



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group H
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	06 August 2021
Centre ID:	OSV-0005295
Fieldwork ID:	MON-0033539

## About the designated centre

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

Community Residential Service Limerick Group H consists of two semi-detached two storey houses located in a housing estate in a city. The centre provides full time residential care for eight female resident over the age of 18 with intellectual disabilities with each house having a capacity for four residents. Each resident has their own bedroom and other rooms in both houses include a kitchens, living rooms, bathrooms and staff rooms. The residents is supported by the person in charge, social care workers and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Friday 6 August 2021	09:45hrs to 18:10hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents met during this inspection generally spoke positively about life in the designated centre while residents were more active in their community. Staff members present were seen to engage with residents in a very pleasant and respectful manner.

This designated centre was made up of two houses and at the start of this inspection, one of these houses was visited by the inspector. On arrival the inspector was informed by a member of staff that two residents were present in the house while another two residents were away from the house with their families. As the residents were still in their bedroom at this time, the inspector used this time to review the communal areas of this house. In particular it was noted that the living room was very home-like with many photos, ornaments and soft furnishings present. This area was noted to be well furnished also. From this living room, the inspector could see out into the back garden of the house which was noted to require some maintenance. For example, there were uneven surfaces and some fencing damaged. The inspector was also later informed that one resident's bedroom needed some painting and that the provider was waiting for this to be completed.

The kitchen area was reasonably presented and it was seen that signs were present in the kitchen identifying the person in charge, the designated officer and the principal social worker while a charter of rights and information on an independent advocacy service were also on display. One communal bathroom for residents was in this house which had a bath but no shower. When reviewing documentation in the centre it was noted that one resident of this house required a shower but as this was not available in the communal bathroom, the resident would have to use another resident's en-suite bathroom if they wanted to take a shower. It was subsequently indicated to the inspector that the resident with the en-suite bathroom had agreed to this.

Not long after the inspection started, another staff member commenced their shift who helped residents attend to personal care. In doing so it was overheard that this staff member knocked on the residents' bedroom doors before entering and pleasantly asked residents how they were. It was also overheard how one resident asked this staff member if they were going home to their family that day but the staff member informed the resident that they would be going home on the following day. Shortly after this the two residents present came downstairs to have their breakfast together. Both residents appeared happy at this time and seemed very comfortable in each others' presence. During this time, one resident accidentally spilt some tea and asked for some assistance from the staff member which was duly provided. The resident also apologised to their peer if they had spilt anything on them.

After this both residents came into the living room where they spoke with the

inspector. The first resident said that they liked living in this house and that the staff working there were good to them. The resident said they had not gotten out much lately due to the weather but that they had gone to Bunratty Castle the day before the inspection for a meal. The other resident talked about being into their fashion and then showed the inspector a Frozen book they had recently bought which the resident seemed to really like. Residents were watching television at this time and one of the residents got very excited when a dog appeared on screen. Later on these residents left the house with the staff member to go to a nearby shopping centre. The inspector used this time to review documentation relating to this house.

Activity records for residents in the months leading up to this inspection indicated that they had been supported to attend activities away from the centre such as trips away, a short holiday in Killarney, shopping, a visit to a pet farm and going to the cinema. Similar activities were also referenced in notes of residents' meetings that took place in the house on a monthly basis. Other topics discussed at these meetings included health and safety, infection control, advocacy, compliments and complaints. Complaints records relating to this house were reviewed and there was evidence that residents were facilitated to raise complaints. For example, it was noted that residents had complained about difficulty in using the garden and the inspector was subsequently informed that some works had been done to the garden and were due to be completed there.

The residents of this house then returned from their trip to the shopping centre. One of the residents informed the inspector that there had been a lot of people in the shopping centre and that their television was not working correctly before asking the staff member present to fix this which the staff member agreed to. This resident then talked about going to see their family the following day to stay with them for a week and also about their recent holiday to Killarney. The inspector was then pointed towards the garden by this resident who highlighted some plants they had planted but also talked about some of the trees surrounding this garden needing to be cut down.

This resident then asked the other resident, who was listening to some music on a tablet device, if they wanted some tea which made the second resident happy. It was again observed at this time that both residents seemed very comfortable in each other's presence and also with the staff member on duty. As the inspector had to visit the other house that made up this centre, he left shortly afterwards but on leaving it was noted that both residents were sat in the kitchen having a cup of tea with the staff member. At this time both residents were laughing and talking about a celebration.

