



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

Issued by the Chief Inspector

Name of designated centre:	Aisling House Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0042434

About the designated centre

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

This designated centre is a 24 hour nurse led service which can accommodate a maximum of ten men and women over the age of 18 years who have an intellectual disability. The centre consists of four separate residential properties, all of which are in a town in Co. Kildare. The properties are a short drive from each other and each property has living rooms, kitchens and sufficient bedrooms to accommodate the number of residents living there. Each house also has enough bathrooms and shower rooms to meet residents' needs. Residents are supported 24 hours a day seven days a week by a person in charge, clinical nurse managers, staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 February 2024	09:30hrs to 15:30hrs	Marie Byrne	Lead
Wednesday 7 February 2024	09:30hrs to 15:30hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed following receipt of both solicited and unsolicited information by the Chief Inspector of Social Services relating to this designated centre. This information related to notifications of serious injuries and concerns relating to areas such as safeguarding, residents' rights, residents' care and support needs, and governance and management.

Overall, the findings of this inspection were that the provider was self-identifying areas where improvements were required and had taken a number of responsive steps to address some of these areas. More time was required to implement some of the actions to bring about the remaining required improvements. For example, they were recruiting to fill staff vacancies, a staff training plan was in place, and premises works had been approved and were planned for just after the inspection.

The designated centre can provide 24/7 residential care and support for up to ten residents with an intellectual disability. The centre consists of four premises in a town in Co. Kildare. Three of the houses are in one housing estate and the other is a few minutes drive away. There is also an administration building in the same estate as three of the houses. The inspectors visited two of the houses in the designated centre and had an opportunity to meet and briefly engage with five of the seven residents living in the centre during the inspection. There were no residents living in one of the houses at the time of the inspection.

Residents in the centre communicated using a variety of methods of communication including speech, eye contact, body language, vocalisations, gestures and behaviour. For some residents, it was of significant importance for them to have staff who knew them and their communication signals well to best interpret those communication attempts and to respond appropriately.

Inspectors had an opportunity to visit and speak with the five residents in their homes as they went about their day. There was a warm and welcoming atmosphere in each of the houses. Residents' bedrooms were highly personalised and every effort was being made to ensure that residents' homes were homely and comfortable. The provider was working with one resident, the staff team and relevant healthcare professionals to ensure that the environment suited one resident in line with their changing needs. For example, they had supported the resident to have assessments with other service providers who had deemed that they could not provide the required service for the resident. Works and assessments were ongoing by the provider to ensure they could safely meet this residents' needs and to ensure they were enjoying a good quality of life.

In the first house three residents were observed spending their time in their homes relaxing or engaging with staff. They were spending time in communal areas of their home or in their bedrooms listening to music or watching television. One resident was enjoying a snack and drink, and one resident was completing a puzzle.

Residents were observed using speech and gestures to communicate their wishes. Regular staff were observed to be very familiar with their communication preferences and to pick up and respond to their verbal and non-verbal cues. The fourth resident arrived home just as the inspector was leaving. They had just gone down the town to have a haircut. They greeted the inspector and spoke with them an staff about an upcoming family wedding. They spoke about what they were going to wear and how excited they were to go to the wedding.

On arrival, to the second house the resident who lived there was seated in their back garden smoking and interacting with staff. It was evident that staff knew the resident well. The resident did not wish to engage with the inspector but appeared comfortable in the company of staff. The house had been adapted for the purposes of safety. Later in the day the other inspector had an opportunity to visit the resident in their home. The resident was spending time with staff and appeared very comfortable in their company. They chose not to engage with the inspector but engaged with the staff and two members of the management team. They used words, staff names and gestures to indicate what they wanted to do and took a manager by the arm and directed them to an area they wished to spend time in. Staff were observed to respect the residents' wishes to move around their home and garden, and stayed close by and available should they require their support. The staff and management team were observed to be very familiar with the residents' communication preferences and to respond to their requests in a kind, gentle and caring manner. The inspector observed staff support the resident to make choices in relation to their preferred drink and to support them in a sensitive manner while following the guidance of the relevant healthcare professionals.

Residents were supported to stay in contact with the important people in their lives and were visiting and being visited by them regularly. Residents were engaging in a range of activities such as attending day services, doing activity sessions with an external company, art therapy and reflexology. Throughout the inspection in each of the houses, kind, caring, warm and respectful interactions were observed between residents and staff. Inspectors spoke to staff who had worked in the centre for many years. They spoke about how committed and motivated they were to ensure that residents were happy, safe in their homes, and choosing what activities they wished to take part in. They were complimentary towards the support provided by the local management team but spoke about the challenges brought about by the staffing vacancies in the centre.

