



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

Issued by the Chief Inspector

Name of designated centre:	Tara House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 July 2022
Centre ID:	OSV-0007805
Fieldwork ID:	MON-0029556

About the designated centre

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

Tara House is located in a small town in Co. Meath and can provide care and support for up to five young adults with disabilities (both male and female). The centre comprises of one large detached property with each resident having their own large bedroom. There is also a fully furnished kitchen/dining area, a sitting room, a sun room/sensory room, five bedrooms (two ensuite), a utility room, a storage room, a staff office and communal bathroom/shower facilities. The house is staffed on a 24/7 basis by a full-time person in charge, two team leaders and a team of support workers. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for holidays and other social outings. The house has its own private garden areas to the front and back of the property with adequate private and on-street parking available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 22 July 2022	09:00hrs to 17:45hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out to monitor whether residents were in receipt of safe quality service and to ensure compliance with the regulations.

On arrival to the centre most of the residents were in bed. One resident was enjoying time in the sensory room and they appeared to be enjoying this. At the time of the inspection all of the residents were on holidays from their day services and were enjoying their time off relaxing or doing different activities. Ordinarily, most of the residents attended day services and one had recently secured a work placement which they were due to start in the coming weeks.

The inspector got the opportunity to meet two of the residents living in the centre. One resident was at home with their family and the other two residents did not wish to meet with the inspector as one was unwell and the other chose not to.

The property was large and spacious. Each resident had their own bedroom; two had ensuite bathrooms. There was a garden to the back of the property which had a trampoline and a large shed which one resident liked to use. While the centre was very clean and well organised, a number of improvements were required to the property. A ramp was required to the back of the property to ensure a safe exit in the event of fire and to allow better, safer access to the back garden for one resident. This had been assessed as being required in 2021 and had not been completed at the time of this inspection. Some of the walls had holes and marks or residue from hand sanitisers which could pose an infection control risk.

The inspector also observed that the back garden was in need of attention as some of the artificial grass underneath the trampoline was worn and frayed. A specifically adapted swing was also required for one resident who liked to use this.

Since the last inspection, the provider had re decorated one of the communal rooms into a sensory area. One of the residents was observed to be using this and really appeared to like it. Other residents had to walk through the sensory room to access the sunroom which was also used for residents to relax in. On the day of the inspection the inspector found that the lay out of the sensory room was impeding a safe passage to the fire exit as it posed a trip hazard to staff and residents. The person in charge amended this on the day of the inspection. However, this needed to be fully reviewed.

There was adequate storage facilities in the centre for the most part; one piece of equipment stored in the sunroom needed to be reviewed as it took up a lot of space.

Easy to read information was displayed around the centre for residents. The staff rota for the week was displayed in the hallway using staff pictures. This was used to

inform the residents what staff were working each day. The staff explained that this was very important to the residents. Other pictures and symbols were also used to inform residents; and one resident explained why some of these symbols were used and how they found them very helpful in managing some of their anxieties. There were also communication prompts displayed to support residents who used Lamh (a manual communication sign system). The inspector noted that some improvements were required to this as discussed later in this report.

One of the residents showed the inspector around some parts of their house, their bedroom and a shed in the back garden where they liked to do some activities they enjoyed. This resident also spoke to the inspector about what it was like living in the centre. They said they liked living there, liked the staff and felt safe. The inspector observed a number of adaptations that had been made to this residents bedroom in order to make it safe for the resident. The resident spoke to the inspector about this and understood why these adaptations had been made. This informed the inspector that the resident was included in decisions about their support needs.

Staff were observed to be very respectful in their interactions with the residents. One staff member was observed supporting a resident with their lunch and they were sitting down with the resident and engaging with them. The same resident was supported later in the day to go for a walk.

Residents enjoyed a range of activities in line with their personal preferences which included swimming, bowling and going to the cinema. Some of the residents had been on short hotel breaks and others were planning a short break in the coming months.

Weekly meetings also took place with residents in the centre where a number of topics were discussed. This included menu plans, activity options for the week, keeping safe, residents rights and fire safety.

