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

Issued by the Chief Inspector

Name of designated centre:	Glendhu Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	19 August 2021
Centre ID:	OSV-0003962
Fieldwork ID:	MON-0026586

About the designated centre

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

Glendhu comprises of two joined semi-detached houses in a quiet residential area located in a suburb of a busy city. There is a shared front garden with a parking area and access to the shared back garden via a gate at the side of the building. Each house has a wheelchair accessible front door and there is access between the two houses via a door in the dining area of both houses. One house has four bedrooms upstairs. Three of these bedrooms are for residents and are single occupancy and one is used for staff sleepovers. Downstairs there is a bedroom that is occupied by one resident. There is also a storage area and adapted bathroom with a large walk in shower area to accommodate residents with reduced mobility. There is a kitchen and a separate dining area come sitting room. There is access to the back garden from both houses with a paved area with an outdoor dining table and chairs for the residents to sit out in. The second house is a mirror image of this. All bedrooms are single occupancy. There is a team providing care 24/7 that consists of nursing staff along with social care workers and healthcare assistants. There is a service vehicle that is operated by staff working there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 August 2021	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with all six residents living in this designated centre, and all six residents completed a survey in which they commented on their satisfaction with the service. The inspector also got feedback from some of the residents' keyworkers and family members who discussed resident experiences in the service.

All residents were observed going about their day in accordance with their wishes and interests in the house and in the local community. Throughout the inspection, residents were observed doing artwork, watching television, working on knitting and crafting projects, going for walks in the local park, relaxing in their bedroom, meditating, and socialising and chatting with staff members. There was an overall calm and relaxed atmosphere in the house and if residents were feeling upset or anxious, they could spend time in quieter places or go for a drive.

All residents' previous routines had been interrupted by the social restrictions imposed due to COVID-19. This included reduced access to friends and family and day services being suspended. While this had initially created some anxiety and upset for residents, the inspector found good examples of how residents had been supported by their keyworkers and the staff team to pursue new hobbies and interests in the house and local area that were not contingent on a day service. This had had an overall benefit for some residents, with the inspector being given examples of residents who had developed their self-sufficiency, learned new skills, achieved exercise and weight-loss goals and developed new personal routines.

Each resident had a person-centred plan in which their hobbies, interests, personal goals and events of the past year were laid out in nicely decorated scrapbooks with plenty of photographs. Two of the residents sat with the inspector and walked them through this, showing what they had been keeping busy with in the house and local area. The provider had supported residents to enjoy events they had not been able to access last year due to reduced day services. This included Christmas and birthday celebrations, summer barbeques and an in-house talent show in which residents showed off their singing, dancing, art and acting.

The house was nicely decorated and personalised based on residents' interests and preferences, with photographs, artwork, chosen décor and religious items as per their choices. With some vacancies in the centre, some residents had recently moved into larger bedrooms and were supported to decorate them how they preferred.

The inspector observed kind, friendly and supportive interactions between the residents and staff. Some residents were helping prepare dinner in the evening while others chose to get fast food. Staff were available to support these choices, and where residents wished to go out into the community, the house had exclusive

use of an accessible vehicle.

Residents completed satisfaction surveys on the designated centre, and in these, commented positively on the house, their hobbies and activities, and their ability to stay in contact with their friends and families. Residents commented that they preferred to work with staff who knew them and their likes and dislikes, with family members also commenting that the most enjoyable and stress-free days were with familiar and established staff members who best knew the residents and their support needs. Residents had all received their COVID-19 vaccine and were looking forward to being able to have dinner with staff again, and access their preferred local services such as shops and cafés.

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

The inspector identified examples of regulatory improvement and sustaining of person-centred support and safety assurances for residents. Some of the actions from the previous inspection had been addressed, with the provider self-identifying areas in need of development in their internal audits. There were also findings which highlighted the need for improvement regarding the personnel resources of the designated centre.

