

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

## Issued by the Chief Inspector

Name of designated centre:	The Bridge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	14 May 2024
Centre ID:	OSV-0005789
Fieldwork ID:	MON-0034698

## About the designated centre

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

The Bridge is a community residential house situated in a town in Co. Louth. This house is home to four male and female residents over eighteen, some of whom have mobility issues, health care and emotional needs. The house is a large bungalow with four bedrooms, one of which has an en-suite bathroom. There is also a large bathroom, kitchen/dining area, a utility room and two sitting rooms. At the back of the property is a large garden with seating areas for residents to enjoy. The property has been adapted to meet the needs of residents with mobility issues. The residents are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and two waking night staff. The person in charge is responsible for three other centres under this provider. To ensure oversight of the centre, they are supported by a clinic nurse manager who is supernumerary. A shift leader is also assigned to oversee the care and support provided each day. The residents do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre to facilitate this and other appointments.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Tuesday 14 May 2024	09:00hrs to 15:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out following the provider's application to renew the centre's registration. The findings from this inspection were positive. Three areas required improvement, but all other areas were found to be compliant with regulations and standards.

Throughout the day, the inspector chatted with residents and met with staff members, the person in charge and the house manager. The inspector also reviewed a large volume of information relating to how the service was managed and the care and support provided to the residents.

Through observations, information reviews, and discussions, the inspector was assured that the residents were receiving a good service developed around their needs. To further corroborate this, three of the four residents' family members had submitted feedback regarding the service as part of the 2023 Annual review. The feedback was positive, with families stating that they were happy with the service, and one family referenced that their loved one was happy where they lived.

The inspector observed the residents' homes to be active, with residents being supported by staff members in the kitchen and living areas. The four residents were supported by three staff members each day. The residents were all wheelchair users and used specialised chairs to relax when at home. The residents were observed to relax, listening to music in the kitchen and sitting room and sitting in the garden when the weather was good.

The inspector was introduced to all residents. Staff members supported the interactions as the residents communicated through non-verbal forms of communication. When the inspector was interacting with a resident, a staff member explained to the inspector that the resident was from the area and was involved in the GAA club. The resident appeared happy with the discussion and when the staff member spoke of the resident's interest in intercountry football. The other residents were observed to be enjoying staff members' company and laughing and smiling during interactions. During the inspection, residents had a jamboree session in their sitting room. The residents enjoyed the energetic music and some old Eurovision songs that were played.

Through the review of residents' daily notes and their personal plans, the inspector found that the residents were enjoying many social activities; for example, the residents liked to attend music events, the theatre, matches, attend beauty treatments, and two of the residents had recently returned from a holiday break. The inspector reviewed a scrapbook that had been completed and captured some of the activities residents had engaged in during 2023. There were numerous pictures of residents engaging in activities as listed above, and the residents appeared to really enjoy what they were engaging in. There was also a scrapbook of the residents' recent holiday break and a shopping trip a resident had made to prepare for the

holiday.

During the opening interview, the person in charge informed the inspector that the staff team had completed training on human rights and the Assisted-Decision Making Act. This was confirmed when the inspector reviewed the staff team's training records. The staff team were observed to support the residents in a caring and respectful manner during the inspection and as noted earlier the residents appeared comfortable in their interactions with the staff members.

The person in charge and the house manager showed the inspector around the residents home. The house was well presented, clean and free from clutter. The inspector found that the staff team and the residents had created a homely environment with pictures of residents dotted throughout the house. The house had also been adapted to suit the residents, with specialised equipment readily available to support their needs.

The following two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

## Capacity and capability

This service was previously inspected in early 2023. The findings from that inspection identified that there were a number of areas that required improvements. The provider responded with a comprehensive action plan. The inspector reviewed the actions identified in the 2023 inspection and found that the provider and the services management team had responded to the actions. While this inspection identified three areas that required attention, the inspector found that the quality of the service provided to the residents had improved.

The previous inspection identified that the provider's governance and management arrangements required improvement; this inspection found them to be appropriate. The current arrangements ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored. The person in charge actively followed the provider's systems, demonstrating their strong oversight of the service being provided to the residents.

One area that requires improvement is the regulation focusing on staffing. The provider and person in charge failed to gather all of the information required under schedule two of the regulations. This will be discussed in more detail below.