As part of the registered providers annual review, they collected written feedback from residents on the services provided. This information informed the inspector that residents were generally happy with the services provided. For example; residents were happy with the staff supporting them and the level of activities in the centre and felt safe. They also stated that they would make a complaint to the staff members if required in the centre.

The inspector found that residents were supported by staff to make a complaint if they were not satisfied with the services provided. Where they made a complaint this was followed up by the person in charge.

Overall, the residents for the most part had a good quality of life in this centre. However, the registered provider had failed to adapt the premises in a timely manner to ensure that the premises was wheelchair friendly and some improvements were required in a number of regulations as discussed in the next two sections of this report.

Capacity and capability

This centre had a clearly defined management structure in place and care was being provided by a consistent staff team. However, the registered provider had not adapted the property in line with the assessed needs of one resident and improvements were also required to the auditing practices in the centre.

The management structure in place consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were also responsible for another designated centre under this provider and as a result were supported in their role by two team leaders who worked opposite shifts to each other. This ensured effective oversight of the centre during the day. At night time a shift lead was appointed who had the support of senior managers who worked on a nearby campus at night. These managers were available to call to the centre if required during the night to provide guidance and advice.

The person in charge reported to the assistant director of care. They had regular monthly meetings and maintained regular contact to discuss any issues pertaining to the centre.

The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well. They were aware of their requirements under the regulations and were completing further education to enhance their own professional development.

The registered provider had systems in place to monitor and review the quality and safety of care being provided. However, an unannounced quality and safety review had not been conducted every six months as required under the regulations. The last one conducted in November 2021 provided to the inspector had incorrect dates included on the review document. A number of actions from this review were still outstanding at the time of the inspection relating to the premises. This included installing a new front door and a ramp at the back door. Both of these had been listed as urgent actions in this six monthly review and had not been completed. The inspector was provided with an e-mail confirming that both of these were to be completed in September 2022. However, given the assessed risks posed in relation to the ramps this needed to be reviewed.

There was an annual review of the quality and safety of care available in the centre which included the views of residents. Other audits were also completed in areas such as; infection control, medicine management practices, residents' personal plans and health and safety. Overall, the findings from these audits were for the most part compliant and where areas of improvement had been identified they had been addressed.

Over the last year there had been some new residents admitted to the centre. The inspector reviewed a number of pre admission assessments and transition plans for

those residents and found that the registered provider had conducted an assessment which included the impact that any new admissions may have on residents moving to the centre or on the residents living there. However, there was no plans in place to direct how these impacts would be managed for each resident. This required review.

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care. Community nurses were also employed in the wider organisation who provided support to staff on the health care needs of the residents in the centre.

Staff met felt supported in their role and were able to raise concerns if needed to a manager on a daily basis. A sample of supervision files viewed found that staff could raise concerns through this and also request additional training supports if needed. Staff meetings were also held in the centre and included a range of topics including infection prevention and control, training needs, risk management and a review of the residents care and support.

The training records viewed indicated that all staff had completed training in safeguarding vulnerable adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medicines. As identified through the person in charges own audits, some staff were due refresher training and this was being addressed at the time of this inspection.

Regulation 14: Persons in charge

The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well. They were aware of their requirements under the regulations and were completing further education to enhance their own professional development.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care. Community nurses were also employed in the wider organisation who provided support to staff on the health care needs of

the residents in the centre.
Judgment: Compliant
Regulation 16: Training and staff development
The training records viewed indicated that all staff had completed training in safeguarding vulnerable adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medicines. As identified through the person in charges own audits, some staff were due refresher training and this was being addressed at the time of this inspection.
Judgment: Compliant
Regulation 23: Governance and management
An unannounced quality and safety review had not been conducted every six months as required under the regulations. The actions from a review conducted in November 2021 had not been completed at the time of the inspection. The review dates on this document were also not correct.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
The inspector reviewed a number of pre admission assessments and transition plans for residents and found that the registered provider had conducted an assessment which included the impact that any new admissions may have on residents moving to the centre or on the residents living there. However, there was no plans in place to direct how these impacts would be managed for each resident. This required review.
Judgment: Substantially compliant
Quality and safety

Overall, the residents enjoyed active lives in line with their personal preferences. They were involved in their local community and were accessing community facilities regularly. Improvements were required to the premises and a number of other regulations which could impact on the quality of care being provided to the residents. This included communication, fire safety, infection prevention and control and risk management.

