

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

## Issued by the Chief Inspector

Name of designated centre:	The Comhar Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0001816
Fieldwork ID:	MON-0036802

## About the designated centre

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

**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 (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 7 September 2022	09:50hrs to 19:20hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The atmosphere in the centre on the day of inspection was found to be calm and relaxed. Some residents provided positive feedback about living in the centre but other feedback received was mixed. Staff members on duty were found to interact appropriately with residents.

At the time of this inspection six residents were present in the centre, all of whom were met by the inspector during the course of the inspection. All six residents greeted the inspector who had an opportunity to speak with five of these residents. Aside from greeting the inspector, the sixth resident living in the centre did not engage with the inspector but did appear calm and content while present in the centre on the day of inspection.

The first resident spoken with by the inspector talked about their family and asked the inspector if he knew certain people. This resident showed the inspector their bedroom and items in it including their wardrobe, some photographs of family members and art works that they had completed. When asked by the inspector if they liked living in the centre and what the resident was doing later in the day, the resident did not answer but did indicate that they liked their bedroom.

A second resident also indicated that they liked their bedroom which they showed to the inspector in the presence of a staff member at the resident's request. This resident was also asked by the inspector if they liked living in this centre. The resident responded to this question with a hand gesture whereby they moved their hand from the thumbs up position to the thumbs down position and back again a number of times. The resident did not elaborate on what they meant by this. The inspector told the resident that they would be in the centre for the day and to let him know if there was anything elsewhere they wanted to show or tell the inspector.

Shortly after the inspector spoke with a third resident who told the inspector that they had lived in this centre for 20 years and loved living there with all of their friends. The resident said that there was nothing that they did not like about living in the centre. The resident also spoke about their partner and showed the inspector a picture of them and a gift they had got for the resident. The resident said they that were going to their family overnight for an event and appeared to be excited about this. In the afternoon of the inspection, the resident left the centre to go met their family.

The inspector spoke with a fourth resident as they were doing some colouring in the designated centre's larger sitting room and showed their work to the inspector. The resident could not recall how long they had been living in the centre but, similar to the the previous resident, said that they liked living in the centre with their friends. This resident also indicated that they could not think of anything that they did not like about living in the centre.

The centre was described as nice by the fifth resident spoken with who also said they did cleaning in the centre and their own bedroom. The resident talked about other topics including a family member and going to stay with them. During this discussion the resident did mention that another resident was not nice to them and said that this resident would be telling others they were at them.

During this inspection the inspector encountered a calm and relaxed environment with some residents seen to spend time together in communal areas of the centre or to go out for a drive or walk during the day. Staff members on duty were also seen to interact warmly and pleasantly with residents. These included times when staff were supporting residents with personal care while a former member of the centre's management, who was present during this inspection, was seen to take the time to speak in private with a resident.

Despite this when reviewing incident reports and other records during the inspection it was noted that there had been times when some residents had interacted negatively towards peers, such as one resident making comments to a peer which upset the latter. Such incidents had been considered as safeguarding matters and when reviewing some incident reports in the centre, the inspector noted reference being made to there being some tension between resident of the centre. It was also noted that no incidents had been considered as safeguarding incidents in the months leading up to this inspection.

As part of this inspection, the inspector also reviewed the premises provided for residents to live in. In general, this was found to be well-furnished, well-maintained, clean and homelike both internally and externally with each resident having their own bedroom. However, the inspector did observe that the toilet seat in one bathroom was clearly worn and in need of replacing while some arm rests on a chair in the large sitting room were worn. Various signs were seen to be on display in the centre covering areas such as complaints and COVID-19 while there was also a notice present including a picture that announced that the provider had a new Chief Executive Officer.

In summary, staff present during this inspection were overheard and observed to interact appropriately with residents. While some positive feedback was received from residents, records reviewed and interactions with other residents suggested that there were some tensions amongst residents. Residents were provided with a homely setting to live in.

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

Staff spoken with were knowledgeable around the residents they supported with a consistency of staff support provided. While monitoring systems were in operation some improvement was required given the overall findings of this inspection with an increase in regulatory actions identified.

