



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

Issued by the Chief Inspector

Name of designated centre:	Centre B1
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	25 January 2024
Centre ID:	OSV-0005389
Fieldwork ID:	MON-0033006

About the designated centre

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

Centre B1 is a designated centre based on a campus setting in West County Dublin. It consists of five units one of which is divided into two separate individual apartments. The centre supports up to 15 persons with intellectual disability with an aging profile through the 24 hour residential services it provides. The staff team comprises of staff nurses, care assistants, household staff, a clinical nurse manager and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Thursday 25 January 2024	09:30hrs to 19:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this announced inspection to inform a registration renewal of the designated centre were that this was a well-managed and well-run centre. A number of residents told the inspector of social services they were happy and felt safe living in the centre. Residents were supported by a staff team who were familiar with their care and support needs. Overall, the houses were warm, clean and homely; however, in line with the findings of previous inspections there were a number of areas where improvements were required relating to some of the premises. Improvements were also required in relation to the notification of incidents and contracts of care.

The designated centre consists of five premises on a large campus in West County Dublin. The campus also contains a number of other designated centres for people with a disability and a number of other healthcare settings. 24/7 residential services are provided for up to 16 residents with an intellectual disability in this centre. There were 13 residents living in the centre at the time of the inspection and the inspector had an opportunity to meet with 10 of them during the inspection. One resident was visiting their family, one resident was gone to men's shed and another resident was out and about in their local community when the inspector visited their home.

Each of the five areas was found to have a warm and welcoming atmosphere. Residents who spoke with the inspector said they were happy and felt safe in their homes. Two residents spoke about their wish to move from the campus but that they were being supported by staff to explore this further. Residents said they were aware of who to go to if they had any worries or concerns.

A number of residents showed the inspector photos and photo books of activities they had enjoyed and places they had been. They spoke about holidays in Ireland and abroad. In one house residents spoke about three foreign holidays they had gone on in recent years. Some residents were in the process of deciding which country they would like to visit this year. They had holiday brochures and were discussing their options.

Residents spoke about how they liked to spend their time and what they found relaxing. They spoke about going to day services on a sessional basis and taking part in their preferred activities in their local community. Examples of activities they could partake in in day services included, horticulture, cooking, exercise classes, music, pottery and arts and crafts. There were timetables available in each of the houses which contained pictures of the programme of activities. In addition, each resident had a picture plan of things they liked to do during the week. A survey had been presented to residents to afford them the opportunity to say what activities they enjoy in the day service, to offer feedback on the activities that were currently available and to pick their top four favourite activities.

Residents were also observed taking part in the upkeep of their home. One resident

spoke about how much they enjoyed cleaning the kitchen and another resident spoke about enjoying doing the dishes. In three of the houses residents showed the inspector around their homes. They spoke about their favourite parts of their homes and showed them their favourite possessions. Their bedrooms were personalised to suit their tastes and contained pictures of the important people in their lives. A number of residents spoke about their love of sport and they had posters and memorabilia in their rooms. They spoke about enjoying watching matches with their housemates and neighbours. Some of them supported opposing teams and spoke about the fun and laughs they had when watching matches together. They also talked about enjoying a few pints either at home or in the pub when watching the matches.

Residents in the centre could attend a number of groups if they wished to. These included a speak-up group, a rights group, and a self-advocacy group all of which were held in the wellness centre on-site. Two residents spoke about attending the speak-up group. One of them had raised their dissatisfaction with the way cars were parking close to their home. This was then raised to the management team and had resulted in alternative parking for these cars. In addition, more lighting, signage and road markings were being put in place on the campus.

There was a human rights committee on the campus which had two residents representatives and external representation. Resident meetings were being held monthly and a human rights topic of the month was discussed at these meetings. In addition to residents' meetings, other meetings were held in the centre as topics of interest for residents arose. For example, the inspector viewed minutes of a number of issue specific meetings relating to new staff, staff moving to other areas, activities, food, falls, and laundry. There were folders available in the houses with information in an easy-to-read format on areas such as, healthy eating, safeguarding, advocacy, human rights, autism, infection prevention and control (IPC), complaints, health fact sheets, money management and falls prevention.