While the centre was very clean and well organised, a number of improvements were required to the property. A ramp was required to the back of the property to ensure a safe exit in the event of fire and to allow better, safer access to the back garden for one resident. This had been assessed as being required in 2021 and had not been completed at the time of this inspection. A new front door was also required and some of the walls had holes and marks or residue from hand sanitisers which could pose an infection control risk.

The inspector also observed that the back garden was in need of attention as some of the artificial grass underneath the trampoline was worn and frayed. A specifically adapted swing was also required for one resident who liked to use this.

Storage was provided for residents to store their personal belongings, however the sun room was cluttered and contained a large piece of equipment that was taking up a lot of space.

Residents were supported with their communication needs and had support plans in place to guide staff practice. Some residents used communication systems such as Lamh. However, staff had not been provided with training in this and one resident who had been assessed as requiring additional communication supports had not been referred to a speech and language therapist at the time of this inspection to address this.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that residents were being supported to achieve personal and social goals and to maintain links with their families and community.

Personal plans were in place for all residents. Including an easy to read version for residents to keep them informed. Support plans were in place to guide staff practice but improvements were required in some of these plans. For example; an intimate care plan did not contain sufficient detail about some personal care issues to ensure that the residents dignity was respected.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP, dietitian, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behavioural support plan in place.

The registered provider had fire safety systems in place which included, fire doors, a fire alarm, emergency lighting, fire extinguishers/blankets. These were maintained and checked by competent fire personnel as required. Staff also conducted regular checks to ensure that fire exits remained clear and that fire equipment was still in good working order. Fire drills had been conducted which demonstrated that residents and staff could be safely evacuated from the centre. Some residents had been supported to conduct individual fire drills to ensure that they could evacuate the centre. However, as stated earlier in the report one resident had been assessed as requiring a ramp to ensure a safe evacuation of the centre and this had not been completed. While the inspector was assured through fire drill records and talking to staff that the resident could be evacuated, this needed to be addressed. The layout of the sensory room also needed to be reviewed to ensure that one fire exit was not impeded.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. Transport was provided for residents which was in road worthy condition and insured. However, the inspector observed in the records that the transport needed to be reviewed as it was not a wheelchair bus and as such would pose a manual handling risk to staff members. This had not been fully reviewed or risk assessed at the time of this inspection.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents reported in their feedback on the centre that they felt safe and would raise concerns to staff if needed. Intimate care plans were in place for residents which detailed the support they required with personal care (as stated earlier some improvements were required to one plan).

Infection control measures were also in place. Staff had been provided with training in infection prevention and control, donning and doffing of personal protective equipment (PPE) and hand hygiene. There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and enhanced cleaning schedules in place. Measures were in place to ensure that both staff and residents were monitored for possible symptoms. Residents had been supported to avail of vaccinations in line with their personal preferences. The provider had a contingency plan to manage an outbreak of COVID-19 and risk assessments were completed for each resident. However, there were no individual isolation plans in place for residents who may not isolate in their bedroom. Staff were unsure about how this would be managed. This required review so as that staff were fully guided in the event of this happening.

The general welfare and development of residents was promoted in the centre. Each resident had been provided with opportunities to access facilities for occupation and recreation. As stated most of the residents attended a day service, one resident had just secured a work placement. Residents were also been supported to develop

independent living skills such as preparing some meals.

Notwithstanding, the improvements required in some of the regulations at this inspection, there were a number of examples of where residents' rights were respected in the centre. They were supported to make a complaint about the service if required and actions were taken to address this. Residents were able to decide what they wanted to do. Keyworker meetings were held with residents to discuss any concerns or goals they might like to achieve.

Regulation 10: Communication

Staff had not been provided with training in a specific communication system and one resident who had been assessed as requiring additional communication supports had not been referred to a speech and language therapist at the time of this inspection to address this.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The general welfare and development of residents was promoted in the centre. Each resident had been provided with opportunities to access facilities for occupation and recreation.

