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:	Laccabeg Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	17 January 2023
Centre ID:	OSV-0005626
Fieldwork ID:	MON-0029868

About the designated centre

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

Laccabeg Accommodation Service is a detached dormer bungalow located in a rural area but within a short driving distance to a nearby town. It provides a full-time residential service for up to four male residents, between the ages of 18 and 65 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a living room, a dining room, a kitchen and bathrooms. The staff team is comprised of a person in charge, team leaders and care workers. Residents are supported by staff day and night through a social model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 17 January 2023	09:30hrs to 17:00hrs	Kerrie O'Halloran	Lead
Tuesday 17 January 2023	09:30hrs to 17:00hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

From what inspectors observed, residents in this centre enjoyed a good quality of life and were well cared for in this centre. Residents were seen to be offered a person centred service, tailored to their individual needs and preferences. There were management systems in place that ensured a safe and effective service was provided. Overall, inspectors found that there was good compliance evident with the regulations in this centre. Some issues in relation to premises and medication management will be discussed in the following two sections of this report.

On arrival to the designated centre the inspectors met the person in charge. In the course of the inspection they also met with the two team leaders. On the day of the inspection there were four residents living in the centre. The inspectors had the opportunity to meet all four of them. As the inspectors entered the centre they met one resident leaving to attend their day service. As the designated centre had two vehicles available to it, another resident had left to attend their day service. Two residents were present when the inspectors entered the centre and were being supported by staff members to get ready for the day ahead. The residents appeared content in the presence of the staff members and were able to communicate their needs to them. Interactions between the staff members and the residents were noted to be very respectful.

Later in the evening the inspectors met the remaining resident who had returned from their day service. While residents did not all communicate verbally, they indicated through some words, gestures, vocalisations and expressions their satisfaction with the service. An inspector observed one resident in the morning preparing for their day service with staff and it was a clearly positive experience for the resident who interacted with the staff throughout. The staff supported the resident with a choice of breakfast and preparing their items to leave the centre that morning. The inspector spoke to another resident about their day, what they liked to do and if they were happy in the centre. The resident expressed verbally and through expressions that they were happy in the centre, and showed the inspector pictures in the living area of the residents in the centre.

The residents were supported by staff to complete the Health Information and Quality Authority (HIQA) pre-inspection questionnaires, all of which were viewed by the inspectors. These questionnaires covered topics such as residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken by residents included going to the pub, social farming, playing football in the garden, visiting family, gardening, attending day service, swimming and cycling/walks. The inspectors observed these activities displayed in picture format on individualised activity schedules for each resident. The residents' questionnaires contained positive responses under all areas in the form.

The centre was observed to be decorated in a homely manner with pictures on many of the walls. There was a spacious living area, kitchen and dining area, with

sufficient storage available. The premises was also well furnished. However, during the walk around with the person in charge inspectors did observe some areas that required maintenance. For example, there were marks on skirting board and door frames, a worn storage unit located in the downstairs hallway. Maintenance review was also required for one kitchen press and a shower area.

It was seen that each of the four residents had their own area in the living area of the premises. These areas had items of interest for each resident. For example one resident liked to watch programmes of interest on the internet and they had a desk and computer. Another resident liked art and crafts and had access to art supplies, while another had a relaxation area with an indoor swing. The residents had a large poly-tunnel in the back garden to enjoy gardening activities, along with bicycles, footballs & basketball equipment. A person-centred planning process was in place to support each resident in meaningful individualised day programmes and activities. Inspectors observed this throughout the inspection as each resident attended different activities of their choice, including day services if desired.

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

Capacity and capability

The inspectors found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was managed by a suitably qualified, skilled person with accountability and responsibility for the provision of services. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as infection control audits, medication management audits and weekly/monthly oversight audits which measured performance in key areas and ensured relevant issues were escalated appropriately. At the time of the inspection the person in charge remit was over one designated centre.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant national standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family and staff, which were used to inform the centre planning. The provider had carried out two unannounced six monthly inspections in the previous 12 months. The annual review and the six monthly audits

were found to be comprehensive in nature.