Throughout the inspection residents were observed chatting with staff, and using gestures to communicate their wishes. Staff were observed to be very familiar with their communication preferences and to pick up and respond to their verbal and non-verbal cues. Throughout the inspection kind, caring, warm and respectful interactions were observed between residents and staff. Staff took every opportunity to speak with the inspector about residents' talents and how they liked to spend their time. In each of the houses there was information available for new staff in relation to what's important for residents in relation to their day and night routines. There were personal profiles for each residents which were comprehensive in nature. Language in these plans was person-first and positively described residents' care and support needs, their likes, dislikes and preferences. Detailed records were maintained in the houses of activities residents had taken part in, including notes on their level of enjoyment.

During the inspection a number of residents sang songs, danced and played musical instruments. The instruments included keyboards, acoustic guitars, and electric guitar. They spoke about how much they enjoyed listening to music, playing music, and going to choir. They also spoke about their love of animals, swimming, and

music therapy. They were regularly going to the library, bingo, museums, sporting events, and to restaurants and pubs. They also spoke about enjoying taking photos, painting, and knitting. Some residents showed the inspector some of their knitting projects and some showed some of their art work and pottery.

Twelve residents completed, or were assisted to complete questionnaires on "what it is like to live in your home" in advance of the inspection. In these questionnaires residents indicated they were happy with their home, what they do every day, the staff that support them, the people they live with and their opportunities to have their say. Examples of comments in their questionnaires included, "I really like my house mates", "I am comfortable and happy in my home", "I have my best friend here", and "all my housemates are my friends". They were complimentary towards the staff team with comments such as, "I like all my staff", "I like all the staff in my house", and "my keyworker helps me plan my trips/holiday".

The inspector had an opportunity to speak on the phone with two residents' family members. They were very complimentary towards resident's care and support and their home, with one person describing it as "home from home". They were also complimentary towards the person in charge and staff team and described them as "wonderful", and "so impressive". One person said "you could not ask for better staff". They both said they were aware of the complaints process, which had been explained to them by the person in charge. They also said that they were kept up-to-date in relation to their family members wellbeing. They were complimentary towards visiting arrangement in the centre and the supports for their family member to visit them.

The person in charge was corresponding with residents' representatives by phone and by letter on a regular basis. A residents' representatives survey had been completed for 2023. Overall the feedback in these surveys was very positive. It also included some suggestions for areas for further development around outdoor activities and watching sports events. Actions were in progress to explore residents' wishes and preferences in these areas. Examples of comments included in these surveys included, "residents are totally respected", "keep doing what you are doing", "first class home", "friendly, helpful and caring staff", "staff helpful and supportive", "very homely", and "happy atmosphere".

In summary, residents were keeping busy and had things to look forward to. Residents were provided with supports to develop and maintain relationships with the important people in their lives and to participate in activities in accordance with their interests. They were supported to spend time with their family and friends. There were a number of committed and motivated staff supporting residents. The provider was aware of the areas where improvements were required in relation to the premises, the notification of incidents to the Chief Inspector and contracts of care.

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 inspector found that the provider had suitable governance and management arrangements in place to monitor and oversee the quality and safety of care and support of residents in the centre. However, improvements were required in relation to some areas of the premises, the notification of incidents and residents' contracts of care. These are outlined in the body of the report.

The provider had a clearly defined management structure in place which identified lines of authority and accountability. The person in charge was supported in their role by a clinical nurse manager, an assistant director of nursing and a director of nursing. There was a management presence in the centre seven days a week, with on-call arrangements day and night where required. The provider had completed an annual review and six monthly unannounced visits in line with regulatory requirements. The 2022 annual review did not include consultation with residents and their representatives but the provider had rectified this for the 2023 review.

The person in charge had a quality enhancement plan which combined the findings and required actions associated with the provider's annual and six-monthly reviews, previous inspection reports, and their local audits and reviews. The majority of actions were progressing as planned, and when it was not possible to progress actions the rationale for this was clearly documented and escalated to the relevant parties as required. The provider had systems to monitor and trend incidents relating to safeguarding, behaviours of concern, incidents, accidents and complaints. The person in charge was identifying trends and taking the required actions to reduce or mitigate risks.

Staff meetings were taking place on a regular basis and the agenda was resident-focused. Topics which were regularly discussed included team building, rosters, incidents and associated learnings, complaints, IPC, fire safety, residents' finances, risk, audits, safeguarding, and residents' support plans.

