



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

Issued by the Chief Inspector

Name of designated centre:	SOLAS Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	28 February 2023
Centre ID:	OSV-0007724
Fieldwork ID:	MON-0038397

About the designated centre

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

Solas Services provides residential care for up to nine adult residents, both male and female with an intellectual disability. The Service provides residential care 7 days a week, 365 days a year to its residents. There are two houses in this centre located in Co. Kildare. The first house is a detached bungalow providing four bedrooms, two reception rooms, a kitchen, entrance hall, sun room, 1 large wheelchair accessible bathroom, 2 en-suite shower rooms and 3 bathrooms. There is also a large office building at the back of the house. The second house is a detached bungalow and consists of five bedrooms, one of which has an ensuite bathroom, a dining room, sitting room, kitchen, utility room an accessible bathroom and three bathrooms. The service has nursing, care assistants, medical, psychiatric, psychological and behavioural supports in the provision of care for the residents. Solas Services provides 24 hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
--	---

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 28 February 2023	11:00hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to follow up on the actions from the provider's compliance plan submitted to the Office of the Chief Inspector following an inspection in this designated centre in February 2022. It was also completed to follow up on the the actions outlined in a provider assurance report submitted by the provider in relation to the required works in one of the premises in September 2022. Overall, the inspector of social services found that the provider had taken a number of responsive steps to bring about compliance with the regulations and to improve the lived experience of residents living in the centre. These steps included completing significant building and fire safety works in one of the houses. The inspector found that these works had resulted in improvements to the premises, infection prevention and control, and resulted in a safer and more homely environment for residents living in that house. This will be discussed further later in the report.

The provider was recognising areas where further improvements were required and putting actions plans in place. They were aware that improvements were required in relation to staffing numbers to ensure continuity of care and support for residents and had run a number of recruitment drives. They had successfully filled some staff vacancies since the last inspection, and recruitment was ongoing to fill the remaining vacancies.

This designated centre consists of two premises in Co. Kildare within driving distance of each other, and they are both close to a town with good public transport links and amenities. Residential care can be provided for up to nine residents over the age of 18. There were eight residents living in the centre on the day of the inspection. The inspector had the opportunity to visit both of the houses and to meet and briefly engage with each of the residents. The inspector used observations, discussions with residents and staff, and a review of documentation to capture residents' experience of care and support in the centre.

On arrival to the houses the inspector was guided by staff to where the hand sanitiser and personal protective equipment (PPE) were available. Throughout the inspection the inspector observed staff to follow standard precautions. Both houses were found to be very clean during this unannounced inspection.

The first house can support five residents, but there were four residents living there at the time of the inspection. They each appeared comfortable in their home, and with the levels of support offered by staff. Some residents were observed to seek out staff support during the inspection, and staff were observed to respond in kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about their talents and how they liked to spend their time. The transport for this house was

unavailable on the day of the inspection, but staff spoke about home-based activities that residents had planned instead.

Significant work had been completed in this house including the replacement of floors and skirting boards, the refurbishment of two bathrooms, the installation of new doors, the replacement of some furniture, some furniture was covered in new fabric, and painting was completed in a number of areas. As previously mentioned these works had resulted in the house appearing more homely and comfortable. Bathroom surfaces were more easily cleaned, additional ventilation was in place, and the bathrooms were more accessible for residents.

In the second house the four residents who lived in the centre were at home. There was a warm and welcoming atmosphere in the house. The house was decorated and finished to a very high standard. Soft furnishings, artwork, and pictures contributed to how comfortable and homely the house appeared. Residents and staff were very observed to be very busy in this house. One resident had just returned from an appointment and another residents was getting ready to go to the local town for a coffee and some cake. In addition, dinner was being prepared by staff. One resident took it upon themselves to give the inspector a tour of their home accompanied by a staff member. They were very proud of their home and talked about how much they liked it. They spoke about living in another designated centre previously and said that they liked it here better.

There was no vehicle available for the second house on the day of the inspection either. The inspector was informed there were two vehicles in the garage and one was being used by another designated centre to support a resident to attend an appointment. The inspector viewed a complaint raised on behalf of a resident in relation to the unavailability of a vehicle at times to support them to access their local community. Later in the inspection the inspector was shown documentary evidence to demonstrate that the provider was aware of issues relating to the availability of transport for residents in this centre. This evidence demonstrated that the transport had been sanctioned and ordered. The delivery of transport had been expected in the months before the inspection, but had been delayed a number of times. For example, the original transport ordered became available and the provider had to place a new order.