The inspectors reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. There was a planned and actual roster maintained that accurately reflected staffing arrangements in the centre. Staff spoken with had a very good knowledge of the care and support for the residents and were very person centred in their approach. While there were two recent open staff vacancies at the time of the inspection, these were covered by familiar relief staff in the centre while recruitment was underway.

The inspectors reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. The registered provider had ensured the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

The provider had ensured records of the information and documents in relation to staff specified in schedule 2 were available for the inspectors to review. All necessary information for staff was on file including references, Garda vetting, photo identification, and curriculum vitae. Contracts of care and tenancy agreements were in place for residents that outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. These also detailed the services provided and the fees charged. Staff had supported residents with a social story identifying the services provided and fees to be paid in a picture format. However; on review of this document the rent fees did not correspond to the rent fees outlined in the contract or tenancy agreement. The inspectors identified this to the person in charge and team leader on the day of the inspection.

During the course of the inspection, inspectors viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required.

The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. Inspectors reviewed all schedule 5 policies in the designated centre. It was seen that three of these policies were overdue for review. For example, the provider's policy on medication management was due for review in September 2022.

The inspectors found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access if needed to an appeals process. Inspectors spoke to a resident who identified a staff member they would speak to if they wished to make a complaint. Residents were aware of their right to make a complaint. In addition, following a review of the complaints log

there was evidence of staff supporting residents to make a complaint regarding issues affecting them. These were closed with a satisfactory outcome for residents and an appeals process was also available for residents. There were no open complaints on the day of the inspection.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters, inspectors saw that these were an accurate reflection of the staffing arrangements in place for the centre.

Inspectors observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspectors to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and the team leaders carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider's statement of purpose was found to meet the regulatory requirements and accurately described the services provided in the centre, including governance arrangements.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the designated centre at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had insured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded. An appeals process was also available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. Three of these policies had exceeded the three year review period by the provider. These included medication management, provision of personal intimate care and monitoring and documentation

of nutritional intake.

Judgment: Substantially compliant

Quality and safety

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. Some issues were identified in relation to some of the fire evacuation and medicines practices in the centre.

The specific communication needs of residents had been identified and were supported through practices in the centre. Residents were supported to communicate using preferred methods, such as, sign language. Staff were observed to interact with residents' consistent with their communication needs. All residents had access to internet and television.

Residents were supported with their emotional and behavioural needs, and could access the services of a behavioural support specialist. Behaviour support plans were in place for residents' and reviewed regularly. Restrictive practices were used in line with the risks presented and plans were in place to reduce some of these practices. Restrictive practices were regularly reviewed in line with the provider's procedures. Residents were protected in the centre, and safeguarding incidents had been reported and investigated appropriately. Staff had received up-to-date training and refresher training in safeguarding. A safeguarding plan had been developed and implemented for one resident, and actions required were seen to be in place on the day of the inspection. Each resident had an intimate care plan which was reviewed on a regular basis.

Satisfactory arrangements were in place for the management of risks. Each resident had individual risks identified and a risk register was in place for the centre. These were regularly reviewed by the person in charge and discussed at team meetings.

Safe and suitable practices were in place for the ordering, prescribing, administration and disposal of medicines in the centre. Inspectors reviewed a sample of the contents within the medicine store in the centre. Medicines were stored securely in an individual locked cabinet in a locked medication room. Stock records were maintained of all medicines received into the centre. Appropriate facilities were provided for medicines which needed to be refrigerated. The inspectors reviewed medicines administered as required, (PRN) medication administration records for one of the residents. A PRN protocol was in place, which outlined the circumstances under which medicine should be administered. The maximum dose in 24hrs was also clearly stated. The inspectors spoke to the team leader and person in charge who had a good knowledge and understanding of the

PRN protocols in place. However, an inspector reviewed documentation in the centre pertaining to the administration of a specific PRN medication to a resident and saw that it was not clear that this medication had at all times been administered in line with the PRN protocols in place. It was also seen that the effect of this medication was not clearly recorded so that it could be accurately reviewed by the prescribing practitioner. For example, on one occasion it was noted that the residents' daily notes indicated that their usual daily routine and activities had been impacted following the administration of this medication. This was not reflected in the administration records for that medication.

An inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts and were supported to manage their money by staff and management of the centre. One resident had recently been supported to set up a bank account following their admission to this centre and plans were in place to support this resident to manage their own finances. Financial assessments were in place for residents. There were clear systems in place to support residents to access their monies as desired and there were robust monitoring arrangements in place to safeguard residents' monies. From meeting with the residents and viewing their bedrooms in the centre, there was evidence that residents were supported to have control over their personal processions, and had adequate space to store their personal belongings. Residents' rooms were decorated in line with their personal preferences and some residents had items such as televisions, photographs and a range of other personal possessions on display and stored in their bedrooms. One resident preferred a minimalist bedroom environment as per their assessed needs and this was facilitated by providing alternative storage in the centre for some of their belongings. This resident had free access to these belongings. Each resident had an inventory list of all their personal possessions which was reviewed on an annual basis.

Residents had access to opportunities and facilities while in the centre. They attended day services if desired in line with their wishes and interests. They also had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. Inspectors observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. Residents were supported to maintain contact with friends and family representatives, with one resident choosing to host Christmas dinner in the centre for his family with the support of staff.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly, including to reflect times when staffing levels would be at their lowest. The fire evacuation procedures were on display in the centre and records indicated that staff had undergone relevant fire safety training. Each resident had a personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan for day and night, and there was an overall centre evacuation plan in place also to guide staff. However, not all PEEPs identified individual needs of residents in the event of evacuation. For example, the

procedures to ensure that a resident would have access to their emergency medications in the event of an evacuation of the centre were not documented. During the inspection it was observed by the inspectors that the fire extinguishers were in a secure wall mounted unit, which was locked. The key for this was kept on one staff during each shift while other staff had no quick access. These issues were identified to the person in charge during the inspection.

Regulation 10: Communication

Residents were supported to communicate in accordance with their assessed needs. Individual communications needs had been identified and residents were supported to communicate using preferred methods, such as sign language. All residents had access to internet and television.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was seen to be homely and well maintained although some works were identified at the time of the inspection. Areas of the premises seen by the inspectors that required maintenance included painting of skirting boards and

door frames, maintenance of a kitchen press, a shower area and a worn storage cabinet.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with a choice of food in line with any dietary or preferred meal choices.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was in place that contained all of the required information.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Fire drills were completed regularly.

However, it was found that not all PEEPs clearly identified the individual needs of the residents. The procedures in place for access to some fire equipment required review. For example, not all staff had immediate access to some fire extinguishers.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receipt, prescribing and administration of medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge.

Any restrictive practices used in the centre had been recently reviewed with efforts made to reduce these where appropriate.

While restrictive practices in place overall had a good level of oversight, documentation was reviewed by the inspectors in relation to chemical restraints. It was found that PRN administered was not always being used in line with PRN protocols in place.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had ensured that systems were in place to protect residents from all forms of abuse.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Laccabeg Accommodation Service OSV-0005626

Inspection ID: MON-0029868

Date of inspection: 17/01/2023

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • Policies identified in this report will be reviewed and circulated to services by 31/03/2023.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Skirting Boards & Door Frames will be painted by 28/02/2023. • Old storage cabinet will be replaced with built in storage by 30/03/2023. • Repair of the kitchen cabinet will be completed by 28/02/2023. • Quote will be requested for replacing bathroom floor with a more suitable wet room floor option, this will then be processed. Estimated date for works to be completed is 30/07/2023.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Service Evacuation Plan and all individual PEEPS have been updated to ensure they are more specific to each individual's needs including the requirement of emergency medicines. Completed 26/01/2023 • Locks have been removed from fire extinguisher boxes as they are no longer required in this service Completed 26/01/2023	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Team Meeting took place on 08/02/2023. This meeting was attended by the Behavioural Therapist, Person in Charge, Team Leaders and the service staff team. At the meeting all PRN protocols in the service were reviewed with the staff team and a review of the documentation required in relation to these protocols. Ongoing adherence to PRN protocols is monitored in the service by the Team Leader and PIC. Completed 08/02/2023.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/07/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	26/01/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	30/03/2023

	in accordance with best practice.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	08/02/2023