



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 41
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 July 2023
Centre ID:	OSV-0005846
Fieldwork ID:	MON-0035781

About the designated centre

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

Community Living Area 41 comprises two detached homes. One home is a dormer detached house situated in a small housing estate near a town in Co. Kildare. Currently this house is a home for three residents. The second home is located in a rural location within a short driving distance to the town and is a home for three residents. Community Living Area 41 has the capacity to facilitate seven residents, both male and female over the age of 18. The residents in both homes have significant care needs. The centre supports individuals with varying needs in relation to their intellectual disabilities and require a multidisciplinary approach to care. Both homes are wheelchair accessible and a wheelchair bus is available for both locations. Day services are provided for individuals in their own home. Each of the individuals are actively supported to develop valued social roles and expand their life experiences. Residents receive care 24 hours a day from nursing staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 July 2023	10:20hrs to 16:45hrs	Sarah Cronin	Lead
Thursday 27 July 2023	10:20hrs to 16:45hrs	Michael Keating	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place to monitor compliance with the regulations. Inspectors found that residents were living in lovely homes and were well-cared for by a familiar staff team. However, there were poor levels of compliance found across a number of regulations which had a negative impact on residents' daily lives. These are discussed in the body of the report.

The centre is made up of two houses close to a town in Kildare. The first house is a large dormer bungalow which consists of three resident bedrooms, one accessible bathroom, a toilet, kitchen, utility sitting room, dining room and a paved area to the back of the house. Upstairs was a staff office and store room. The house was nicely decorated and residents' rooms were personalised to reflect their preferences, interests and there were photographs of residents' families on display. The house was accessible throughout, with each resident having overhead hoisting available in their bedrooms to assist with transfers. On arrival to the house, the inspectors met with two residents. One of the residents was relaxing in their bedroom awaiting a massage while the other was seated looking out the window, which was reported to be their favourite place to sit. An inspector met with the third resident later in the day. Inspectors observed residents in the company of staff. Residents were well presented and interactions were observed to be kind and friendly.

The second house is a large bungalow in a more rural area a short distance away and was home to four residents. The bungalow has four bedrooms, a large accessible bathroom with a jacuzzi bath, a kitchen and utility room, a sitting room, a dining room and an office area. The house has a large green space for residents at the back of the house. However, much of it was not accessible on the day of the inspection due to the decking requiring replacement. One resident had transitioned into the centre in 2021 and was reported to be settling in well. A detailed transition plan had been done to support the resident and reviews had taken place regularly for their first 12 months in the centre with input from health and social care professionals. The inspector met with all of the residents in the house over the course of the afternoon. Residents were observed to be going about their daily routines. One resident was listening to their favourite music, while another was outside with a staff member in the sunshine. The inspector later met with a resident who had returned from a coffee with a member of staff. The inspector observed a resident being supported to have their meal. Their food was modified in line with their feeding, eating, drinking and swallowing plan. The food was nicely presented. Staff had stools to sit at eye level with residents for meals and the resident was fed in a calm, relaxed and respectful manner.

Residents living in designated centre had complex health and social care needs and required high levels of support in a number of areas. Residents' also had complex communication support needs and communicated for the most part using facial expression, body language, eye contact and vocalisations to communicate. One resident used a small number of words. In order to best support residents and

ascertain their needs and wishes, staff were required to know each resident well to recognise communication signals and to respond accordingly. Residents had communication passports done when they first moved to the house but many of these were no longer in place. Communication was documented in residents' care plans. Interactions between staff and residents were noted to be kind, respectful and responsive. Residents meetings did take place, but it was not evident how communication access was facilitated during these meetings for residents with complex communication needs.

Staff had undertaken training in a human-rights based approach to health and social care. As a result of that training, staff reported that they were reflecting upon some practice related issues in the centre impacting upon residents' rights. For example, residents had to go to bed before the night staff came on duty. Other rights restrictions were now recognised by staff and being discussed with the team. Residents' rights to choose their daily routines, to participate in their local community and to have access to their finances were negatively impacted by staffing levels and by practices in the organisation. This is outlined later in the report under Regulation 9: Residents' rights.

During the week, a small number of residents accessed day services in the locality. Other residents were supported to engage in activities within their homes and to go out for coffee, drives, walks and other outings. However, due to staffing levels being low at the weekends, residents were limited or unable to go outside their homes. In one house, residents had been supported to attend a festival in the weeks prior to the inspection taking place. However, this was the only weekend outing they had had this year. In the second house, there was a support staff available up until 2pm. Some in this house did get out locally for a short time, but not all were able to leave their home at the weekends.