The inspector found that the provider had ensured that the number, qualifications and skill mix of staff was appropriate to best meet the assessed needs of residents. Nine staff had been recruited since the last inspection and there was a small panel of relief staff who received support and supervision from the person in charge. There were planned and actual rosters in place and these were well maintained.

Staff were completing training and refresher training in line with the provider's policy and residents' assessed needs. Inspectors viewed the training matrix for staff in the centre and found that staff had access to mandatory training in line with the provider's statement of purpose. In addition each staff had completed training on applying a human-rights based approach to health and social care. Regular staff supervision was taking place in line with the provider's policy. A sample of staff supervision records were found to be resident-focused. They included discussions relating to residents' plans and goals, the importance of staff capturing residents'

voices and their likes and dislikes, safeguarding, incident reporting, and activity planning. They also included discussions relating to staff training, and their knowledge, skills and competencies. There was also guidelines available relating to staff induction and the required staff competencies.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the requirements of the regulations. They were present in the centre and residents were very familiar with them. Residents and staff were complimentary towards the support provided to them. They were self-identifying areas for improvement in line with the findings of this inspection and implementing a comprehensive quality improvement plan.

Judgment: Compliant

Regulation 15: Staffing

The provider had successfully recruited to fill a number of staffing vacancies in the centre. This had resulted in a decreased reliance on relief and agency staff in the centre. A dependency needs assessment had been completed in the centre and the provider was working with the funder to identify the whole time staffing numbers and skill mix required for this and other centres operated by them.

There were planned and actual rosters and they were well maintained. A sample of staff files were found to contain the required information.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had also completed training in line with the provider's policies and a number of additional trainings in areas such as such as, advocacy, assisted decision making, autism, complaints, communication, dementia, diabetes, dysphagia, epilepsy, falls prevention, risk assessment and a number of IPC related trainings. Each staff member had completed four online modules of human rights-based approach in health and social care. One staff spoke about the impact of raining on applying a human-rights based approach to health and social care on their practice. They spoke about the course renewing their focus on supporting residents to express their views, wishes and concerns. They spoke about the importance of respect and taking the time to really listen to residents and the importance of keeping residents safe while also remembering the importance of positive risk taking.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the centre was clearly defined. There were clearly identified lines of authority and accountability among the team. The provider had completed an annual review and six-monthly unannounced provider visits in line with regulatory requirements. They had systems in trend, analyse and track incidents in the centre and take the required actions in a timely manner.

Reports from the provider's annual review and six-monthly unannounced visits were self-identifying areas for improvement. The quality enhancement plan was tracking the actions to bring about improvements in relation to residents' care and support and their home.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had admissions policies and procedures in place. The provider was in the process of reviewing contracts of care and the additional services not covered in

the contract. One resident had two contracts of care in their file, neither of which was found to be signed or to contain the fees they were paying. Another resident had a contract in care from 2021 which did not detail the fees they were paying.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations. It was available in the designated centre.

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. However, a small number of allegations of abuse had not been notified in line with the timeframe identified in the regulations.

Judgment: Not compliant

Quality and safety

Overall, while residents lived on a campus, it was evident that they were well supported. They were supported and encouraged to engage in activities of their choosing and to have a good quality of life. They were involved in the day-to-day running of their homes, had access to the support of the relevant multidisciplinary team members and were supported to understand their rights and what to do if they had any worries or concerns. They were also supported to understand any healthcare conditions and the impact these may have on their lives. As previously mentioned improvements were required in some of the premises.

The provider had made a number of improvements to the premises since the last inspection. In their application to renew the registration of the designated centre the provider had applied to reduce the number of registered beds in this centre. As a result, there was additional communal space available for residents in one of the houses. Overall, the centre was found to be in a good state of repair; however, in line with the findings of previous inspection some works were required. These will

be discussed further under regulation 17.

The provider had a number of policies in place to guide staff practice in areas such as risk management, safeguarding, fire safety and infection prevention and control. There were risk management systems in place to ensure that risks were identified, assessed, managed and reviewed, including a system for responding to emergencies. Risk assessments were developed and reviewed as required. These identified control measures to minimise the impact of these risks. Where adverse incidents occur, they were documented and followed up on. Learning as a result of the review of incidents was shared with the staff team.