The inspector had an opportunity to observe a mealtime experience in both houses. Residents were observed to be provided with support by staff in a sensitive, kind, and safe manner. There was a calm and relaxed atmosphere in both dining rooms. Staff were observed to pick up on residents' non-verbal cues and to use residents' preferred method of communication to respond. For example, one resident used sign language, and staff responded to this resident using speech and signs.

In both houses residents' bedrooms were beautifully decorated and contained their family photos and personal belongings. Residents had plenty of storage for their personal belongings including storage units, and wardrobes. Residents also had televisions, radios, docking stations and digital photo frames in their rooms. A

number of residents enjoyed collecting magazines and items such as model cars and fridge magnets. They had them proudly displayed in their bedrooms.

Social stories and information in an easy-to-read format was available for residents on areas such as fire safety, residents' rights, complaints, and infection prevention and control. There were also picture rosters in place for some residents. One residents told the inspector who they would go to if they were not happy with any element of their care and support.

The inspector viewed a number of pictures of residents engaging in activities they found meaningful such as baking, and enjoying parties and festivities. There were art and craft supplies available, book and magazines. A number of residents enjoyed having their hair and make up done and had dressing tables with mirrors in their rooms. One house was in a rural areas but within a few minutes drive of a large town. There was a canal walk very close to one of the houses, and staff described how much residents enjoyed going on walks there as they could go to two local towns via this walk.

One residents spoke about their latest win at bingo in a local community hall. Another resident was very fond of going to the local town for a coffee and to buy their favourite magazines. There was an activities co-ordinator employed by the provider who regularly linked with residents and staff to ensure they were experiencing different activities in order to identify which ones they enjoyed the most. The provider recognised in their latest six monthly review that it was important to ensure that vehicles were available to support residents to take part in activities they enjoyed, and that there was a need to explore more opportunities for social activities.

At the end of the inspection, as the inspector was saying goodbye one residents took the opportunity to tell them about how happy they were living in the centre. They spoke about how good the staff were, about their favourite meals, about their favourite things to do, and their favourite television shows to watch. They told the inspector "I like it here", "I am safe", and "the food is good".

Residents were supported to keep in touch with, and spend time with their family and friends if they wished to. There were numerous areas of the house where residents could spend time with their family and friends in private. Residents could also entertain their guests in communal areas if they so wished.

Residents and their representatives' views of care and support in the centre were being sought by the provider and included in their annual and six monthly reviews. In the latest six monthly review, residents indicated they were happy living in the centre and that they had things to look forward to. Two residents' representatives spoke with the person completing the review on behalf of the provider. Overall, they were positive about care and support for their family member. They were complimentary towards care and support for their relative, and about how spacious, clean and homely the houses were. They were also complimentary towards the staff team and how they supported them to keep in touch with and to visit their relatives.

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

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. There was evidence of improved levels of compliance since the last inspection. The provider was found to be identifying areas for improvement in line with the findings of this inspection. They were aware that improvements were required in relation to staffing numbers and continuity of care and support for residents, and has ordered new transport to support residents to access appointments and activities they enjoyed in their local community.

The person in charge facilitated the inspection. They were found to be very familiar with residents' care and support needs and motivated to ensure that each resident was happy, well supported, and safe living in the centre. They were also identified as person in charge for another designated centre and were regularly present in this centre. They were available to residents and staff by phone when they were based in the other centre. Residents were observed to be familiar with the person in charge, and staff were complimentary towards how they supported them to carry out their roles and responsibilities. The person in charge was supported in their role by a number of clinical nurse managers, an assistant director of nursing, and a director of nursing. There was also an out-of-hours on-call system in place to ensure residents and staff could access support 24 hours a day, seven days a week.