This centre had been most recently renewed by the Health Information and Quality Authority (HIQA) until January 2024. At the time renewing the centre, HIQA based this decision on the statement of purpose and floor plans provided at the time with both forming the basis of one of the centre's conditions of registration. The statement of purpose is an important document that sets out the services to be provided in a centre with providers required to ensure that centres are operated in line with statements of purpose. The statement of purpose which this designated centre had been most recently renewed against indicated that this centre would support a maximum of seven residents, of which five were full-time residents and two were respite placements.

During the current inspection, the inspector was provided with a copy of a statement of purpose dated June 2022. While this was found to contain relevant information, it was noted that this statement of purpose indicated that the centre could now only accommodate one respite resident. While it was noted that this was influenced by a change in circumstances related to one particular resident, this marked a difference in the services provided in the centre compared to when the centre was most recently renewed by HIQA. In addition, when conducting a premises walk-through the inspector observed that a room which was marked on the previously submitted floor plans as a storeroom was in fact a toilet.

Based on findings on the day of inspection the centre was providing a different service and operating under a different floor plan than it had been renewed against. However, at the time of this inspection the provider had not sought to vary the relevant condition of the centre's registration to reflect this. In the days following this inspection the provider indicated that they would do this. Aside from this when also reviewing the statement of purpose dated June 2022, the inspector noted that details of the staffing arrangements in place were inaccurate when compared with the staff rosters maintained in the centre. This was highlighted during the inspection and before the end of the inspection a revised statement of purpose was provided.

Under the regulations staffing provided in a centre must be in accordance with the statement of purpose and while this was generally the case, there were times when staffing levels during the day were lower than the revised statement of purpose set out. Despite this, it was noted that there was a consistency of staff support provided to residents which is important in ensuring consistent care. Staff members spoken also demonstrated a good understanding of residents' needs and it was noted that staff had been provided with relevant training to support residents. From training records reviewed though it was noted that at the time of inspection, one staff required refreshing training in safeguarding while another required refresher training in fire safety.

Aside from training records the inspector also reviewed a sample of staff files. Under the regulations the provider should keep specific documents related to all staff

working in the centre. From reviewing these files it was found that they contained all of the required documents such as proof of identity, written references, employment records and evidence of Garda Síochána (police) vetting. It was noted though when reviewing these files that one staff member's Garda vetting was dated from August 2011 with the staff member not having been vetted since then. This was queried during the inspection and it was indicated that the provider was looking into a project for the re-vetting of its staff.

Staffing was an area that was reviewed by the provider's monitoring systems which included unannounced visits to the centre every six months by a representative of the provider and annual reviews that focused on compliance with relevant national standards. While these were being carried out in line with the regulations, during this inspection it was found that some monitoring systems in operation required improvement. For example, a relevant self-assessment on infection prevention and control (IPC) which is to be completed every 12 weeks was found to be being done every four months. Furthermore, while strong levels of compliance with the regulations were found on the centre's two previous HIQA inspections in April 2021 and April 2019, on the current inspection there was an increase in regulatory actions identified.

These included issues identified regarding some residents' contracts for provision of services. These are required by the regulations and are intended to set out the services residents are to receive and the fees that they are to pay. The inspector reviewed a sample of these and noted that some did not set out if residents were receiving respite or living full-time in the centre while the fees these residents were paying were not clearly stated. In addition, when reviewing incident reports, the inspector read one incident where a resident had scalded their wrist and received first aid but this had not been notified to HIQA on a quarterly basis as required. Another incident report was described as a complaint by a resident but it had not been documented as a complaint in the provider's systems so it was unclear if the resident was satisfied or not with the outcome of their complaint.

### Registration Regulation 8 (1)

At the time of inspection the provider had not submitted an application to vary to reflect a change in the floor plans and the statement of purpose that the centre was registered against.

Judgment: Not compliant

### Regulation 15: Staffing



There were times when staffing levels during the day were lower than what the centre's statement of purpose provided for.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

One staff required refresher training in safeguarding while a second staff required refresher training in fire safety.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Some of monitoring systems in operation required improvement given an increase in regulatory actions identified on this inspection compared to previous inspections. A relevant self-assessment on IPC was not being completed at the required intervals.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

Some contracts for the provision of services did not set out if residents were receiving respite or living full-time in the centre while the fees residents were paying were not clearly stated.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose available for the inspector at the end of the inspection contained all of the required information.