The provider had detailed policies and procedures on infection prevention and control (IPC). There were cleaning schedules in place to make sure each area of each of the houses was cleaned on a regular basis. There was limited space to store cleaning equipment in some of the houses and this is captured under regulation 17.

The provider had implemented suitable fire prevention and oversight measures. They had sought the advice of a competent person when required. Staff had completed training in fire prevention and emergency procedures and residents were supported to become aware of fire safety procedures. Arrangements were in place to ensure that fire equipment and building services were maintained. Fire safety checks were completed regularly and this was recorded.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 11: Visits

The provider had a visitors policy in place and arrangements for visits was also detailed in the statement of purpose and residents' guide in the centre. Residents were being supported to contact their relatives by phone or video call and could receive visitors if they wished to, and if it did not pose a risk. There were a number of private and communal spaces available for residents to meet with visitors. A number of residents spoke with the inspector about spending time with their family and friends and one resident was staying with their family when the inspector visited their home. Residents' representatives were complimentary towards visiting arrangements in the centre.

Judgment: Compliant

Regulation 17: Premises

Each of the premises were warm and well suited to residents' assessed needs. Areas of residents' homes were highly personalised and they had access to private space and a number of communal areas.

As outlined in the opening section of the report, there had been improvements in the premises since the last inspection. Overall, the premises was in a good state of repair and maintained in a timely fashion. However, in line with the findings of previous inspection and the provider's own audits and review, the floor in one dining room was damaged, a number of sinks were due to be removed or replaced and the kitchen cabinet doors in two houses were damaged and peeling. These cabinets were over food preparation areas. In addition, the storage for cleaning equipment required review in some of the premises.

Judgment: Not compliant

Regulation 18: Food and nutrition

Significant efforts had been made by the staff team to ensure that residents were involved in shopping, preparing and cooking in their homes if they wished to. In the past, residents had been received meals from central catering on the campus but meals and snacks were now prepared and cooked in their homes. Residents and staff described the positive impact of this to the inspector. There were picture shopping lists in the houses and residents had bespoke lists developed which contained pictures of their favourite products. One resident showed the inspector their back garden and spoke about all the barbecue meals they had enjoyed in their garden last year. The advice of dieticians and other specialists was being implemented. Residents in one of the houses had baked buns on the morning of the inspection and in one of the houses the inspector observed a staff member cooking dinner which would be ready for residents when they returned from day services. In another house residents told the inspector they were going to a local pub for lunch.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide which was available in the centre and contained the required information to meet regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The risk register was reflective of the presenting risks and incidents occurring in the centre. There were general and individual risk assessments which were reviewed regularly.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the inspector found that residents, staff and visitors were protected by the IPC policies, procedures and practices in the centre. There were IPC posters on display and information on IPC available in an easy-to-read format in each of the houses. Each of the houses were found to be clean during the inspection. There were a number of areas in the premises where improvements were required to ensure that some surfaces could be effectively cleaned and disinfected and these are captured under regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed a number of fire safety related works since the last inspection. These included the installation of automatic self-closers on fire doors in the the centre. Staff had completed fire safety related training and residents had personal emergency evacuation plans which were reviewed and updated regularly.

Fire drills were occurring regularly and the records of these were detailed in nature and clearly identified the supports residents required to safely evacuate and any learning that came about as a result of the drills. Fire equipment was serviced and maintained. Records of these were not available in the houses but were available on the campus.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. Safeguarding plans were developed as

required. Staff had completed training and those who spoke with inspectors were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed to guide staff practice to support residents in line with their assessed needs, wishes and preferences while ensuring their privacy and dignity was maintained.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Centre B1 OSV-0005389

Inspection ID: MON-0033006

Date of inspection: 25/01/2024

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 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: A review of all contracts has taken place to ensure correct charges are listed. Capacity building is taking place to support residents to sign their contracts where applicable.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: ADON and PIC have reviewed notification requirements and are working closely together. PIC has developed educational process locally for staff in her area regarding types of notification and notification process in her absence.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A maintenance schedule is developed to work through requests. Quotes have been and are being sought for repair works. Escalation takes place where necessary through the QEP.	



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 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.	Not Compliant	Orange	30/06/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024
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, where appropriate, the fees to be charged.	Not Compliant	Orange	30/06/2024
Regulation	The person in	Not Compliant	Orange	28/02/2024

31(1)(f)	charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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