There were a number of staff vacancies at the time of the inspection. As previously mentioned, the provider was actively trying to recruit to fill these vacancies. Since the last inspection they had successfully filled a number of vacant positions in 2022 including a staff nurse and two healthcare assistants. The inspector was also informed that a healthcare assistant was also due to start working in the centre in March 2023, and that the provider had just successfully recruited two staff nurses who had accepted the positions. They were also informed that the provider was working with the agencies, and had made an arrangement for two staff nurses and two healthcare assistants to work a shift pattern in the centre. While the inspector acknowledges that this arrangement would have a positive impact on continuity of care and support for residents from a sample of rosters reviewed in the centre there continued to be a high volume of shifts being covered by different agency staff. This will be discussed further under Regulation 15.

Staff training and refresher training programmes were available for staff; however, a number of staff required training or refresher trainings at the time of the inspection. Staff were in receipt of regular formal supervision and support which was being completed by the person in charge. A number of nurses were being supported to complete training and to hold enhanced roles and responsibilities in relation to areas

such as infection prevention and control, tissue viability and dementia care. For example, the inspector spoke to a nurse who was taking up an enhanced role in relation to medication management. They had completed training to become a trainer in the safe administration of medication, and were completing medication audits and sharing the learning across the team. They had implemented a number of actions following recent audits, and were planning to complete further audits of different medication related systems and practices.

Regulation 14: Persons in charge

The person in charge had the qualifications skills and experience to fulfill the requirements of the regulations, and were found to be aware of their roles and responsibilities in relation to the regulations. They were also identified as person in charge of another centre and found to have effective systems for the oversight and monitoring of care and support in this centre. They were visiting the houses regularly. Residents were observed to be familiar with the person in charge and to be comfortable in their presence. Staff who spoke with the inspector said they were well supported in their role.

Judgment: Compliant

Regulation 15: Staffing

There was one staff nurse vacancy and 2 care staff vacancies at the time of the inspection. In addition, there was one staff on long term unplanned leave. The inspector was also informed that the provider had plans to review staff numbers in one of houses in line with residents' assessed needs. In the interim, they were increasing staff numbers in that house at times when residents required additional support.

As previously mentioned, there was a high volume of shifts covered by agency staff in the centre affecting continuity of care and support for residents. This was particularly evident in one of the houses. For example, over three weeks in February 2023, 37 shifts were covered by 15 different agency staff. On one of these weeks 51% of shifts in this house were covered by agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

There was training and refresher training available for staff in line with the organisation's policy and residents' assessed needs. However, a number of staff required training or refresher training. The inspector was shown evidence of upcoming training dates for these and other courses, and letters sent to staff members identifying which training and refresher training's they needed to prioritise and attend.

Staff were in receipt of formal support and supervision meetings with the person in charge. The person in charge was available in the centre on a regular basis and either they or an on-call manager system in place. Staff who spoke with the inspector were complimentary towards the support offered by the person in charge, and local management team. They also stated they would feel comfortable raising any concerns they may have in relation to residents' care and support to any member of the management team.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and staff roles and responsibilities were clearly defined. There were systems in place to ensure the provider and person in charge had oversight and was monitoring care and support for residents in the centre. For example, the six monthly and annual review were capturing the areas where improvements were required in line with the findings of this inspection. This included the latest six monthly review by the provider; however, this review had not been completed in line with the timeframe identified in the regulations.

In addition to the providers audits and reviews, audits were being completed in the houses in relation to areas such as medication management, infection prevention and control (IPC), and documentation. The clinical nurse managers were completing weekly visits and walk around audits in each of the houses and identifying actions and timeframes for completing these actions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. From reviewing a sample of these incidents, the required incidents and adverse events were being notified to the Chief Inspector in line with the requirement of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had complaints policies and procedures in place. These were available in each of the houses. There was an easy-to-read version on display in the houses and pictures of the complaints officers. There was a complaints log in place and the person in charge was keeping this up-to-date and reviewing it regularly. From reviewing a sample of complaints, they were being managed in line with the provider's policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents were supported to make choices in their lives, and to take part in activities they enjoyed. As previously mentioned, the providers' audits and reviews had picked up on a number of areas where improvements were required in relation to staffing, residents' access to transport, and the variety of activities they were engaging in. There were clear action plans in place to address these issues. these action plans had clear timeframes and people identified as responsible for implementing them.