Judgment: Compliant

## Regulation 31: Notification of incidents

An incident where a resident had scalded their wrist and received first aid had not been notified to HIQA on a quarterly basis as required.

Judgment: Not compliant

## Regulation 34: Complaints procedure

An incident report described as a complaint by a resident had not been documented as a complaint in the provider's systems so it was unclear if the resident was satisfied or not with the outcome of their complaint.

Judgment: Substantially compliant

## Quality and safety

Residents had personal plans in place but some improvement was required regarding the monitoring of residents. While various risk assessments were in place, a risk assessment related to recent incidents was not in place while another risk assessment was not completed in a timely manner.

The provider had a systems in place for the recording and review of accidents or incidents occurring the centre. This is important from a risk management perspective. However, from incident records it was noted that in 2022 one resident had had some choking incidents. While there were indications that such matters had been followed up and input sought from a speech and language therapist, a risk assessment was not in place related to this resident's risk of choking. It was also found that an assessment by an occupational therapist had recommended that a risk assessment be completed to inform a decision on whether a resident should commence a particular activity. Despite this a related risk assessment was only completed in the weeks leading up this inspection but the resident had commenced this activity months before this.

The centre did have a risk register in place which included other risk assessments related to the centre and individual residents. Amongst these were risk assessments related to COVID-19 and IPC. During this inspection it was found that measures were being taken to promote IPC practices. For example, staff wore face masks throughout the inspection, supplies of face masks and other personal protective equipment were present in the centre while cleaning schedules were in place. The inspector did note some gaps in cleaning records reviewed although cleaning was

generally indicated as being done. However, relevant national guidance provides for twice daily active monitoring of residents for signs and symptoms of respiratory illness or changes in their baseline condition. The inspector was informed that this was being done by way of temperature checks but that this was only being done once a day in the centre.

Aside from these temperature checks, records provided for some residents indicated that their health was being monitored via specific monthly checks for their blood pressure and weight. While such checks were generally recorded as being carried out, the inspector did note that some residents were not indicated as having had these checks done on certain months in 2022. Residents were supported to receive particular health interventions such as receiving vaccines while being facilitated to access various health and social care professionals such as general practitioners, opticians, dentists and chiropodists. It was noted though that some residents required a review by psychologist regarding their behaviour but that such a review had yet to happen at the time of this inspection.

Guidance on supporting residents' health needs was contained within their individual personal plans with staff spoken with also demonstrating a good knowledge around residents' health needs. Individual personal plans are required under the regulations and should be reviewed on an annual basis. From a sample of personal plans reviewed on this inspection it was found that the majority of personal plans' contents were reviewed within the previous 12 months while they are also subject to multidisciplinary review. Residents were also supported to be involved in the review of their personal plans through a person-centred planning process during which particular goals were identified for residents to achieve. It was noted though from a sample of documents reviewed that some actions arising from residents' person-centred planning meetings did not have time frames indicated for when such actions were to be done.

Aside from documents related to residents' individual personal plans, the inspector also reviewed records relating to safeguarding practices in the centre. It was found that safeguarding plans were in place in the centre where required while also being subject to review. Referrals to relevant statutory bodies were also made in response to safeguarding incidents reported. The inspector did note though that one such referral had not been made in a timely manner although it was acknowledged that this had been identified internally within the provider and addressed in the months leading up to this inspection. As mentioned earlier in the report, it was noted that no incidents had been considered as safeguarding incidents in the months leading up to this inspection. However, given the reference to tensions amongst residents in some incident reports along with some of the resident feedback provided to the inspector during this inspection, this was an area which would need to be kept under review.

## Regulation 17: Premises

The premises was found to be generally well-furnished, well-maintained, clean and homelike but the inspector did observe that the toilet seat in one bathroom was clearly worn and in need of replacing while some arm rests on a chair in the large sitting room were worn.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

A risk assessment was not in place related to a resident's risk of choking following some incidents that had happened in 2022. A recommended risk assessment to inform a decision on whether a resident should commence a particular activity was not completed in a timely manner.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There was some gaps noted in cleaning records reviewed while twice daily active monitoring of residents for signs and symptoms of respiratory illness or changes in their baseline condition was not being carried out.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans which subject to review but some actions arising from residents' person-centred planning meetings did not have time frames indicated for when such actions were to be done.