Residents and their representatives views were sought by the provider on an ongoing basis and their views were captured as part of the provider's annual and six monthly reviews in the centre. Residents could access information on complaints, accessing independent advocacy services, infection prevention and controls and residents' rights in the an easy-to-read format in their home. There was information on display in the houses about the complaints process, including pictures of the local complaints officer.

A number of staff had completed training on applying a human-rights based approach in health and social care. The provider had a human rights committee in place which had external representation. It was evident that the service was

proactive in supporting and assessing residents' capacity relating to particular decisions about their care and support in line with the Assisted Decision Making (Capacity) Act, 2015. For example, inspectors viewed a capacity statement in relation to a health intervention which was clearly documented, person-centred and transparent in how a decision had been made. It was evident that the service was endeavouring to promote residents' rights and that they were applying learning from other inspections in the service. For example, there had been hourly checks of residents introduced the previous year, which had a negative impact upon residents' rights to privacy. However, this had now been assessed for each resident and where some checks remained, they were not hourly and had been assessed as required. Staff had been advocating for this change as noted in a sample of staff supervisions reviewed by inspectors.

In summary, residents were keeping busy and had things to look forward to. There were a number of committed and motivated staff supporting residents; however, inspectors found that staffing vacancies and the staffing arrangements in place for the centre were having an impact on continuity of care and support for residents. The provider was aware of the areas where improvements were required in relation to staffing, staff training, and the premises. They had taken a number of responsive steps to support residents in line with their changing needs and were putting supports in place to ensure that staff had the required training, competencies and supports systems in place to ensure they could support residents in line with these changing needs.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that the provider was aware of areas where improvements were required and implementing actions to bring these about in relation to residents' care and support and the premises. In line with the findings of previous inspections, the provider was attempting to recruit to fill a number of staff vacancies as there were not sufficient numbers of staff employed in the centre on a full-time basis to meet the number and needs of residents living in the centre. The provider had successfully recruited some staff, but also had a number of staff take planned leave or retire. In addition to the staff vacancies there were also high incidence of unplanned leave in the centre. Inspectors found that this was impacting on the continuity of care and support for residents. In addition to an over-reliance on agency staff, the staffing arrangements in place for the centre were that staff moved in between houses and this meant that there was not a core team for each of the four houses.

There were clearly defined management structures and staff were aware of the lines

of authority and accountability. The person in charge was supported by a number of clinical nurse managers. An assistant director of nursing who was very familiar with residents' care and support needs was present in the centre on a regular basis and providing support to the person in charge and the staff team. The team were also supported by a director of nursing and there was an on-call manager available to residents and staff 24/7.

The provider had systems to monitor the quality and safety of service provided for residents. These included audits, unannounced provider audits every six months, and an annual review. During the six-monthly and annual reviews residents' views are captured and recorded. The provider had developed policies, procedures and guidelines to guide staff practice.

Staff who spoke with inspectors were highly motivated to ensure residents were happy and safe in their homes. They spoke about the supports that were in place to ensure they were carrying out their roles and responsibilities to the best of their abilities. These included supervision with their managers, training, and opportunities to discuss issues and share learning at team meetings. A number of staff did speak about challenges relating to staff vacancies and unplanned leave. They also reported there was conflict in the team at times due to the complexities of residents' needs and reported that there were high levels of stress within the team. This was also reflected in staff supervision records and the agenda of the staff meeting which was taking place during the inspection.

Overall, the volume of staffing vacancies was found to be impacting on the continuity of care and support for residents and on staff's ability to carry out their roles and responsibilities to the best of their abilities. Team meeting minutes and staff supervision records referred to the difficulties getting the skill mix right to support residents in line with their changing needs.

Regulation 15: Staffing

Inspectors found that the level of staffing was inadequate to meet residents' assessed needs. There were vacancies for a clinical nurse manager, staff nurses and health care assistants at the time of the inspection. Inspectors were informed that a clinical nurse manager 2 had just been recruited and was due to start work just after the inspection and more interviews were scheduled just after the inspection.

There were planned and actual rosters in place. The inspector reviewed a sample of these and found that the staffing vacancies were impacting on continuity of care and support for residents. While efforts were made to ensure the same agency staff were supporting residents, due to the volume of vacancies and unplanned leave there was an over-reliance on agency staff. For example, from the sample of rosters reviewed over 50% of shifts were covered by agency staff.