Judgment: Compliant

Regulation 17: Premises

A ramp was required at a fire exit.

The front door of the property needed to be replaced.

Some of the walls had holes and marks on them which may pose an infection control risk.

The sun room was cluttered and contained a large piece of equipment that was taking up a lot of space.

The back garden needed to be updated.

An adapted swing needed to be installed for one resident.

Judgment: Not compliant

Regulation 26: Risk management procedures

It had been assessed that the transport provided in the centre needed to be reviewed as it was not a wheelchair bus and as such would pose a manual handling risk to staff members. This had not been fully reviewed or risk assessed at the time of this inspection.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were no individual isolation plans in place for residents who may not isolate in their bedroom. Staff were unsure about how this would be managed. This required review so as that staff were fully guided in the event of this happening.

Judgment: Substantially compliant

Regulation 28: Fire precautions

One resident had been assessed as requiring a ramp to ensure a safe evacuation of the centre and this had not been completed at the time of the inspection.

The layout of the sensory room needed to be reviewed to ensure that one fire exit was not impeded.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Support plans were in place based on the assessed needs of the residents to guide staff practice but improvements were required in some of these plans.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents report in their feedback on the centre that they felt safe and would raise concerns to staff if needed.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding, the improvements required in some of the regulations at this inspection, There were a number of examples of where residents' rights were respected in the centre. They were supported to make a complaint about the service if required and actions were taken to address this. Residents were able to decide what they wanted to do. Keyworker meetings were held with residents to discuss any concerns or goals they might like to achieve.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tara House OSV-0007805

Inspection ID: MON-0029556

Date of inspection: 22/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of all previous actions identified within the centre has been completed and a plan has been put in place to ensure they are addressed in a timely manner.</p> <p>A review of the unannounced quality and safety review schedule has been completed and the schedule has been updated to ensure they are conducted every six months as required under the regulations. The reports will be generated and published in a timely manner appropriate action plans to address any deficits.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>There is a new Admission & Transition Compatibility assessment in place which identifies what impact a new admission may have on current residents. The outcome of this assessment will be used to ensure appropriate control measures are put in place to mitigate against risk. These control measures will be updated in residents risks assessments and care plans will be developed accordingly.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>A referral was made to the Speech and Language therapist on 25/07/2022. Any recommendation from SLT will be implemented into the residents care plans and communication passport as required. All residents' communication needs are kept under regular review and discussed during their Annual Candid assessment of need.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: A full review of the premises was completed post inspection- This included MDT assessments and recommendations. As a result of this review the following measures will be put in place to enhance the overall premises and accessibility</p> <ol style="list-style-type: none"> 1. A ramp will be installed at a fire exit 2. The front door of the property will be replaced 3. Any internal repairs will be actioned 4. A review of the storage of equipment and their necessity has been completed with members of the MDT. 5. A review of the garden and garden facilities is being completed by facilities and the occupational therapist- 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A referral was made on 25/07/2022 to the occupational therapy department to review the current transport and complete a manual handling risk assessment. Appropriate arrangements will be put in place, based on the outcome of this assessment.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: In line with the organisations covid contingency plan, residents Covid19 risk assessments have been updated to include individual isolation plans. This will include guidance for staff on the management of an outbreak if residents refuse to isolate. Individual risk assessments have also been updated.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A ramp will be installed to ensure all residents can safely evacuate the centre.</p> <p>The layout of the sensory room has been reviewed to ensure there are no obstacles that could impede an evacuation of the centre. This has been added to the daily fire hazard checklist.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The intimate care needs of residents was reviewed, to ensure sufficient guidance is in place to meet their support needs and protect their dignity. The Assistant Director has spoken to the facilities manager -27/07/2022 who will arrange a further environmental</p>	

review to determine if access to the shower facilities for one resident can be facilitated through their bedroom.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/08/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/09/2022

	state of repair externally and internally.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	23/08/2022
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	23/08/2022
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced,	Substantially Compliant	Yellow	31/08/2022

	insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	24/08/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with	Substantially Compliant	Yellow	30/09/2022

	paragraph (1).			
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