On arrival at the second house, three residents were present with two of these in the house's living home watching television while the third was in their bedroom. The inspector was informed that a fourth resident was out for a walk independently. The resident who was in their bedroom came down to the kitchen area to have something to eat. After finishing their food they spoke with the inspector and told him that they had not liked recent changes in the staff supporting them and did not like it when strangers were working with them. The resident did say though that the staff did treat them well and highlighted certain members of staff who knew them

very well. On account of COVID-19 the resident had to celebrate their most recent birthday in the designated centre rather than with their family but the resident said they hoped to make up for this on future birthdays.

Shortly after a staff member was heard asking one of the residents watching television if they wanted to go to the shop which this resident agreed to. After they left another staff member sat with the other resident watching television. A member of management visited the centre at this point and greeted the residents. It was observed that residents appeared to know this person. The resident who had been out for a walk returned to the house and said that they gotten the bus home having spent the day at a nearby shopping centre. The resident told the inspector that they had had a hamburger while out and had also bought a t-shirt with Blondie written on it as they were a fan of Debbie Harry. This resident also said that they liked living in this house and was looking forward to celebrating an upcoming birthday.

The resident then made themselves a cup of tea and refused staff's offer of assistance. It was seen though that this staff member supported another resident with a task that they needed help with in their bedroom. The house overall was seen to be presented in a homely manner and appeared clean overall while it was noted that since the previous inspection, new flooring had been put down on the stairs and on the hall area of the first floor. It was observed though that an area of this flooring was stained while some of residents' bedroom doors required a wipe down. A garden area was to the rear of this house also which was seen to be nicely presented.

While the inspector was present in this house a calm environment was observed with residents appearing relaxed and comfortable in the presence of staff who interacted appropriately with residents. However, it was noted when reviewing documentation in this centre that there had been incidents in recent months where some residents had been frightened and upset due to the behaviour of another resident. Other documentation reviewed relating to this house and the residents living there indicated that residents had participated in various activities recently such as going to the cinema, going to salons and eating out. On leaving this house it was observed that staff and three residents were sat together in the living room watching television with all appearing relaxed.

In summary, respectful and positive interactions were seen between residents and staff members. Residents were supported to engage in activities away from the centre and they generally provided positive feedback on life in the centre. Regular meetings were being held to consult with residents and provide them with information.

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

Based on the findings of this inspection there was increased oversight of this designated centre which contributed to improved compliance levels in some areas. However, improvement was still required in relation to the management of complaints.

Previous inspections of this designated centre carried out in July 2019, November 2020 and March 2021 found high levels of non-compliance in areas such as governance, complaints, staffing, premises, safeguarding and the promotion of residents' rights. As the provider had not demonstrated that they could achieve a satisfactory level of compliance despite significant regulatory activities by HIQA, HIQA proposed to refuse the provider's application to renew the centre's registration. In response the provider submitted a detailed response outlining the actions they were going to take to bring the centre into compliance. Having reviewed the information received, the centre had its registration renewed until April 2024.

The purpose of the current inspection to assess if the provider had completed its stated actions as outlined and what impact these had on the compliance levels for this centre. A key part of the provider's response was to establish a governance group that was to be chaired by a senior member of the provider's management and was to be comprised of multidisciplinary health and social care professionals. It was seen that this group had been established and since its formation it had met regularly to review this centre's progress and assess if particular actions had been completed. The operations of this group provided for much improved levels of oversight than had been found on previous inspections and it was also noted how the group engaged directly with residents with some group members attending residents' meetings that were being held in the centre.

A number of significant changes had also taken place since the March 2021 inspection which included a change in the person in charge and changes in the staff team that was in place to support residents. It was also noted how in the months leading up to this inspection the staffing arrangements provided for residents were in keeping with the centre's statement of purpose. This was particularly noteworthy as this had been an area highlighted for improvement on all this designated centre's previous inspections. However, the provider was encountering some challenges in providing a continuity of staff support. For example, on the day of inspection, the inspector met an agency staff member in one house who had only worked there twice while in the other house a staff member was initially found on their own supporting the residents living there having never previously worked in that house. It was indicated by a member of management for the centre that maintaining a continuity of staffing was a challenge given the time of year.