The person in charge of the designated centre held a provider-level role in which they had duties related to a wide range of services, and as such, was not based in the designated centre nor had any time during which they were scheduled to attend to the duties of the person in charge role. For this reason, they had delegated the person in charge duties, such as day-to-day management of the service, and management and leadership of the team of nurses and healthcare assistants, to a clinical nurse manager. This person had been delegated these duties shortly before the previous inspection in October 2020 and was in this role over the time since. They had not been named as person in charge of the service as they did not meet the requirements of the role as per the regulations. The clinical nurse manager worked full-time hours in the centre, however approximately two-thirds of their shifts were spent as one of the two nurses directly supporting the residents throughout the day, with a limited portion of hours protected for attending to management duties. Despite this, this clinical nurse manager had developed a strong and trusting relationship with the residents in the centre, and the staff team had a local manager to whom they reported. This had resulted in a number of improvements in the service since the last inspection, including staff receiving supervision as per provider policy, local centre audits identifying areas for development, and improvement in the procedures and evacuation times during

emergency drills. However, as the hours set aside for management duties were limited, some areas of quality oversight could not be fully achieved, which will be described in the relevant sections below.

The inspector met a strong and competent team of nurses and healthcare assistants in this designated centre, the majority of whom were well established in the service and were very knowledgeable of residents, their support needs, communication styles, likes and dislikes, and routine. These staff members had a good rapport with residents and assisted residents to communicate with the inspector without speaking on their behalf. All staff on duty during the inspection were regular members of the core team. At the time of the inspection, there were staffing vacancies in the centre equivalent to 2.5 full-time roles. Outside of these vacancies, achieving the remainder of the required staffing complement routinely relied on a number of contingency arrangements. These included using relief staff, agency personnel, staff redeployed from other services, members of the core team working extra shifts, and the manager working days as the shift nurse. From a review sample of weeks on the actual and planned roster, the inspector noted that in one week, twelve shifts which could not be covered by the regular staff team were covered by nine different people. In another week, twelve different members of the relief team, as well as agency personnel, were supporting the residents. This had an impact on the continuity of care and support for residents, as well as increasing the workload for the regular staff team. Examples of these effects identified during the inspection included: staff being unable to deliver personal support or be alone with residents who did not know them, residents' reduced access to the community due to staff being unable to drive the vehicle, staff not being familiar with residents' communication methods, and a higher rate of medication errors during times staffed by personnel who were not as familiar with the service.

The provider had completed their annual report on the quality and safety of the service in January of 2021 and a six-monthly review in August of 2021. In these, the provider noted achievements of the service in improving regulatory compliance in areas such as fire safety, staff training and supervision, and in providing meaningful and interesting house and community engagement for the residents in lieu of closed day service during the COVID-19 health emergency. The reports also trended and analysed the findings of house audits, adverse incidents and accidents, and restrictive practices. Where the provider identified areas in need of improvement or development, a time-bound action plan was set out to work towards these objectives in the coming months. There was limited reflection in these reports of the feedback, suggestions and commentary from the residents and their representatives in these reports, a point which was acknowledged by the provider in said report with a commitment to do so in the next reporting cycle. The inspector found that three-day and quarterly notifications of incidents and practices had been reported to the Chief Inspector as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application to renew the registration of the service along with associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was not full-time and had not been for the past year.

Judgment: Not compliant

Regulation 15: Staffing

In addition to vacancies in the centre staffing, fulfilling the remainder of the staffing complement relied heavily on many relief staff and personnel from agencies and other services, impacting upon the continuity of support for the residents, their needs, and routines.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had received appropriate training in their role and were supervised by their line manager.

Judgment: Compliant

Regulation 22: Insurance

The provider had insurance in place for property and public liability.

Judgment: Compliant

Regulation 23: Governance and management

There had been some areas of improvement in regulatory compliance in this service, however some findings from the previous inspection were identified again on this visit.

The arrangements on staffing resources were not suitable to provide effective support for the residents, with a high reliance on contingency arrangements to meet the staffing complement not affected by vacant posts. Lack of continuity in these arrangements had an impact on delivery of resident care and support needs.

Neither the person in charge nor the person attending to the role's duties were full-time in the role. While the local management arrangements had resulted in some improvements in the service, the limited protected time for management and oversight duties resulted in some aspects of the service not being kept under review.

The annual review of the quality and safety of care did not reflect the commentary or feedback gathered from residents or their representatives on their experiences with the service.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider had notified the Chief Inspector of incidents and practices required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The residents were aware of how to make a complaint and complaints which had been made were appropriately recorded.

Judgment: Compliant

Quality and safety

The inspector found that, overall, residents were supported to be safe and content in their home and there were good examples in place of how residents' hobbies and routines were supported during the suspension of day services. Some areas of

development were identified regarding the maintenance and appearance of the premises, as well as the management and review of some risks and personal objectives.

