Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Moorefield House
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0001959
Fieldwork ID:	MON-0039767

About the designated centre

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

Moorefield House consists of a two story detached house, including an adjoining apartment, located in a village area. The centre can provide a home for up to four residents, each with their own bedrooms, and also provides bedrooms for volunteers working for the provider. This centre also contains a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. The centre provides 24 hour residential care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 3 May 2023	11:00hrs to 17:45hrs	Miranda Tully	Lead
Wednesday 3 May 2023	12:00hrs to 17:45hrs	Conor Brady	Support

What residents told us and what inspectors observed

Overall inspectors found that this centre appeared to be providing good levels of day-to-day care and support to the residents living there. Residents in this centre had lived together for a long time and were reasonably settled. However, inspectors were informed that a recent significant safeguarding incident occurred, that had led to a resident recently transitioning out of this centre, on safeguarding grounds pending further forensic assessment.

During this unannounced inspection the inspectors found that while the residents who were observed appeared largely content, a number of improvements were required in areas such as the centres' resource levels, staffing and skill mix, staff training, staff supervision and development and residents safeguarding/protection.

The inspectors had the opportunity to meet with two residents that lived in this centre. One resident had left the centre for the day and had a busy day of activities planned. Another resident was at home at the time of inspection. Different forms of communication were used by residents such as such as spoken language, vocalisations, facial expressions, behaviours and gestures. To gather an impression of what it was like to live in the centre, the inspectors observed daily routines, spoke with residents, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents.

On arrival at the centre, the inspectors met with two live-in volunteers and a resident. A live-in volunteer explained that the resident was on planned time off from day service. The resident was seated on a sofa in the living room listening to relaxing music. The resident was observed smiling and appeared content. A second resident returned to the centre and met with the inspectors before leaving again for horse riding. This resident spoke of their fondness for animals, books and television. It was evident that the resident had a strong relationship with staff members that worked in the centre. Observations indicated that residents were relaxed in their surroundings and in the company of staff. Meaningful and caring interactions were observed.

The premises was an old two-storey detached building in large grounds situated in a rural village. The provider explained that the building required a great deal of upkeep. Overall, the designated centre was well kept, warm and clean, some upgrade works such as painting and repair of worn flooring were required. Each resident had their own bedroom which was individualised, however further consideration of the allocation of rooms was required to ensure facilities for residents were best meeting their preferences and that their needs were prioritised. The residents also had access to a main sitting room, sun room and kitchen/dining area and a garden area to the side and rear of the home. Areas within the home were warmly decorated and pictures of the residents were on display throughout the

centre.

On a walk around of the premises, a strong odour of suspected kerosene was detected by inspectors in a resident's bedroom (located above a boiler house), an urgent/immediate action was issued to the provider to address the issue. The provider contacted and arranged for technicians to come immediately and the matter was resolved during the inspection. A kerosene leak had occurred due to a boiler fault and excess spillage of kerosene was causing the odour in the residents room.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that the registered provider was committed to providing a service that supported residents according to their wishes and preferences. However, resourcing and staffing deficits were found to be impacting on this centre. This matter had been escalated by the provider to their funder.

There was a clearly defined management structure, with clear lines of accountability and responsibility in the centre. There was a full-time person in charge located in an office not far from the centre. This person in charge was however, also responsible for two additional designated centres. The provider had put in place structures to support the person in charge in their role, this included the presence of a house leader who worked in the house as part of the roster predominantly on a Monday-Friday basis with occasional weekend shifts. A deputy house leader was also on the roster with all of the remaining frontline care and support provided by four live in volunteers.

On review of the roster and other documentation, inspectors found that there was an over-reliance on these live-in volunteers. While well intended, some of these teenage international volunteers had come straight out of school and did not possess any appropriate level of experience, qualification or training in health or social care settings. The provider identified the requirement for skilled staff to be available over 24 hours in their statement of purposes, however, given only two staff were currently employed in the centre this was not possible.

A copy of the annual review of the quality and safety of care was not made available on the day of inspection, in addition evidence of unannounced six monthly visits and a report on the safety and quality of care provided in the centre was not provided to the inspectors.

