appropriate vehicles has been a supply issue nationally for dealers. The service are actively pursuing all avenues to secure suitable converted vehicles in order to address service deficits

The commencement of 2 ANP staff with support for another Staff Nurse Mon – Friday (1030 – 1500) for appointments for the medical and behavioural component of the residents daily schedules will alleviate pressure across Centre's resources and allow focus on activities of choice for residents

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	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2023
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.	Not Compliant	Orange	22/11/2023
Regulation 23(1)(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/12/2023

	designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	22/11/2023
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.	Not Compliant	Orange	31/08/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	22/11/2023

	associated infections published by the Authority.			
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.	Not Compliant	Orange	30/09/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	30/09/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/09/2023