From being shown around the premises, the inspector found it to overall be suitable in size and layout for the number and needs of the residents. Each resident had their own bedroom and accessible bathroom facilities. Bedrooms and communal spaces were homely and nicely decorated with comfortable sitting room furniture and space for activities and projects. Some areas of the house required maintenance or repair to retain the homely, pleasant appearance of the residents' home. This included surface damage to paintwork, radiators, tiles, door frames, kitchen units and floorboards, as well as the seatbelt of a chair lift on the stairs. Some improvement was also required on the house cleaning, including shared shower spaces which were not clean and thick dust or cobwebs in some corners and ceilings around the house.

Residents were supported to pursue their hobbies and interests in the house and in the community while day services were closed. Residents and key working staff spoke with the inspector about how residents were staying busy, including working on creative projects and engaging in regular exercise. Residents were keeping in regular contact with their families, with each resident having their phone and video calls established as part of their routine. Residents were observed planning meals, preparing the dinner, or going out for food or coffee during the inspection.

Each resident had a personal book outlining their likes and dislikes and what they had done this year, including work on hobbies, outings and holiday events. This book was renewed each year to ensure it contain up-to-date information and photos for the resident to read through, and the residents were proud of their work on these. Part of these plans referred to the goals and personal projects they wished to complete this year, including hotel or spa breaks or registration in classes and courses based on their interests such as art and drama. The provider had identified in their annual report that due to the goals for 2020 not all being achieved due to the COVID-19 pandemic, 2021's objectives would be more realistic and attainable based on what could be done at home or without travel. Each goal was broken down into steps for the residents and keyworker to work towards, with the manager having oversight of the progress towards these goals. In the sample of resident goals for 2021 reviewed, as of August there was limited evidence that the steps had been progressed, including examples of the pandemic being cited as the reason for there being no progress on objectives that would not have been affected by it.

The inspector reviewed a sample of incident and accident reports in the service and found them to be recorded with detail, and with evidence of later discussion and learning for future reference. The centre risk register highlighted the priority risks in the service informed by events in the service and the findings of internal audits, including infection control, fire safety, risks related to medication errors, and safeguarding concerns. Each risk was assessed and rated before and after the control measures to mitigate said risk were considered. Where relevant, the manager had established timelines for control measures to be implemented. Overall, the risk register reflected matters of concern in the service, however there was

limited reflection of the impact of unfamiliar staff on resident support and what would be done to manage this until staffing resources stabilised, despite this being identified as a risk by residents, staff and families throughout the inspection.

There had been improvement in the fire safety measures and assurances in the designated centre. Since the previous inspection, all staff had attended training in fire safety. There had been improvements in how the provider was assured that a safe and efficient evacuation could take place in the centre during the day or night, with regular practice evacuation drills taking place to ensure that residents and staff were clear on procedures to follow. The frequency of drills helped to normalise evacuation for residents who may previously have been anxious or refused to leave in time, and any potential areas of delay were identified for future learning. The majority of the doors in the service were rated to contain flame and smoke in the event of fire and were equipped with self-closing mechanisms. Where doors were held open out of preference, it was done using devices which would disengage and allow the door to shut upon the alarm being triggered. However, doors leading from the two kitchens to the busy communal living rooms between them were not equipped with these containment features.

The inspector reviewed a sample of support plans for resident who expressed distress and anxiety in a manner which created a risk to themselves, other people, or property. For these support plans staff were provided clear guidance on maintaining a low arousal environment, avoiding identified triggers and stress factors, and how to most effectively support the resident during times of distress. The service utilised a small amount of restrictive practices in the designated centre, and these were kept under review to ensure their rationale and purpose was clear, and that the practices were the most effective means of controlling the related risk and were the least restrictive means available.

Regulation 10: Communication

Residents were supported to communicate according to their needs, including the use of simple language and picture tools where required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had meaningful objectives and personal goals set up as discussed between them and their support staff, however it was unclear how some of these goals were being achieved or progressed.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas required improved cleaning and maintenance to retain the pleasant homely environment of the designated centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide on the designated centre, explaining the terms and conditions of residing in the house and information on accessing certain services.