Regulation 15: Staffing

There was neither an appropriate number or skill mix of staff working in this centre. Inspectors found that only two employed staff worked in this centre out of six staff named on the roster. International volunteers (who also lived in the centre) provided direct care and support to residents as part of the providers service model. These live-in volunteers reportedly worked six days a week with one day off. Volunteers contracts noted that they were entitled to one day off per week and a long weekend of three and a half days per month. Inspectors were informed that volunteers usually came to the centre for nine months to one year periods from other countries and were classed as volunteers. The volunteers had a volunteer contract and were paid a small gratuity allowance which the provider highlighted was 'considerably less than a wage'.

These volunteers were found to be working full-time, were on the centres rosters and their roles, duties and responsibilities were identical to that of employed staff in terms of providing care and support to residents.

Inspectors met the staff and volunteers and found a stark contrast in the levels of experience, qualifications, training, knowledge, understanding and performance based on all evidence reviewed. Inspectors found staff members spoken with demonstrated very strong levels of professional knowledge and understanding of residents assessed needs, risk management, safeguarding, resident's healthcare needs and regulatory requirements, the volunteers spoken with did not. Given this centres rosters showed that these volunteers provided regular full-time care and support for residents this was a concern for inspectors.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors found a clear and marked difference in the standard of service provision between actual staff and volunteers. Furthermore inspectors were concerned with the centres over reliance on these inexperienced and in some cases unqualified volunteers to manage and deliver person-centred, effective and safe care and support for residents often unsupervised. In reviewing personnel records, supervision records, performance evaluation reports and in discussions with the centres management, these issues had already been self identified by the provider.

A training matrix was found to be in place, however gaps were evident in training which was pertinent to individual assessed needs. For example, one staff member had completed epilepsy awareness and no staff had completed first aid training. In addition, the inspectors found that volunteers spoken with did not demonstrate an adequate understanding or awareness of key areas such as residents assessed needs, healthcare needs, risk assessments, resident safeguarding and/or the

requirements of regulations/standards in designated centres. Whilst in some cases, training had been provided this was not evident in action. Supervision arrangements were not found to be appropriate in this centre as inexperienced volunteers worked unsupervised for the majority of the time, even in instances whereby performance deficits had been found by the provider.

Judgment: Not compliant

Regulation 23: Governance and management

The designated centre was not found to be resourced sufficiently to ensure the effective delivery of care and support of residents. Funding and resourcing was risk rated 'red' by the registered provider to denote the increased stress levels the service was now under. Deficits in relation to the centres funding and the associated impact on residents had been reviewed, trended and communicated to the providers funder on a number of occasions from evidence reviewed on this inspection.

Inspectors found that in particular, the providers inability to recruit staff coupled with their complete over-reliance on inexperienced and unsupervised volunteers was impacting this centres ability to provide safe and high quality services.

A copy of the annual review of the quality and safety of care was not available in the centre on the day of inspection, in addition evidence of unannounced six monthly visits and a report on the safety and quality of care provided in the centre was not provided to the inspectors.

Judgment: Not compliant

Quality and safety

There was good consultation with residents, both through documented house meetings and through less formal interactions. It was observed that residents were appropriately supported and encouraged to enjoy a life of their choice and participate in activities which they enjoyed.

The inspectors observed that the environment in the designated centre was warm, clean and welcoming. It was observed that residents' personal belongings and decoration choices were displayed throughout the home and in their individual rooms.

The inspectors reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding

the staff team in supporting the residents with their general welfare and development needs. The residents were supported to access health and social care professionals as appropriate.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended and updated as necessary.

Regulation 13: General welfare and development

Residents were found to be supported to engage in various social activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities. For example, horse riding, football, music therapy and also overnight hotel breaks to areas of interest. A day service was located next door to this centre where the residents attended and reportedly did music, gardening/horticulture, weaving and arts and crafts.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and was reasonably well maintained.

The premises was a large old house and had been operated by the provider for a number of decades. All parts of the centre, internally and externally were inspected. Some of the facilities were in need of renovation. For example, flooring was very worn in places and painting in some areas was required. This had been identified by the provider and there was a plan in place for the necessary works.