Staffing arrangements in the centre were that one staff team were responsible for the four houses. This meant that there was not a regular or core team in any house.

While the provider endeavoured to ensure that there was a regular staff on duty in each house, the movement has an impact on the residents' continuity of care.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the provider's policy and residents' assessed needs; however, a number of staff required refresher training in areas such as fire safety, first aid, IPC, and safeguarding. The person in charge had completed a training needs analysis for all staff to capture training which was identified as mandatory by the provider, and additional training which they had completed. This was sent to all staff and was being discussed at staff meetings and during staff supervision. For example, a number of staff had completed four modules on applying a human rights based approach in health and social care services.

Staff were in receipt of regular formal supervision. Inspectors reviewed a sample of these and found that they were comprehensive in nature. There was a section to capture the areas staff wished to discuss and the areas managers wanted to discuss in supervision records. From the sample reviewed supervisions were capturing areas where staff were performing well and areas where they needed to renew their focus. There were also discussions relating to staff's roles and responsibilities in line with their contract of employment and any additional training they may require to ensure they are exercising their personal and professional responsibility for the quality and safety of care and support they are delivering. Staff were raising their concerns in relation to their ability to carry out their roles and responsibilities and relating to residents' care and support during supervision sessions. The provider had taken a number of responsive steps to support staff once they became aware of their concerns such as offer counselling and support, raising the concerns to the provider, and providing additional bespoke training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. There was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and

monitoring of care and support for residents such as, an annual review, six-monthly reviews, and regular audits. These audits and reviews were identifying areas for improvement and the required actions were being logged, tracked and the majority were being completed in a timely manner. The actions taken were resulting in improvements in relation to residents' care and support and in relation to their homes.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were supported and encouraged to engage in activities of their choosing and to have a good quality of life. They had access to health and social care professionals in line with their assessed needs.

The provider was recognising that some of the premises required some work to ensure they were suitable and meeting residents' needs. In addition, a number of maintenance works and repairs had been completed since the last inspection and these had contributed to residents' homes appearing more homely and comfortable. Planned works included the installation of new windows and doors, the refurbishment of a number of utility rooms and the replacement of kitchen cabinets in one of the houses. Residents bedrooms were personalised to suit their tastes and they had access to private and communal space in their homes.

Inspectors reviewed a sample of residents' personal plans and found that they positively described residents needs, likes, dislikes and preferences. The personal plans described residents' communication support needs, and what messages they may be sending when using behaviour as a means of communication. The provider and person in charge were recognising that positive behaviour support assists with understanding the reasons for individuals behaviours of concerns, and that by having this understanding supports can be put in place for residents to assist them to come up with different strategies to communicate their needs. They were also recognising that the delivery of high-quality healthcare requires collaboration with the resident, their medical practitioner and other healthcare professionals.

Significant efforts had been made, and were ongoing in this centre to support residents to access the care, support and treatment they require from multiple sources. Overall, they were recognising residents' changing needs and responding appropriately.

Regulation 17: Premises

A number of works had been completed in the premises since the last inspection and these had resulted in residents' homes appearing more homely and comfortable. The provider was aware that a number of works were required to the houses including the installation of new windows and doors, the upgrade of one kitchen, painting in areas of one of the houses, some flooring to be fixed or replaced in a number of areas, and the utility rooms for three of the houses were due to be renovated. Inspectors were informed that these works had been approved and due to be completed in the months after the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and person-centred plans in place which were being reviewed and updated regularly. Annual reviews of their person-centred support plans were carried out and it was evident that regular audits of plans took place to monitor the quality and care of support residents were receiving. Care and support plans were aligned to these annual reviews.

Judgment: Compliant

Regulation 6: Health care

The centre had a number of residents who presented with complex health care needs. A review of files indicated that residents had access to a GP and a wide range of health and social care professionals such as psychology, behaviour support, occupational therapy, speech and language therapy and dietetics. It was evident that the provider had advocated on behalf of a resident who required specialised input from different services. This had been successful in getting the resident the services they required. For example, to minimise distress for a resident requiring transfer to hospital, the service had worked with emergency services to enable an advanced paramedic to support the resident and staff to transfer safely.

Residents had health and well-being plans in place to ensure ongoing monitoring

and oversight of all areas of their health and specific health action plans where they were required. End-of-life care plans were discussed and developed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had stress management plans in place which outlined proactive and reactive strategies for staff to use when supporting residents. The provider had planned specialist input for a resident and the staff team in the weeks following the inspection to ensure that a person-centred, consistent approach was used with a resident.