Judgment: Substantially compliant

### Regulation 6: Health care

Guidance was available on supporting residents' health needs and residents were supported to undergone particular health interventions. Some gaps were noted in monthly monitoring of residents.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

One resident had a positive behaviour support plan and the inspector was informed that this required review by a psychologist. Despite this it had not been reviewed since April 2021. Another resident was indicated as requiring a review by a psychologist after an incident in March 2022 related to their behaviour but this had yet to happen at the time of inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

Where required safeguarding plans were in place in the centre which were also subject to review. Referrals to relevant statutory bodies were made in response to safeguarding incidents reported.

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
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Comhar Centre

Inspection ID: MON-0036802

Date of inspection: 07/09/2022

## 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
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): To return to compliance an application to vary regarding the change in the services provided within the designated centre has been submitted to HIQA.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff levels on Statement of Purpose are adhered to, however, there has been reduced staffing levels at times due to Covid 19/sick leave. This is now reflected in a risk assessment which indicates the minimum staffing level requirements in the event of a similar situation. Every effort will be made by the Registered Provider to ensure the correct staffing levels through relief / agency staff.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To comply with Regulation 16 all outstanding training has been completed. Safeguarding X 1 staff was completed 26/09/2022 Fire training X 1 staff was completed 28/09/2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	



<p>To comply with Regulation 23 the Person in Charge will complete the IPC self-assessment quarterly as required. The next one assessment will be completed in October 2022.</p> <p>To support the Person in Charge a schedule of 3 monthly duties is now in place.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>To return to compliance with Regulation 24 the Term and Conditions of Residency have been reviewed and updated to contain the necessary information.</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>To ensure compliance with Regulation 31 the Person in Charge will ensure all incidents are reviewed and submitted in the quarterly returns. This is also included in the three monthly schedule of duties.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>To return to compliance the Person in Charge will ensure that a review of all incidents and complaints is conducted on each shift for monitoring and oversight purposes and reported appropriately as required.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To comply with Regulation 17 the damaged toilet seat has been replaced and the armchairs have been assessed regarding re upholstery and same will be completed or the armchairs replaced.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 20/09/2022</p> <p>To regain compliance with Regulation 26 the Person in Charge in conjunction with the Speech and Language Therapist and the Area Manager has reviewed incidents on choking and risk of same to an identified resident. The Speech and Language Therapist also met with the resident on 22/09/2022 to discuss the importance of reporting any issues, incidents or concerns to staff and the resident agreed to same. A progress sheet regarding the choking risk has also been devised and will be reviewed weekly.</p>	

The Speech and Language Therapist also provided her recommendations in an easy read format as well as an easy read document on Level 7 – Easy to Chew diet for the resident. The risk register and risks were all reviewed 05/09/2022 by the Person in Charge and Area Manager and the Person in Charge will ensure that all future risk assessments will be completed in a timely manner.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
 To regain compliance with Regulation 27 the Person in Charge will ensure that the cleaning schedule will be reviewed and signed by the shift lead at the end of each shift.  
 Residents will be monitored twice daily by having their temperatures checked and recorded.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 To return to compliance the Person in Charge will ensure that all keyworkers will set and record timeframes for agreed actions arising from PCP meetings.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 The Person in Charge will ensure that any residents who are absent from the residence or who refuse monthly monitoring in relation to their healthcare needs will be recorded. This record will be reviewed by the Social Care staff on a monthly basis and monitoring rescheduled for residents as required or as agreed with the resident.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 To return to compliance with Regulation 7 a Principal Psychologist has been recruited by the Registered Provider and has commenced employment. Referrals have been forwarded to the Principal Psychologist regarding the PBSPs which require reviewing and updating.

## 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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	29/09/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/09/2022

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	28/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/09/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and,	Not Compliant	Orange	16/09/2022

	where appropriate, the fees to be charged.			
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	05/10/2022
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	20/09/2022
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring	Not Compliant	Orange	31/10/2022

	in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	04/10/2022
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	06/10/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/09/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and	Substantially Compliant	Yellow	29/09/2022

	skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
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