There was a strong odour of suspected kerosene found by inspectors in a resident's bedroom, urgent action was requested to address the issue. The provider contacted and arranged for the issue to be resolved during the inspection. A kerosene leak in the boiler room located under the residents bedroom required further action which the provider addressed. Further improved ventilation of the boiler room was required. The provider had plans to address the ventilation issues.

In reviewing the standard of accommodation in the centre inspectors noted that some live-in volunteers bedrooms were larger than residents bedrooms and had double beds as opposed to residents' single beds. This needed to be reviewed to

ensure residents were provided with the best available bedrooms available in the centre, given it is their home.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures, and practices in the centre. The risk management policy contained the information required by the Regulations.

Arrangements were in place to ensure control measures were relative to identified risks. Arrangements were also in place to identify, record, investigate and learn from incidents in the centre. An audit of incidents and accidents was completed by the person in charge and there was evidence of review by the CEO when serious events have occurred. There was evidence of incidents being discussed at staff meetings. There were systems in place to respond to emergencies and reasonable measures in place to prevent accidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented corrective actions outlined from a previous infection prevention control focused (IPC) inspection. Residents were protected by the infection prevention and control policies, procedures and practices in the centre. There was evidence of contingency planning in place for COVID-19. There was infection control guidance and protocols in place in the centre. The inspectors observed that the centre was visibly clean on the day of the inspection. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and for the most part suitably guiding the staff team in supporting the residents with their needs. The

residents were supported to access health and social care professionals as appropriate.

Judgment: Compliant

Regulation 8: Protection

Although there were a number of systems in place to ensure residents' safety and to ensure some appropriate safeguarding practices, further improvement was required in this area. A recent significant safeguarding incident occurred in the centre which has led to a resident leaving the centre pending further forensic safeguarding assessment. This incident occurred at a time when only live-in volunteers were present in the centre. While the management response to this incident was found to be timely (once they were notified), the resident's behavioural support and supervision needs were of a greater need than what was provided for. As a result the resident and the live in volunteer involved were left in a very vulnerable and impactful situation.

This incident needs to be reviewed in terms of ensuring ongoing appropriate, comprehensive and regularly reviewed assessments whereby residents' needs and behavioural presentations are changing. For example, this residents presentation had shown trends of more aggressive/volatile behaviours in the weeks and months preceding this incident. Furthermore staff reported the resident behaved differently with senior staff than they did with more inexperienced volunteers, whereby more negative behaviours were more apparent.

Live-in volunteers spoken with on this inspection did not adequately demonstrate an awareness of the different types of abuse, the signs of abuse and/or the responses required in the event of an incident/allegation or disclosure. For example, live in volunteers spoken with did not reference the providers safeguarding policy, process/procedures, safeguarding reporting or recording procedures nor did they demonstrate awareness of national guidance or regulations/standards. This was of particular concern to the inspectors as these same live-in volunteers provided individual care and support to residents on a daily basis and were expected to staff the house unsupervised regularly.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider and the person in charge had ensured that each resident (living in the centre at the time of inspection), in accordance with their wishes,

participated in decisions about their care and support.

Throughout the inspection the inspectors observed residents being treated with dignity and respect. The provider, managers and staff demonstrated a strong person-first ethos and clearly cared a lot about the residents in their care.

There was information available to residents in relation to their rights, complaints and advocacy. There were also systems in place to ensure residents' personal belongings were respected and kept safe. A review of three residents possessions and finances found that residents belongings and monies were well protected by the systems the house leader had in place with a series of financial checks and balances occurring at regular intervals.

Inspectors were concerned that further consideration was required in relation to a resident who was currently transitioned out of the centre pending further safeguarding assessment. While this issue has been referenced under safeguarding, this resident 's rights have been impacted significantly in that they have essentially been discharged from their home.