Following the review of a sample of rosters, the inspector found that the provider had maintained safe staffing levels and that the skill mix of staff was appropriate to the residents' needs.

The inspector also reviewed the provider's arrangements regarding the person in

charge role, staff training, and the statement of purpose. The review found that these areas were in compliance with the requirements of the regulations.

In summary, the information review demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

### Regulation 14: Persons in charge

The provider ensured that the person in charge possessed the necessary experience and qualifications to fulfil the role.

The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management. The person in charge demonstrated that they had a good understanding of the needs of the residents.

The person in charge was responsible for three of the provider's other services. They were supported in their duties by a house manager. The inspector found through discussions and the review of audits and quality improvement plans that the person in charge had good oversight of practices and the care provided to the residents.

Judgment: Compliant

### Regulation 15: Staffing

As part of the ongoing assessment of compliance with safe recruitment and selection processes, separate from this inspection, a sample of staff files for the centre were reviewed. Three staff members' information was assessed and it was found that the person in charge and the provider had failed to ensure that all of the required documents listed in schedule 2 of the regulations had been sourced for one of the staff members. Therefore, improvements were needed to ensure compliance with the regulations.

As part of the inspection, the inspector reviewed the current staff roster and a two-week period of rosters from early January of this year. The inspector found that in January the provider was relying upon a large volume of on-call staff members to ensure that safe staffing levels were maintained. Further comparison of the two periods identified that the provider had increased its staff team, with three full-time staff members being added to the roster in recent months. The provider had therefore identified the issue and had increased staffing numbers to ensure that the residents were receiving continuity of care.

The person in charge informed the inspector that there was still a staff vacancy due to long-term sick leave, but a recruitment drive was ongoing to fill the vacancy. In the interim, the inspector found that regular on-call staff were being used to support the residents when required.

The inspector also found, through the review of information and documentation, that the provider had ensured that the skill mix of staff was appropriate to meet the residents' needs. The staff team comprised staff nurses, a social care worker, and care assistants.

As outlined earlier, three staff members were rostered each day, and at night, two staff members were on duty to support the residents. The inspector found when reviewing information regarding the residents' care that the staff team was proactive in reviewing and updating documents when required. This approach led to care and support plans accurately reflecting the residents' needs.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. The person in charge and the house manager were actively reviewing the matrix on an ongoing basis to ensure the matrix accurately reflected the training completed by staff members.

Staff members had completed training in areas including:

- fire safety,
- safeguarding of vulnerable adults,
- basic life support,
- safe administration of medication,
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques,
- infection prevention and control,
- human rights-based approach,
- dysphagia,
- assisted decision-making act,
- children's first.

In summary, the inspector was satisfied that the staff team had access to appropriate training and that the services management team was closely reviewing their training needs.



Judgment: Compliant

### Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were also reviewed, and they were found to be effective in ensuring the service being provided was safe and meeting the residents' needs. The management structure was clearly defined, with the person in charge leading a competent staff team that provided the residents with a good standard of care.

The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre. The provider had developed an audit schedule covering restrictive practices, individual personal plans, fire safety, residents' finances, and hygiene. These audits provided effective oversight of the service being provided to the residents and the person in charge promptly identified areas that required improvement when necessary.

Additionally, a quality improvement plan was developed to address any issues or areas that needed improvement, and the management team responded promptly to the action plan. Furthermore, the monthly statistic report was another audit tool that the provider used. The report covered topics such as adverse incidents, risk management, restrictive practices, safeguarding incidents, rights restrictions, complaints, and staffing matters. The person in charge updated this report regularly and made it available for review by the provider's senior management and multidisciplinary team members. The inspector reviewed the reports for March and April and found that it was an effective method to review the service provided to the residents. Overall, the provider had introduced systems to ensure effective oversight of the care and support provided to the residents and the running of the service, as demonstrated by the regular audits and reports.

The person in charge had a monthly meeting with their line manager, a communication channel that ensured alignment and addressed any concerns. Additionally, the provider had a system in place where those in person-in-charge and house manager roles attended weekly online meetings. This was a platform for sharing updates and discussing important matters. The person in charge spoke of how information was shared at these meetings and then cascaded down to the teams.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information

set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

## Quality and safety

The review of information and observations found that the residents were receiving a good service that was provided in a way that respected their rights. The residents engaged in the things they wanted to do, and there were numerous pieces of evidence showing them enjoying activities.