Both houses were warm, clean, comfortable and well maintained. Residents, staff, and visitors were protected by the infection prevention and control (IPC) policies, procedures, and practices in the centre. The provider had employed cleaners who were in each of the houses three days per week. In addition, the inspector observed staff cleaning and disinfecting areas of the houses during the inspection. There were cleaning schedules in place to ensure each area of each of the houses was cleaned regularly. There was information available for residents and staff on infection prevention and control. The provider was completing regular infection prevention

and control audits and had supported a staff nurse to complete additional IPC training and given them an enhanced role in the oversight and monitoring of IPC related systems and practices in the centre.

There were systems to ensure that the fire equipment in the centre was serviced and maintained. There were fire containment measures in place including self closing mechanisms. Fire drills were occurring regularly and residents had personal emergency evacuation plans in place.

Regulation 11: Visits

There was plenty of private and communal spaces in both houses for residents to meet their visitors. They could choose to meet their visitors in communal areas, or in private areas which were not their bedrooms. There were no restrictions on visiting at the time of the inspection, and there were procedures in place to complete risk assessments should there be an outbreak of an infection. Residents could also communicate with their family and friends via alternative means such as phone or video call.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned, the provider had completed a number of significant works in one of the houses since the last inspection. Both houses were found to be clean, homely, well maintained and designed and laid out to meet the number and needs of residents living there. There was suitable heating, lighting and ventilation, a separate kitchen with cooking facilities, and suitable facilities for laundry and waste management in both of the houses.

Rooms in the houses were bright, airy and colourful. Residents could choose to spend their time in a number of different communal areas. Their bedrooms were personalised to suit their tastes and contained art work, pictures, photos of them taking part in activities they enjoyed, and pictures of the important people in their lives. They had access to plenty of storage for their personal items and there were sufficient numbers of bathrooms which were properly equipped to meet their needs. The bath in one of the houses was not in use at the time of the inspection but this had been reported and work was due to be completed on it. In the interim, there were shower facilities in the house.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in the centre. It contained the information required by the regulations, and was available in an easy-to-read format. It included a summary of the services and facilities provided to residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

Residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean in each of the houses, and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had replaced a number of doors in one of the houses while completing building works. There were adequate means of escape and these were kept clear during the inspection. There was emergency lighting and illuminated signage at fire exit doors. The emergency evacuation procedure was on display.

There was fire equipment in place and systems to ensure it was regularly serviced and maintained. Fire drills were occurring regularly and residents had detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for SOLAS Services OSV-0007724

Inspection ID: MON-0038397

Date of inspection: 28/02/2023

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: 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.</p> <p>In response to the area of staffing (15)1</p> <ul style="list-style-type: none"> • The registered provider shall ensure that there is an appropriate skill mix by re-evaluating the allocation of staff in each area which will be reflected in the Statement of Purpose. • There is a continuous rolling recruitment campaign for nurses and Care Assistants through the HSE National Recruitment Services. • There are International nurses due to commence in Summer 2023 subject to Garda vetting and usual checks. • DON attended jobs fair in order to recruit, HR will follow up with interested and suitable candidates. • DON has contacted training universities as the HSE has guaranteed Graduate Nurses Permanent contracts subject to all usual required eligibility criteria and checks. <p>The registered provider shall ensure that where nursing care is required, subject to the Statement of Purpose and the assessed needs of residents, it is provided.</p> <p>In response to the area of staffing Regulation 15(3)</p> <ul style="list-style-type: none"> • The registered provider shall ensure that vacant posts are filled with full time staff from the recent and rolling recruitment campaigns. • The staff are in turn rostered to individual areas within the center so as to provide continuity of care. 	

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:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>In response to the area of training and staffing development 16(1)(a)</p> <ul style="list-style-type: none"> • The person in charge shall ensure that all staff undergo and participate in specific training within specified timeframes as specified in local policies. The person in charge will concentrate all efforts to increase frequency of opportunities for staff to attend training 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support</p> <p>In response to the area of Governance & Management Regulation 23(2)(a)</p> <ul style="list-style-type: none"> • The Registered Provider shall ensure that action plans from six monthly, annual report and other audits are reviewed within realistic timeframes. All efforts will be made to have resources available so quality of care and support for residents is not compromised. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/10/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	01/10/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	01/04/2023