The staffing arrangements to be provided to residents were outlined in the designated centre's statement of purpose along with other information related to the running of the centre such as the arrangements for complaints. The management of



complaints had been raised as an area for improvement on the three previous inspections. On the current inspection it was seen that residents were being supported to raise complaints which were then acted upon. However, when reviewing complaints records the inspector read a complaint that had been made by a resident against a particular staff member. This complaint was indicated as being reviewed by and signed off by the same staff member whom the complaint was about. This was not in keeping with proper procedures for the management of complaints nor with the requirements of the regulations.

In addition, under the regulations certain events occurring within a designated centre must be notified to HIQA within a specific time period so that HIQA is aware of any events which may be negatively impacting residents. When reviewing other records in one house of the centre, the inspector noted some inconsistencies regarding the submission of notifications to HIQA. For example, HIQA had been notified of an instance whereby one resident had been impacted by another resident but another similar incident where two residents were impacted had not been notified. As such while it was clear that there was increased oversight of this centre, the findings of this inspection in areas such as complaints and notifications suggested that further improvement was required for the monitoring systems in place in this designated centre.

### Regulation 15: Staffing

Staffing levels were in keeping with the statement of purpose but improvement was required to ensure that a consistency of staff support was provided.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Following HIQA's proposal to refuse the renewal of this designated centre's registration, the provider had established a governance group for the centre which was ensuring improved levels of oversight in this designated centre. This group was overseeing actions to be completed and it was noted that stated actions were being done which resulted in improved compliance levels. However, the overall findings of this inspection highlighted that further improvement was required regarding the monitoring systems in place for the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place which contained most of the required information but at the time of inspection had not been updated to reflect all the information in the centre's current certificate of registration.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

There was inconsistencies in the submission of incidents of a safeguarding nature to HIQA.

Judgment: Not compliant

### Regulation 34: Complaints procedure

A complaint that had been made by a resident against a particular staff member was indicated as being reviewed by and signed off by the same staff member whom the complaint was about.

Judgment: Not compliant

## Quality and safety

Improvements were noted regarding residents' rights and the use of language in documents in the designated centre. Some improvement was required to ensure that safeguarding procedures were consistently applied.

The previous inspection of this centre had found that the registered provider had not ensured that residents' dignity was respected in relation to their personal communications while it was also observed that some phrases used to describe residents' support needs were inappropriate. On the current inspection, from a sample of documents reviewed in both houses, it was found that the language used to describe resident was more person-centred and respectful. It was also found that in the months leading up to this inspection that residents had been better supported to avail of activities in the local community while an independent advocate had also in contact with the residents following the March 2021 inspection.

Such areas were noted improvements and it was also seen that other specific areas highlighted by the March 2021 inspection report had been addressed. For example,

it was noted that residents now had behaviour support plans in place where necessary. Such plans are important in providing guidance for staff in promoting positive behaviour amongst residents. While this was a positive development, when reviewing records in one house of this centre, the inspector noted that some incidents had occurred involving residents in recent months which were related to a resident's behaviour. Given the nature of these incidents and the impact that it could have on other residents, it was important that all staff working in this house had knowledge of the resident's behaviour support plan.

Some staff members spoken with demonstrated a good knowledge of this behaviour support plan but one staff member met during this inspection indicated that this was their first time working in this house and that they were not familiar with the residents living there. They did highlight though that they had read a specific relief folder for this house. The inspector reviewed this relief folder and noted that it did not contain sufficient guidance on supporting a particular resident to engage in positive behaviour. While this house was noted to be calm while the inspector was present, records reviewed did highlight occasions where other residents had either been frightened or upset due to this resident's behaviour and on one occasion it was documented that staff could not control the situation.

It was seen for another of these incidents how the resident had started screaming, shouting, stamping and banging doors which resulted in another resident becoming frightened. This incident had been responded to as a safeguarding concern with the appropriate bodies notified and a safeguarding plan put in place. However, when reviewing other records in this house, the inspector reviewed a subsequent incident where the same resident had been screaming, shouting, banging tables, banging doors and throwing items. This incident was also described, in multiple records, as frightening or upsetting some of the other residents living in the house.

Despite the noted impact on the residents, this incident had not been responded to as a safeguarding concern which suggested that there were inconsistencies in the application of safeguarding processes in the centre. A further incident was also read by the inspector where similar behaviour from the particular resident caused other residents to become upset and resulted in staff removing impacted residents to another room. The impact such incidents were having on involved residents had not been adequately risk assessed. For example, one of the resident's who was described as being frightened by such incidents did not have a related risk assessment in place.