Judgment: Substantially 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moorefield House OSV-0001959

Inspection ID: MON-0039767

Date of inspection: 03/05/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Actions The provider with the PIC on the 17th May, assessed the key staffing needs and prioritised the times of the day and weekend to plan a phased introduction of staffing 24 by 7 days per week by trained and qualified staff. Due to our current model including Volunteer assistants in our Residential Houses, we are cautious on how a transition to a staff-based approach is made without negatively impacting our residents. Any transition will therefore be timetabled in a sensitive way and respecting any concerns or signs of anxiety of our residents and supporting continuity of care. Dates to address the skill mix and staffing in this house • Through redesigning the existing roster -completed • Dialogue with the funder to have increased resources, first meeting 11 May • Employing additional staff • Achieving 5 nights a week and until 9pm 5 night a week by 17th September and 10 hrs at weekends 2023. • Full 24 x7 cover by the 27th November.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Epilepsy Training has been completed on 7th June, carried out by Epilepsy Ireland for	

all staff and assistants.
• Training will take place for assistants around residents' needs, healthcare needs, risk assessments and other areas that is required on a regular basis at the weekly team meetings to improve people's knowledge of resident's needs starting 29 May 2023. This will be carried out by the Community Nurse, PIC and House Leader and external trainers that as required based on the assessed needs of the residents, for example Epilepsy.
• All live in Volunteer assistants took part in an Applied Safeguarding & Protection Course by an Internal L'Arche Ireland Person with specialist knowledge. This training will took place on 1st June. The trainer also worked with L'Arche Kilkenny Designated Safeguarding Officers to train to them to carry out the new training program on an ongoing basis.
• Two volunteers are currently doing QQI level 5 Healthcare, started 28 March 2023
• L'Arche has developed a Future planning Tool, which assists us to identify any additional training that will be required to support the residents and their changing needs. This tool is used with the Audit Age Related Requirements tool completed for each resident by the nurse and based on their assessed medical needs. It was updated on the 16th May.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Costings to increase staffing were given to the funder on the 17th May.
• Additional information on rosters was requested and given to the funder on the 25th May.
• Dialogue with the funder will remain ongoing until a satisfactory solution can be found to have sufficient resources.
• The provider and PIC are working to maximize current resources and current staff have agreed to changes in the rosters to provide maximum cover in the house.
• Reviewed by the Board on the 17th June and by the Board Action group with the CEO on an going basis as part of the change management process to enable us to move to 24hr x7 staffing both through internal changes, recruitment and increased resourcing.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Areas that require painting and upgrading have been identified and a painter has been booked to complete this by 1st Aug 2023

• Floor in sitting room area has been sanded and varnished on 22nd June.
• Kerosene smell has been addressed and the plumber has checked boiler room again to ensure no further action required.

• In regard to the allocation of bedrooms, the resident moved downstairs from a bedroom upstairs due to ageing concerns. The new bedroom was fully renovated, and the room size was increased. This room is opposite the bathroom which is best suited for the resident and in line with his observed will and preference. As in this case L'Arche will continue to ensure that the residents' needs and wishes are a priority.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• As outlined in Regulation 15 and Reg 23 the provider is actively working with the funders to increase the resourcing and through this the staffing regarding extra staffing for the center. In the interim we have reviewed rosters and try to ensure that there are staff members in place a min of 8 hours each day using current staff and using a relief panel from qualified day staff members, who are known to the residents.

• All live in Volunteer assistants will take part in an Applied Safeguarding & Protection Course by an Internal L'Arche Ireland Person with specialist knowledge in this topic. This training took place on 1st June 2023. The trainer also worked with L'Arche Kilkenny Designated Safeguarding Officers to give extra training to enable them to carry out the new training program on an ongoing basis.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Actions
• A review meeting was held with the funder 17th May- we went through actions taken prior to the event and after the event. The social worker report- dated 21 Feb, was sent to L'Arche on the 18th May.
• Some changes to the admission and discharge policy are noted to give additional information re discharge- to be completed by August 31st 2023
• Increased focus on timing of assessing and escalating developing needs.
• Communication between L'Arche and Residents family remain open. (as 26/06/2023)

Residential Service
• Currently a forensic risk assessment & safeguarding assessment is ongoing being

carried out by a Forensic Psychologist and L'Arche are actively supporting the process. On receipt of this report the person's placement will be reviewed within 2 weeks of receiving this and a plan put in place in response to the report.
• Completed by Oct 2023.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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.	Not Compliant	Orange	27/11/2023
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.	Not Compliant	Orange	03/07/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	27/11/2023

Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Not Compliant	Orange	03/07/2023
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	01/08/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	20/07/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	29/09/2023
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	07/06/2023
Regulation 09(1)	The registered	Substantially	Yellow	31/10/2023

	provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Compliant		