The inspector reviewed two of the four residents' assessments of need and found that, for the most part, the provider had ensured that the residents' needs had been assessed; as noted earlier, the inspector identified an area that required improvement as the four residents' communication skills and areas they needed support with had not been formally assessed by a Speech and Language Therapist. This will be discussed in more detail later in the report. Where assessments had been completed, the inspector found that support plans were developed to guide staff members in promoting positive outcomes for the residents.

During the review of information and discussions with staff members, the inspector identified an area of risk that had not been identified before the inspection. This will be discussed in more detail later in the report.

As part of the review, the inspector assessed various aspects, including the premises, medication management, food and nutrition, health and general welfare, and development. It was found that the care facility was fully compliant with the regulations in these areas, further affirming its commitment to maintaining high standards.

In conclusion, the provider, person in charge, and staff team delivered a safe service. The residents appeared happy in their surroundings and their overall daily activities.

## Regulation 10: Communication

The four residents communicated using nonverbal cues, such as facial expressions, and gestures. The inspector reviewed two of the residents' care and support

documents and found that the staff team had captured the methods residents used to express themselves and how they may present their emotions.

The inspector reviewed the information with the person in charge; the inspector asked if a Speech and Language Therapist (SLT) had formally assessed the residents' communication needs. The person in charge stated that this had not been carried out. They informed the inspector that they had requested such an assessment in May 2023, but it had taken 12 months for this to be arranged. While the SLT was due to begin the assessment process in the coming weeks, there had been a significant delay in the provider responding to the requests of the person in charge. This needed to be improved to ensure that the staff members were utilising the best forms of communication with each resident and that the residents were being communicated to in a manner that they could understand.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The inspector found, through the review of residents' daily notes, care and support plans, and observations, that the residents were receiving appropriate care and support.

The inspector reviewed two of the residents' daily note recordings for the previous two weeks. As discussed earlier, there was evidence that the residents were supported in engaging in social activities on a regular basis.

A document called "my life vision" had been completed that captured each resident's wishes, outlining the things they liked to do and what was important to them. Social goals had also been identified. Some of these goals had been completed, and there was evidence of the staff team supporting the residents in working towards achieving the other goals.

Judgment: Compliant

### Regulation 17: Premises

As discussed in the first section of the report, the inspector found that the residents' home was well presented, with a homely atmosphere. The house was also in a good state of repair internally and externally.

The premises had been adapted to suit the residents, with mobility equipment readily available. The inspector was provided with evidence that the

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector found suitable arrangements in place to ensure that residents' food and nutrient needs were met. The person in charge informed the inspector that all of the residents had modified diets.

The inspector reviewed two residents' information and found that they had been assessed by an SLT. Eating and drinking care plans had been developed that gave information on how residents' meals should be prepared and the cutlery they use.

The review of training records identified that staff members had completed training on dysphagia. The inspector spoke with a staff member regarding two of the residents' diets and how staff supported them. The staff member gave a detailed response when asked about the two residents' modified diets, demonstrating that they had good knowledge of the eating and drinking care plans.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the provider's arrangements regarding risk management. It was found that a large volume of risk assessments had been created to identify risks relating to the residents' presentation, as well as social and environmental risks.

The provider had ensured that a risk management policy had been developed. The inspector reviewed this and found it contained the required information per the regulations. The person in charge had developed a risk register focused on the service's risks. The inspector reviewed the risk register and two of the residents' risk assessments. The appraisal showed that risks were under close review and that the control measures were appropriate.

However, during the review of risk management practices and discussions with a staff member, it was identified that an area required attention. A generic risk assessment had been developed around the risk of residents aspirating due to their swallowing difficulties. The inspector asked a staff member what steps they would take if a resident had a choking incident, highlighting the fact that the residents would be sitting in their wheelchairs or specialised chairs. The staff member was unsure of the steps to take.

The inspector sought assurances that there was guidance for staff members to follow in such a scenario. The person in charge promptly stated that this had not been formally documented but explained the steps that would be taken. The person

in charge and the house manager responded swiftly and updated the residents' aspiration risk assessments with steps that the staff team should follow during a choking incident.

