



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

Issued by the Chief Inspector

Name of designated centre:	Tús Nua
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	14 July 2021
Centre ID:	OSV-0005415
Fieldwork ID:	MON-0028173

About the designated centre

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

Tús Nua is a designated centre operated by Sunbeam House Services located in County Wicklow. It provides community residential services to four male or female adults with a disability. The centre is a detached bungalow which consisted of a kitchen/dining room, sitting room, four bedrooms, a staff sleepover room/office and a shared bathroom. There is a well maintained patio area and garden to the rear of the house. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge, nurses and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 14 July 2021	10:00hrs to 16:45hrs	Jacqueline Joynt	Lead
Wednesday 14 July 2021	10:00hrs to 16:45hrs	Micheal Kelly	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived an environment that was warm and homely and provided a positive living experience. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support.

On the day of the inspection, the inspectors met with the three residents living in this centre. Engagements between the inspectors and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance.

The inspectors found that feedback from families, as part of the annual review consultation process, was very positive. The residents' families expressed that they were satisfied with the quality of care and support provided to their family member. Families said that they were happy with the level of communication between them and the staff, they were happy with the choice provided to their family member and felt their family member was being cared for in a respectful manner. Families were aware of the complaints process and where they had made a complaint, said they were happy with the way it was dealt with and the outcome.

Residents were supported to complete a Health Information and Quality Authority 'residents questionnaire' with their staff members. Overall, residents expressed that they were happy living in the centre and were familiar and comfortable in their surroundings. Some residents enjoyed their own personal space and enjoyed spending time in their room alone. They expressed that they were happy with the décor and layout of their bedroom and it contained items that they liked and enjoyed, such as television and DVD player. Questionnaires also noted that residents were happy with the amount of choice and control they have in their daily life. Residents enjoyed a variety of activities such as listening to music, playing the drums, watching comedy on television, taking part in gardening activities as well as sitting out in the garden patio area and listening to the radio. Residents also enjoyed community activities and were looking forward to returning to them. Residents engaged in activities such as horse riding, drumming classes with a local club, going for drives and walks, spending time by the sea and in nature, meals out and family visits.

The inspectors observed the physical environment of the house to be clean and in good decorative and structural repair. There were numerous pieces of artwork throughout the house which had been either painted or created by the residents. Paintings hung on the walls included a photograph of the resident painting the picture inside of it. In addition, there were two large art and craft recycling projects hanging on the kitchen wall that were completed by the residents during the lockdown. Overall, the inspectors observed the house to have a warm and homely

feel to it however, an office area set up in the kitchen took away from the homely feel of this room.

There was a large garden space out the back of the house that included a shaded patio seating area for the residents to enjoy. There were raised flower beds for residents who enjoyed growing and maintaining a variety of plants.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment and on the day of the inspection were observed relaxing in the sitting room enjoying their favourite TV series, playing traditional music on the bodhrán and engaging with their electronic device to communicate their needs and choices to staff.

On observing residents, who used non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspectors and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. In addition, the inspectors observed staff supporting residents communicate their needs, wants and wishes through visual aids that had been specifically developed with them in mind. The inspectors saw how the visuals supported residents when making choices about things that matters to them in their daily lives.

In summary, the inspectors found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that overall, there were systems in place to ensure residents were in receipt of good quality care and support. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

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 to each resident living in the centre.

Capacity and capability

The inspectors found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. The provider had ensured that the centre was adequately resourced and that there was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a deputy manager and person participating

in management, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. The inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. The inspectors found that improvements from the last inspection had been completed and had resulted in positive outcomes for the residents.

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual review of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. A six monthly unannounced visit had taken place in May 2021 to review the quality and safety of care and support provided to residents and an action plan with allocated actions and time scales was in place. In addition, a robust local auditing system was carried out on a monthly basis by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

The inspectors found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. Where improvements had been warranted on an inspection of a centre the person in charge was also responsible for, they shared the learning with their staff team in this centre and brought about better outcomes for the residents. For example, to support residents chose and progress their goals, the system in place was enhanced to ensure residents goals were meaningful to them and were developed in a way that ensured residents were continuously consulted, understood their goals and their achievements were noted and celebrated.