Restrictive practices were reviewed regularly and logged. There was evidence of restrictions being removed where it had been assessed as not being needed. For example, locking of a door in one house was recognised as no longer being needed and was therefore discontinued.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Aisling House Services OSV-0002600

Inspection ID: MON-0042434

Date of inspection: 07/02/2024

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 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 size and layout of the designated centre</p> <ol style="list-style-type: none"> 1. The Registered Provider Representative (RPP) has prioritized vacancy posts for Aisling House Service. Currently 1 S/N Nurse Post has been offered from the rolling RNID panel with NRS. Role-Over recruitment campaigns for Health Care Assistants Intellectual Disability (HCID) and Staff Nurses through NPR. The current campaign for Health Care Assistants Intellectual Disability applicants have been invited for interviews (19th, 20th & 21st March). It is expected that a number of Health Care Assistants ID would be recruited from this campaign to meet the short fall in Health Care Assistant vacancy. 2. Clinical Nurse Manager 2 appointed and commenced employment in Aisling House Service on 26/02/24. 3. In the interim, vacancies continue to be filled by regular agency staff. These staff will be identified on the roster providing a more consistent allocation to provision of care thereby better meeting the needs of the residents. 4. The PIC is working with regular staff in relation to their work patterns to achieve greater consistency and blending with regular agency staff. 5. The PIC will ensure that all new staff will continue to receive a comprehensive induction to the service and be supported while becoming familiar with the needs of the residents and strategies in place to assist them to have a good quality of life. 6. The PIC has commence work on the roster (planned and actual) to ensure it accurately reflects the staff including agency that are on duty in each house on a given day. <p>Regulation 15(2) The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and assessed needs of residents it is provided.</p> <ol style="list-style-type: none"> 1. The PIC will ensure that all new staff will continue to receive a comprehensive 	

induction to the service and be supported while becoming familiar with the needs of the residents and strategies in place to assist them to have a good quality of life.

2. The PIC will ensure that where nursing care is required, subject to the statement of purpose and assessed needs of residents that it is provided by the right skill mix of staff in houses on a given day.

Regulation 15(3) The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full time basis

1. The PIC is working with regular staff in relation to their work patterns to achieve greater consistency and blending with regular agency staff.

2. In the interim, vacancies continue to be filled by regular agency staff. These staff will be identified on the roster providing a more consistent allocation to provision of care thereby better meeting the needs of the residents.

Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Regulation 16 (1)(a) The person in charge shall ensure that staff have access to the appropriate training, including refresher training, as part of a continuous professional development programme

1. The Person in Charge (PIC) will ensure that all staff attended mandatory training as required.

2. The PIC will ensure training is brought to all staff’s attention by dissemination of training notices, discussion at staff meetings and facilitation of staff released to attend training.

3. The PIC has met with staff individually and highlighted training needs. Individual training needs analysis has been completed and given to each staff to enable them to be accountable for their own training.

4. The PIC will ensure the Training Schedule is available and printed monthly and shared with all staff.

5. The PIC has informed all staff of the correct registration on HSEland which would enable manager to see training completed by staff and allow for better monitoring of staff training and professional development.

6. The PIC has notified staff of training out of date and scheduled training communicated to all staff.

7. The PIC ensures staff training is a standing item on the agenda for staff meetings, management meetings and performance feedback meetings

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Regulation 17(1) (b) The Registered provider shall ensure the premises of the Designated Centre are of sound construction and kept good state of repair externally and internally.

1. The RPR is assured that the upgrade and installation of windows and doors in three

houses has commenced and the upgrade of insulation into attics for the three houses is also commenced onsite presently. Completion date 1/4/24

2. THE RPR is assured that the utility rooms are also currently being upgraded to meet Infection Prevention Control Standards with new cladding of walls with white rock, new storage presses and replacement lino and painting of both rooms. Completion date 1/4/24

3. The RPR has submitted a business case for the upgrade of the kitchen in one house and is awaiting approval of funding through minor capital submission.

4. One House has had all works completed with installation of ramped area/ hand railings to access shomera in garden and the installation of electricity and adequate lighting to shomera room now operating as a shop for one resident.

5. Deep Clean has been completed across all houses.

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	31/12/2024
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/09/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Not Compliant	Orange	30/06/2024

	circumstances where staff are employed on a less than full-time basis.			
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	30/09/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2024