### Regulation 13: General welfare and development

Residents were being supported to engage in more community based activities such as attending the cinema, going to salons and meals out.

Judgment: Compliant

## Regulation 17: Premises

In one house the garden area required maintenance while one resident's bedroom needed painting. In the other house some staining was noted on the floor of the first floor while some bedroom doors required a wipe down.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The inspector noted various risk assessments in place covering issues like COVID-19. It was noted though that the impact some incidents in one house were having on impacted residents had not been adequately risk assessed.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Additional behaviour support plans were in place since the previous inspection and some staff spoken with demonstrated a good knowledge of these. It was noted though that a relief folder used in one house did not provide sufficient guidance in this area while on one occasion it was documented that staff could not control a situation related to a resident's behaviour.

Judgment: Substantially compliant

## Regulation 8: Protection

Inconsistencies were noted in the application of safeguarding procedures particularly for incidents where residents were described as being frightened.

Judgment: Not compliant

## Regulation 9: Residents' rights

Residents were seen to be treated respectfully and consulted through residents' meetings. An independent advocate had been in contact with residents since the previous inspection while there was improvements in the language used in documents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Residential Service Limerick Group H OSV-0005295

Inspection ID: MON-0033539

Date of inspection: 06/08/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:                      The provider has reviewed the relief panel and allocation of relief staff to this centre to ensure staffing remains consistent.                      The registered provider will ensure that this is subject to review by PIC and PPIM at supervision meetings.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:                      The registered provider Governance and Oversight team will continue as per its terms of reference to provide oversight and management to the centre. The registered provider will ensure that all issues arising in the centre are referred to the PIC and PPIM who will continue to provide oversight in this centre. The registered provider will ensure that the PIC and PPIM meet fortnightly and this will be reviewed in another 3 months. The registered provider will ensure that the service manager continue to meet with the PIC and PPIM for monthly centre governance meetings.</p>	
Regulation 3: Statement of purpose	Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Registered provider has ensured the statement of purpose has been updated following confirmation of registration date and submitted to HIQA.</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 PIC will ensure that all incidents are reported in line with regulations. The registered provider will ensure that all issues arising in the centre are referred to the PIC and PPIM to ensure the most relevant policy and procedure is followed and a pathway is agreed to support the staff and ensure that all residents are protected. This will include consultation with relevant members of the Governance and Oversight team as required.</p> <p>The registered provider will ensure safeguarding plans in the centre are reviewed in line with policy to ensure they provide appropriate and sufficient guidance to staff on the management and reporting of future incidents. In addition behaviour support plans will be reviewed to ensure they provide sufficient guidance to staff for the management and reporting of potential safeguarding incidents.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The registered provider will ensure it is explicit to staff that the management of complaints against any staff member must be in line with service policy and regulation. This will be communicated to all staff associated with centre. The registered provider will ensure that the PIC and PPIM meet fortnightly and this will include review of complaints in the centre</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will ensure that maintenance issues identified are completed in a timely manner. IPC and cleaning schedules will be included as agenda items at staff meetings. Flooring is visibly clean. Garden improvement works commenced in May 2021 with completion date 30.11.2021. Painting will be completed 30.09.2021.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered provider has ensured that all required risk assessments have been completed and reviewed.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC has ensured that the relief folder has been updated to provide clear guidance and direction to staff working in the centre, including where to source information related to residents. The PIC will ensure that all staff working in the centre are familiar with the behaviour support plans.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The safeguarding concern identified on the day of inspection was reviewed by Designated Officer and Governance and oversight team. The registered provider will ensure that all issues arising in the centre are referred to the PIC and PPIM to ensure the most relevant policy and procedure is followed and a pathway is agreed and mapped out to support the staff. This will include consultation with relevant members of the Governance and Oversight team as required.</p>	

The registered provider will ensure safeguarding plans in the centre are reviewed in line with policy to ensure they provide appropriate and sufficient guidance to staff on the management and reporting of future incidents. In addition behaviour support plans will be reviewed to ensure they too provide sufficient guidance to staff for the management and reporting of potential safeguarding incidents

## 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 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.	Substantially Compliant	Yellow	30/09/2021
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	30/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/11/2021

	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.			
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	30/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/08/2021
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	30/09/2021
Regulation	The registered	Not Compliant	Orange	30/09/2021

34(2)(a)	provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2021