In summary, the inspector found that overall, there were good risk management practices in place, but the assessment of how staff members would support residents in choking incidents had not been completed prior to the inspection. This meant that staff members had not been provided with adequate information to manage the potential risk.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The 2023 inspection identified several concerns under this regulation; the review of the current fire precautions found that the provider had responded to the concerns raised during the previous inspection and that fire precautions were found to comply with the regulation on the day of the inspection.

A folder contained all the relevant information relating to fire safety management. The inspector reviewed this and found that the staff team had been conducting regular simulated fire evacuation drills. Many of the recent drills had been focused on night time scenarios. The staff team had been using a mannequin to mimic evacuating residents from their bedrooms. The drills had led to changes being made to residents' personal emergency evacuation (PEEP's) plans. The inspector reviewed three residents' PEEP's and found that they contained the relevant information to guide staff members in safely evading residents during the day and nighttime scenarios.

As stated to earlier, the staff team had been provided with fire safety training. The regular drills showed that they could evacuate the residents in daytime and nighttime scenarios. The provider also ensured that the fire detection and firefighting equipment was serviced regularly by competent persons.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider and person in charge were found to have ensured appropriate medication management practices were implemented.

The inspector reviewed two residents' medication records, which were found to be well-maintained. The inspector also reviewed the medication press, where safe

practices for medication storage were observed.

During the review of one of the resident's medication protocols, the inspector sought clarity from the house manager and a staff member regarding the protocol's wording. The discussion highlighted that the guidance was inappropriate and did not provide the reader with clarity regarding when to administer the medication. The person in charge and the house manager reviewed the existing protocol. They updated to ensure there was no ambiguity and that the guidance was effectively presented.

The management team was completing medication audits, and there was also a separate medication stock control audit completed by staff nurses each week. This led to effective oversight of medication management practices.

During the information review, the inspector noted that there had been a period of several issues regarding medication management errors. The management team identified the issues following two reviews and disseminated the information to the staff team, resulting in an improvement in medication management practices.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans relating to two residents and found they were under regular review. The care plans captured the changing needs of the residents and gave the reader directions on how to support them best.

Regarding residents' social needs, the inspector found, as discussed earlier, that the residents were active outside of their home.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that health assessments had been completed for all residents. The inspector reviewed two of these documents. The inspector found that the assessments captured the residents' medical histories, diagnoses, and the support they needed to maintain their health.

Following the assessments, healthcare plans were developed. The inspector reviewed the care plans relating to the two residents and found that they gave the

reader insight into their health needs and how best to support them.

In summary, the inspector found that the provider and the staff team supporting them were meeting the residents' health needs. If necessary, residents were accessing their general practitioners, the provider's multidisciplinary team, and other healthcare professionals.

Judgment: Compliant

### Regulation 9: Residents' rights

Through the review of information and observations on the day of inspection, the inspector was assured that the rights of the residents were being promoted and respected by those supporting them. The provider had ensured that the staff team had completed training in human rights. When reviewing two of the resident's social goals, it was evident that the goals had been developed in line with the resident's wishes. The appraisal of the goals and daily notes demonstrated that, where possible, residents were getting to do the things they wanted to do with the support of the staff team.

The inspector reviewed the two most recent residents' weekly minutes and found that the residents were being consulted regarding running the service. For example, residents were asked to give input regarding the introduction of a relaxation room to their homes. Residents had also been provided with information regarding upcoming elections and would be supported to vote if they wished to do so.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for The Bridge OSV-0005789

Inspection ID: MON-0034698

Date of inspection: 14/05/2024

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• All of the required documents listed in schedule 2 of the regulations have been sourced for one of the staff members. completed 05.06.24</li> <li>• One Fulltime Health Care Assistant commenced in DC on 03.06.24. completed 03.06.24.</li> <li>• Regular on call staff will be assigned to DC to ensure continuity of care and support. To be completed by 30.06.24</li> </ul>	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"> <li>• Residents had Communication assessments completed by SLT. Completed on 22.05.24.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> <li>• Staff informed via email with steps that the staff team should follow during a choking</li> </ul>	

incident and aslo discussed in house with each team member. completed 30.05.24.

## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	22/05/2024
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	05/06/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	30/05/2024

	responding to emergencies.			
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