The inspectors reviewed a sample of staff rosters and found that staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that support and maintenance of relationships were promoted. Overall, a core team of staff were employed in this centre and where relief staff had been required, the person in charge had endeavoured to employ staff who were familiar to the residents and were knowledgeable of the residents' assessed needs. Staff who spoke with the inspectors demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

The designated centre's statement of purpose outlined the mandatory training provided to staff in key areas to meet residents' needs. Overall, staff training was up-to-date however, on the day of the inspection, a number of staff refresher training courses were found to be overdue. There was a training schedule in place for 2021 however, many of the courses were booked out. The inspectors were advised by management that a number of new trainers had been employed to facilitate the training backlog that had arisen during COVID-19 restrictions.

The inspectors found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to

ensure that the designated centre complied with notification requirements. The person in charge had ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

There was an effective complaints procedure that was in an appropriate format which included access to a complaints officer when making a complaint or raising a concern. The complaint procedure was monitored for effectiveness on the provider's internal system and endeavoured to ensure that residents received a good quality, safe and effective service. All residents and their families were made aware of the complaints process following admission to the centre. In addition, a complaints poster was displayed in a communal area of the house.

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was full-time and divided their time between two designated centres. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. The staff roster clearly identified the times worked by each person and clearly recorded when the person in charge was present in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of the staff were regularly monitored an addressed to ensure the delivery of a quality safe and effective service for the residents. However, a number of staff refresher training was overdue. A number of new trainers had been employed by the provider to facilitate the training backlog that had arisen during COVID-19 restrictions

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual review and six monthly reviews of the quality and safety of care and support in the designated centre. There was a comprehensive local auditing system in place by the person in charge, supported by the deputy manager, to evaluate and improve the provision of service and to achieve better outcomes for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1 and was updated on an annual basis.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre. The complaints procedure was user friendly and accessible to all residents within the centre. Residents and their families were made aware of the complaints procedure following admission to the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule five policies and procedures were adopted, implemented and made available to staff through the provider's internal on-line system. All policies were reviewed in line with the regulatory requirement. On the day of the inspection, the person in charge commenced a new auditing system to provide assurances of staff engagement with updated policies and procedures.

Judgment: Compliant

Quality and safety

The inspectors found that overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The centre was well run and provided a warm and pleasant environment for residents. Overall the inspectors found that residents enjoyed a good quality of life in a supportive environment and that the centre was resourced to meet residents' assessed needs on a collective and individual basis. However, some improvements were warranted to the areas of fire evacuation and layout of one area of the premises.

The residents had individualised holistic assessment and care plans which were part of everyday life with all staff involved and resulted in person centred service for the residents. The assessed needs outlined the support required to maximise residents' personal development in accordance with their wishes, individual needs and choices.

The inspectors looked at a sample of personal plans and found that residents had up-to-date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health care professionals and family members. The inspector saw that residents were supported to choose goals that were meaningful and encouraged their independence and personal development. The inspectors observed a number of projects the residents engaged in over the current health pandemic restrictions such as creating a time capsule and activity scrap books. Where appropriate, residents were provided with an accessible format of their personal plan.

The health care needs of residents had been assessed and each resident had access to a general practitioner and for the most part, a range of allied health professionals. There were clear personal plans in place for any identified healthcare need and these incorporated recommendations of specialists where applicable. Healthcare plans were found to be guiding delivery of responsive healthcare and support. The person in charge had endeavoured to arrange appointments and referral for residents with a number of different healthcare professionals such as

general practitioners (GPs), dentists and occupational therapists. However, due to the current health pandemic restrictions, some appointments had not occurred within an appropriate timeframe. The inspectors saw that where appointments had been made, some had been cancelled close to the date by the healthcare professional and in some cases, the services were not available to residents during this time. However, on the day of the inspection, the inspectors observed that all of the appointments had been rescheduled for the next month.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The inspectors reviewed the arrangements in place to support residents' positive behaviour support needs. Residents had access to members of a multidisciplinary team to support them manage behaviour positively. Where necessary, residents had positive behaviour support plans, which were informed by an appropriate professional and comprehensively guided staff in the delivery of care.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive measures were used for the shortest duration and to ensure better outcomes for residents. Any restrictive intervention had been assessed to ensure its use was in line with best practice and there was a monitoring system in place to support the removal or reduction of a restrictive practice at the earliest opportunity.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. The inspectors found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity.