Judgment: Compliant

Regulation 26: Risk management procedures

The assessments and control measures set out in the risk register did not fully reflect the risks related to insufficient staffing arrangements and their impact on residents' care, support and lived experiences in the service.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The house was suitably equipped with protection and sanitising equipment to follow good infection prevention and control procedures. Staff were observed following good practices with personal protective equipment and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Areas of high fire risk, namely two kitchens, were not adequately protected from the adjacent communal spaces in the event of fire.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff were provided detailed guidance explaining the nature of resident risk behaviours and how to protect and support the residents with these needs. The provider used a limited amount of restrictive practices, with clear rationale and regular review for each practice.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices in their day and have their privacy and dignity respected, and were updated and consulted on news, events and matters relating to the running of their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glendhu Group - Community Residential Service OSV-0003962

Inspection ID: MON-0026586

Date of inspection: 19/08/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A full time PIC has been appointed to the Designated Centre. NF30 will be submitted to HIQA by 5th October 2021.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A Graduate nurse has been recruited and will commence working in designated center on the 11th October 2021 • The Service Manager has met with the Director of HR to discuss the staffing crisis and a number of adverts for all grades of staff has been re advertised on the 29th September 2021. • Interviews are scheduled for 22 October 2021. • In the interim pending recruitment to vacant posts the PIC and CNM3 will make every effort to fill any vacant shifts with regular staff available to work extra shifts or regular relief and regular agency staff until vacancies are filled. Relief and agency staff will be inducted and supervised by the shift leader. • The PIC has reviewed the risk register to include staff vacancies and the impact of relief and agency staff on continuity and consistency of care	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• A Graduate nurse has been recruited and will commence working in designated center on the 11th October 2021
• The Service Manager has met with the Director of HR to discuss the staffing crisis and a number of adverts for all grades of staff has been re advertised on the 29th September 2021.
• Interviews are scheduled for 22 October 2021.
• In the interim pending recruitment the PIC and CNM3 will prioritise rostering staff from the designated center who are interested in additional hours
• Every effort will be made to fill any remaining shifts with regular relief and agency staff until vacancies are filled.
• Relief and agency staff will be inducted and supervised by the shift leader.
• The PIC has identified staff vacancies the impact of relief and agency staff on continuity and consistency of care and the actions to mitigate this risk.
• on the risk register

• All Residents and family members have been provided with the opportunity to complete a satisfaction survey.

• The PIC has reviewed the surveys on 1st October 2021 and addressed any issues arising under the complaints management process.

• Feedback from both these surveys will be reflected in the 2021 Annual review of the quality and safety of care and support.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• The provider has arranged a presentation on Person Centered Plans for all PICS on the 6th October 2021. Following this presentation the PIC will provide feedback and learning to the local team at next staff meeting scheduled for 12th October 2021.
• The PIC and team will develop an effective recording system to ensure the progress of PCP goals is tracked and recorded by 17th December 2021
• The PIC will review progress of PCP goals monthly.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The cleaning schedule has been reviewed to ensure cleaning is carried out and maintained to a high standard and maintained on an ongoing basis.
• The provider has arranged a deep clean of bathrooms in designated centers to be complete by
• The stair lift belt has been repaired 28th September 2021.

• New flooring will fitted by 31st October 2021.
• A Maintenance list has been completed and submitted to maintenance department - all works will be completed by the 31st Oct 2021.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The PIC has reviewed the risk register to include staff vacancies and the impact of relief and agency staff on continuity and consistency of care

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The provider has engaged a competent person to review the fire containment measures in the designated center subsequent to this review we have been advised that fire doors are not required between the kitchen and sitting room. 30 Minute rated Fire Doors have been installed to meet the requirements of the relevant code of practice FIRE SAFETY IN COMMUNITY DWELLING HOUSES CODE OF PRACTICE FOR FIRE SAFETY IN NEW AND EXISTING COMMUNITY DWELLING HOUSES D.O.E. September 2017 .The code requires the installation of Fire Doors to maintain protected corridors & Escape Stairways. 1 September 2021.
• The PIC has completed a risk assessment in relation to the two kitchen doors with control measures that these doors will be closed at night. This arrangement is in place since 1st October.
• The PIC is reviewing the evacuation plan for the center which will be complete by 10th

October 2021.

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.	Substantially Compliant	Yellow	17/12/2021
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	31/10/2021

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.	Substantially Compliant	Yellow	31/12/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/12/2021
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	31/10/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	31/12/2021

	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	15/11/2021
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	15/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	17/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	17/09/2021

	arrangements for detecting, containing and extinguishing fires.			