In summary, from what inspectors observed, it was evident that residents lived in nice houses which were well suited to their needs. The care, support and interactions noted on the day were found to be kind and respectful. However, there were a number of areas of non-compliance which had a negative impact on the lived experiences of residents in the centre. The next two sections of this report present the inspection findings in relation to governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that the governance and management arrangements in place were not adequate to monitor and oversee the quality and safety of residents' care and support. There were management systems in place to monitor and oversee care in the centre. The provider had carried out an annual review and six-monthly unannounced provider visits in line with regulatory requirements. However, neither

of these reviews were not identifying areas of risk found on this inspection such as inadequate staffing, risk management and fire precautions. Following the inspection, the provider gave assurances that appropriate levels of staff would be put in both houses at night and at the weekends. This was confirmed to be in place 24 hours later.

The provider had a clear management structure in place. The person in charge reported to their local manager, and in turn to the regional manager. The person in charge and the person participating in management met formally once a month. They were supported in their role by a lead nurse in each house and split their time evenly between the two houses. There were separate rosters in place for day and night staff in each of the houses, with the person in charge being responsible for both teams. At centre level, the person in charge had a schedule of audits which were undertaken at various intervals in relation to health and safety, fire, care plans, finances and medication. They had an action tracker in place to ensure actions were completed in a timely manner. However, audits were not self-identifying some areas requiring improvement or escalation to management. Staff meetings took place twice a month. Day staff and night staff were on different contracts which required the person in charge to link with night staff while they were on shift and night staff were invited to attend staff meetings where possible.

The designated centre was not appropriately resourced to meet residents' assessed needs at all times. Inspectors found that there were adequate numbers of staff during weekdays to support residents. However, staffing levels at night-time and at weekends were not adequate to meet residents' assessed needs. At night-time there was only one waking staff in each house and at the weekends there were two staff on duty in each house, with a support staff for half a day in one of the houses. These arrangements impacted negatively upon residents in a number of ways, most notably in their personal care needs being met in a timely manner, in their choices about when to go to bed and in fire evacuation.

Staff had completed mandatory training in areas such as fire safety, safeguarding, manual handling and food safety. There was evidence of additional training to meet the specific meet the assessed needs of residents such as epilepsy training, transport. The majority of residents required dietary modification and some required thickened fluids. Inspectors could not see evidence that staff had completed training in feeding, eating, drinking and swallowing in line with courses identified as required in the provider's nutrition and hydration policy. Supervision took place twice a year and the person in charge had schedules to ensure this took place with both day and night staff. Staff reported that they felt well supported in their roles.

Regulation 15: Staffing

Inspectors found that the staffing levels in the centre were not adequate to meet residents' assessed needs at night-time and at weekends. At night-time there was only one waking staff in each house. The majority of residents in both houses

required two staff to attend to personal care and one resident was at high risk of falls. Control measures for some of these risks included having two carers in attendance at all times. When a resident required personal care during the night, the staff called upon a 'float' staff who was based on the campus nearby. The staff and person in charge on the day reported that there were sometimes delays in the float staff being available, or times where they were not available at all. Support from the float staff was required 72 times over the three months prior to the inspection taking place, on occasion being required twice in one night.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed mandatory training such as safeguarding, food safety and manual handling. Two staff were due refresher in fire safety and one staff was due to complete a refresher course in the safe administration of medication. Staff had not completed training in managing feeding, eating and drinking difficulties in line with the provider's policy on nutrition and hydration. Staff supervision took place twice a year. Night staff supervision was reported to be difficult to coordinate, although this was supported by the night manager.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider's systems to monitor and oversee the quality and care of support in the centre were not self-identifying issues impacting upon residents. For example, the most recent six-monthly unannounced provider visit was completed in May 2023. The annual review had been completed in line with regulatory requirements and was found to be detailed. However, neither of these provider reviews identified that staffing levels were inadequate. Issues in relation to fire safety and risk management identified on this inspection had not been identified by the provider. The centre was not appropriately resourced to meet residents' assessed needs and this is detailed under Regulation 15: Staffing.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents were living in nice houses which were well suited to their needs. They were cared for by a consistent staff team, many of whom had supported them for a number of years. Residents were found to be well-presented and appeared comfortable and content. However, residents in the centre were limited and impacted upon due to resources and improvements were required in risk management, rights, fire precautions and general welfare and development.

Inspectors noted that staff were familiar with residents' preferred items and activities and residents had person-centred plans in place. Residents' right to participate in their local community, to choose their nightly routines and to have access to their finances in a timely manner were negatively affected in the centre. These are outlined under Regulation 9: Residents' Rights.