The inspectors found that the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. Staff had completed specific training in relation to the prevention and control of COVID-19 and were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. The inspectors reviewed cleaning records which demonstrated that a high level of adherence to cleaning schedules was taking place. Furthermore, there were adequate contingency plans in place during the current health pandemic. The person in charge, supported by senior management, had put in place individualised self-isolation plans and individualised risk assessments for all residents to better ensure their safety and welfare in the event of an outbreak.

There were suitable fire safety arrangements in place, including a fire alarm system, internal emergency lighting and firefighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety. However, on the day of inspection, the

inspectors found that systems in place to unlock a side gate on a fire evacuation route required review to ensure the gate could be opened at all times. Furthermore, the provider had identified that external emergency lighting was required to either side of the premises. On the day of the inspection, work was in progress to address this issue.

Overall, the physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and overall, homely environment. However, the inspectors found that a review of the layout of the kitchen was required to ensure the room was used for its primary function. The inspectors observed an office type space at one end of the kitchen which took away from the homeliness of the room.

Residents expressed themselves through their personalised living spaces. The inspectors observed that the residents' living environment provided appropriate stimulation and opportunity for the residents to rest and relax. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to the residents.

Regulation 17: Premises

Overall, the design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and overall, homely environment. However, the inspectors found that a review of the layout of the kitchen was required to ensure the room was used for its primary function.

There were some decorative repairs warranted to the sitting room and bathroom walls.

The boiler had not being serviced since 2019, the provider had identified this matter however, on the day of the inspection the service had not yet been completed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk register in place and it was reviewed and updated on a regular basis. There was an up-to-date risk management policy in place that included all the required information as per the associated Regulation. Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. On the day of inspection, the inspector

found that not all risks relating to hygiene had been identified however, the person in charge promptly responded and developed a risk assessment with appropriate controls measures including a monitoring system to mitigate, as much as possible, the identified risk.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors reviewed cleaning records which demonstrated that a high level of adherence to cleaning schedules was taking place. Checks were in place to monitor PPE stock levels. Staff had completed specific training in relation to the prevention and control of COVID-19. Residents were supported and empowered to protect themselves against infection through the use of the use easy to read leaflets and posters.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were suitable fire safety arrangements in place, including a fire alarm system and firefighting equipment. Staff had received appropriate training in fire safety. However, on the day of inspection, the inspectors found that systems in place to unlock a side gate on a fire evacuation route required review to ensure the gate could be opened at all times.

The provider had identified the requirement for external emergency lighting at either side of the premises. On the day of the inspection work was in progress to address this issue.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had individualised holistic assessment and care plans which were part of everyday life with all staff involved and resulted in person centred service for the residents. The assessed needs outlined the support required to maximise residents' personal development in accordance with their wishes, individual needs and choices. Where appropriate, residents were provided with an accessible for of their plan.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported to live a health life. The healthcare needs of residents had been assessed and for the most part, each resident had access to a general practitioner service a range of allied health professionals. There were clear personal plans in place for identified healthcare needs and these incorporated recommendations of specialists where applicable.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive measures were used for the shortest duration and to ensure better outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The person in charge carried out audits of residents' finances to ensure that the systems in place to keep residents' money safe, was effective.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tús Nua OSV-0005415

Inspection ID: MON-0028173

Date of inspection: 14/07/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>First Aid Training Two staff have completed First Aid refresher training on the 23rd of July 2021. Three staff will have completed First Aid refresher training by 18th of November 2021. Four staff will be booked on First Aid Training when courses become available.</p> <p>Medication Training One Staff has completed Medication Training on the 30th of July 2021. Completed 30th July 2021</p> <p>Epilepsy and Buccal Training All staff will have completed Epilepsy and Buccal refresher training by 07th of December 2021.</p> <p>CPI (MAPPA) Training Five staff have been booked on CPI(MAPPA) refresher training on the 11th of November 2021.</p> <p>Autism Training All staff will have completed Autism Training on Open Future Learning by 31st of August 2021.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A review of the layout of the kitchen will be carried out to ensure the room is being used for its primary function. This will be completed by 31st October 2021.

The sitting room and bathroom will be decorated by 31st of October 2021.

The boiler was serviced on the 3rd of August 2021.
Completed 3rd August 2021

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The side gate keys are now secured in the break glass panel to ensure that the gates can be opened at all times.
Completed 19th July 2021

External Emergency lighting will be installed at each side of the premises by 31st of November 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 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	07/12/2021
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 17(4)	The registered provider shall	Substantially Compliant	Yellow	03/08/2021

	ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/11/2021