Inspectors found that the registered provider was not providing resources to enable residents to be given opportunities to participate in activities outside of their home in accordance with their interests, capacities and assessed needs. For example, residents in one house had gone out of their home only once on a weekend in the previous six months. One resident enjoyed going to church and staff reported that it was not possible to facilitate this for them at the weekend. Residents were supported to maintain relationships with those who were important to them.

Residents were observed to be offered food and drinks in line with their assessed dietary needs. A three-week menu plan was in place and adapted to suit residents' preferences. Staff were familiar with residents' care plans and on how to adapt food and fluids to ensure they were safely supported.

The provider had a risk management in policy in place which met regulatory requirements. There were systems in place for the assessment, management and ongoing review of risk in the centre, including a system for responding to emergencies. There was evidence that the vehicle used to transport residents was roadworthy, regularly serviced and equipped with appropriate safety equipment such as clamps. Transport was driven by staff who were properly licensed and trained to do so. Adverse events were reported and responded to by the provider. Incidents were discussed at team meetings to mitigate against recurrence where possible. There were centre-specific safety statements in place. Inspectors viewed risk registers for each house and a sample of residents' individual risk assessments. The risk register required review in the centre to ensure that risks were appropriately identified and rated to ensure that significant risks were documented, controlled and escalated to management where required.

Fire precautions in the centre required improvement . Both houses had fire-fighting equipment, emergency lighting, smoke alarms and fire doors had been installed since the last inspection. Oxygen was in use in both houses. Signage relating to the location of oxygen tanks and the safe storage of oxygen required review. Fire drills required improvement to ensure that drills took place with staffing levels which were reflective of actual staffing levels. For example, in one house, drills had taken place with four staff , where there was ordinarily two to three staff working each day. In the second house, drill times with the minimum complement of staff did not provide assurances or evidence that safe evacuation was achievable with one staff member

on duty.

Regulation 13: General welfare and development

Inspectors found that residents were offered and availed of opportunities to attend day services during the week, where they wished to do so. However, residents were not afforded sufficient opportunities to leave their homes to engage in an activity of their choosing outside of their home at the weekends. Due to staffing levels in one house, residents were not able to get out of the house without prior planning and approval for an extra staff. In one house, a review of activities for 2023 indicated that residents had only been afforded an opportunity to go to a festival at the weekend once this year. They had not left their house on any other weekend.

While residents in the second house did have more opportunities to get out at the weekend, this was time limited and staff were only available up until lunchtime. Staff reported that residents generally got to go on a short trip every second weekend to ensure other residents had an opportunity.

Judgment: Not compliant

Regulation 17: Premises

Both premises were found to be clean and warm. They were both accessible throughout, with equipment such as overhead hoists, specialised beds and jacuzzi baths in place for residents. Flooring in one part of a house was noted to be damaged and worn. However, this was due to be replaced in the weeks following inspection. The decking area outside of the house which served as a balcony was rotten and out of bounds as a result. Staff reported that this was due to be repaired in the following weeks. All of the residents bedrooms were found to be highly personalised and decorated in line with their interests and preferences. The provider had a new online system to ensure that any maintenance issues identified in the centre were reported and escalated to the maintenance department in a timely manner.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had a nutrition and hydration policy in place. All of the residents in the centre required modified diets and some required thickened fluids. Additional dietetic guidelines were in place for a number of residents. A review of a three week

menu in one house indicated that residents were given adequate quantities of food and drink which were properly and safely prepared, cooked and served, that they were nutritious and consistent with residents' dietary needs and preferences. They found that staff were knowledgeable about residents' dietary requirements and about how to prepare food in line with their assessed needs. While there was a gap in training, as identified under Regulation 16: Staff Training and Development, staff practices at mealtimes indicated that they were appropriately skilled at supporting residents in a dignified manner in line with their care plans.

Inspectors observed a meal in each house. Meals were observed to be served nicely and mealtimes were calm, unhurried and residents were informed what they were being offered throughout the meals. There were a sufficient number of staff present to give required support for residents to eat and drink safely.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors found that while there were risk management systems in place, these were not identifying or rating risks in the centre appropriately. Some risks in the centre did not have assessments in place. For example, feeding, eating, drinking and swallowing, and another risk relating to choking was identified as a high risk in the centre. However, residents did not all have risk assessments in place.

Risks on the risk register were not reflective of residents' individually assessed risks. For example, in one house, three residents were at high risk of injury on transport, but this was rated as a low risk. Manual handling was identified as a medium to high risk in this house, and it was rated at a low risk. Review of risks was required to ensure timely identification of risks to ensure they were appropriately managed, and that they were escalated to senior management where required.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire precautions required review in both houses. Oxygen tanks and associated signage in both houses required review to ensure that the provider was assured these were safely stored in line with advice given by an external fire consultant.

Fire drills required review in both houses to ensure that residents could be safely evacuated with staffing levels mirroring actual staffing levels by day and night. For example, in one house, both of the day time evacuations had taken place with four staff, when there was a maximum of two to three staff available by day. In the

second house which was home to four residents, the inspector viewed records from eight drills which had taken place. Drills which achieved evacuation times in line with a 'reasonable time' were done with more staff than were ordinarily on duty. For example, three of these drills had been carried out by three staff when there were only three residents present. Drills with less staff present where residents were in bed had significantly higher evacuation times which were longer than was deemed safe by the provider. For example, one drill took place while three residents were in bed and another was in their bedroom. This took over seven minutes. Another took 9 minutes and 22 seconds, while two further drills took over 15 minutes and over 24 minutes. One resident had refused to evacuate on several occasions and was noted to 'impede' the evacuation. It was unclear what action was taken to mitigate this risk.

Judgment: Not compliant

Regulation 8: Protection

The provider had appropriate systems in place to ensure residents were safeguarded from abuse in the centre. Staff were found to be knowledgeable about how to respond to safeguarding concerns. Residents' personal and intimate care plans were found to be in line with their personal plan and in a manner which respected their dignity and bodily integrity. Measures had been put in place in one house to ensure that residents' privacy was maintained while personal care was being carried out. Where safeguarding concerns had arisen, these had been identified, reported and investigated in line with national policy. Safeguarding plans were put in place where they were required.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights such as the right to choice and control over daily life, particularly at night-time and weekend routines, the right to participate in their local community and the right to have access to finances were not promoted or upheld in the centre. For example, in both houses in the centre, residents did not have choices relating to their night-time routines. They were required to be in bed before the night staff arrived due to that staff being a lone worker. Staff reported that they were recognising the impact of practices in the centre on residents' rights and there was evidence to show that the person in charge had raised this issue with management. As outlined earlier in the report, residents' right to participation in their community was also limited due to staffing arrangements.

Residents' finances were held in an account on the campus in the organisation.

Residents were given a small allowance to spend each week. However, if they required additional funds Staff reported that it took up to two weeks to access money where residents required it. No resident had a bank account in the centre. While inspectors acknowledged challenges in obtaining bank accounts, they were not assured that the provider was actively advocating for residents in this regard.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Community Living Area 41 OSV-0005846

Inspection ID: MON-0035781

Date of inspection: 27/07/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Additional staffing resources were allocated per day to each location to meet the assessed needs of the residents. Additional resources have also been allocated to each location at night.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has reviewed training records. All outstanding staff members will complete an Introduction to the International Dysphagia Diet Standardisation Initiative IDDSI Framework & Managing Feeding, Eating, Drinking and Swallowing in People with an Intellectual Disability as per Muiriosa policy on Nutrition and Hydration. This will be completed by 31/8/2023.</p> <p>One staff member has received a training date to complete their SAM’s refresher training.</p> <p>On the day of inspection 2 staff members were sent links to complete Fire Safety refresher training and have completed same.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of staffing arrangements has been completed, with additional resources allocated. Provider audits will be cognisant of rights and will highlight any areas of concern.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Staffing levels have been increased to ensure there are adequate numbers of staff on duty to enable residents to be given opportunities to participate in activities outside of their home in accordance with their interests, capacities and assessed needs 7 days a week.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A review of all risk assessments in the centre will be undertaken to ensure all identified risks are documented appropriately and scored accordingly. Where necessary, risks will be escalated to senior management for review and action.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Personal Emergency Evacuation Plans (PEEPS) will be reviewed to ensure all information is accurate, up to date and reflective of practice.</p>	

Fire drills will be carried out to reflect various situations and numbers of residents and staff present. Any actions will be clearly identified and documented on the fire drill report, they will also be discussed at team meetings so shared learning can take place.

Night and day fire drills have been completed in both centre's that reflects new staffing levels. Night time fire evacuation times have been decreased with the addition of a second staff member.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staffing levels have been increased to 3 staff on day duty, and 2 staff overnight, to ensure that Residents' right to participate in their local community and to choose their nightly routines is upheld. This increase in staffing levels will afford residents the opportunity to experience more individual and group activities of their choosing.

An initiative is underway to allow residents to have greater and timelier access to their finances on a weekly basis.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	28/07/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	31/08/2023

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2023
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 responding to emergencies.	Not Compliant	Orange	31/08/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the	Not Compliant	Orange	31/08/2023

	procedure to be followed in the case of fire.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/08/2023