



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

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Respite Service
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	03 July 2023
Centre ID:	OSV-0001632
Fieldwork ID:	MON-0036756

About the designated centre

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

Steadfast House Respite Service is a five bedded home, established in 2010, situated outside a town in Co. Monaghan. Steadfast House Respite Service can accommodate a maximum number of four adult residents per night. The centre provides care for people with low, medium, high and maximum dependency needs. The range of needs that the centre intend to meet for residents are intellectual disabilities including those with complex care needs and physical and/or sensory disabilities. It consists of five bedrooms including two en-suites; bedroom five has an overhead hoist fitted that links to the main bathroom. It also has a kitchen dining area, sitting room and a back kitchen. Steadfast House Respite Service has its own garden to front and back of house, with tiled patio area at back of house with outdoor seating provided. The staffing arrangements include nurses, a social care worker and health care assistants and the staffing rosters are planned in accordance with admissions to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 3 July 2023	10:25hrs to 13:25hrs	Caroline Meehan	Lead
Monday 10 July 2023	12:25hrs to 19:35hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, and from what the inspector observed, it was clear that residents enjoyed staying in the centre for respite breaks, and were provided with all the necessary support to meet their specific needs. Residents told the inspector that their stay in respite was a holiday, and a breakaway from their regular routines, and that they got to choose how they wished to spend their break while in the centre.

The inspection was carried out over two days, and the inspector spoke with three residents on the morning of the first day, and two residents on the afternoon of the second day of inspection. Residents told the inspector that they liked staying in the centre, and three of the residents said they always stayed in the centre together for breaks and they were happy with this arrangement. Residents also said they felt safe when they stayed in the centre, and that they knew all the staff working there.

The centre was located on the outskirts of a town, and comprised a four bedroom bungalow, with front and rear gardens. The centre could accommodate four adult residents at any one time.

Residents spoke about some of the activities they had done or were planning to do during their stay, and said that staff met them individually when they arrived into the centre, and set goals with the residents for their stay. For example, residents had gone to the cinema, and had also been supported by staff to go to a party for Special Olympics. Three residents told the inspector that the GAA was important to them, and staff had ensured they could access a national game on TV, and had streamed a pay per view game for their county the previous day. On the evening of the second day, staff were observed to chat with residents about some of the things they would like to do for the coming days of their stay.

Residents were supported to continue to go to their day service when they stayed in the centre, and transport was provided by a local bus, or by the provider. There was also a bus in the centre, and staff used the bus to bring residents to activities in the community in the evening and at weekends.

The provider had asked the residents and their families their views of the service provided, and questionnaires sent out in January 2023 had a positive response. The inspector reviewed a sample of 10 questionnaires returned, and overall residents and families had said they were happy with the services, facilities and choices offered in the centre. Residents also expressed in questionnaires that they felt their rights in terms of choices, times they get up at in the morning, respect and dignity were being upheld. The provider had responded to comments or suggestions residents and families had made, for example, by providing a greater choice of food for a resident with specific nutritional needs. The provider was also actively exploring a request by a significant number of respondents for more respite stays in

the centre.

The inspector observed that staff were respectful in their interactions with residents, and overall there was a relaxed and friendly atmosphere in the centre. Staff knew the residents well, and most staff had been working in the centre for a number of years. Staff also knew the communication styles of residents, and described these to the inspector, for example, lip reading, vocalisations or preferences for short verbal interactions. Residents appeared happy in the company of staff, and staff were observed to provide the support residents requested, for example, one to one time with staff.

Residents told the inspector that they chose the individual bedrooms they stayed in when they arrived for a break in the centre, and the inspector observed there was enough storage in each room for residents to keep their possessions in. Residents had access to the internet, television, radio and telephone. Regular communication was maintained with families, and staff contacted families before each admission to the centre, to find out about the wellbeing of residents, and to ascertain if there had been any changes in the care and support residents needed while in the centre.

Overall residents were being provided with meaningful and engaging stays in this respite service, and the support and care of residents was met by an established team of staff, who knew the residents' needs well. The provider had positively responded to all of the issues which had been highlighted on the previous inspection.

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 on the quality and safety of the service being delivered.

Capacity and capability

This inspection was carried out as a monitoring inspection following a risk inspection in September 2022, during which a number of regulatory non-compliances had been identified. In the interim, the provider had responded to the issues which had been identified on inspection, and a number of changes in the oversight and management of the centre, had resulted in improved regulatory compliance.

The centre was sufficiently resourced in terms of staffing, and the provider was in the process of rolling out a new online rostering system, as well as an online training recording system.

The person in charge had recently resigned from their post, and the operations manager had assumed this position. Two clinical nurse manager 1 posts had been filled, and one of these nurse managers would assume the post of person in charge

in the coming weeks.

The centre was monitored on an ongoing basis and actions arising from review and audit processes were either complete or in progress on the day of inspection. Some improvement was required in the centre's quality improvement plan, and in the management structure, to ensure the arrangements the provider had developed to ensure effective oversight, were robust and wholly implemented.

Regulation 14: Persons in charge

Since the last inspection the provider had reviewed the arrangements for the person in charge to manage two designated centres. The person in charge had left their post on the first day of inspection, and in the interim the operations manager was assuming this role. The new person in charge told the inspector that two clinical nurse managers had been appointed, one of whom recently commenced in their post. The person in charge outlined that one of these clinical nurse managers would be appointed as a person in charge, once the provider had completed a range of training and supervisory induction processes, and the other clinical nurse manager would support the person in charge in their role.

In the interim, the inspector was satisfied, that the interim appointment of the operations manager as the person in charge of two designated centres, with the support of two clinical nurse managers would ensure the effective operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

Improvements were noted since the last inspection, in the supervision levels for residents, as per their assessed needs. The inspector reviewed staff rosters along with the respite planner for a two month period. A staff member on duty outlined that where increased supervision levels were required for specific residents, the number of respite beds provided reduced, therefore the ratio of staff to residents was increased on these nights. The staff roster and respite planner were reflective of these stated arrangements, and the inspector observed this was the case of the second day of inspection as was required.

There were two staff on duty on weekdays from 7.30 hours to 10.30 hours approximately, and two staff on duty in the afternoon from 15.00 hours to 21.15 hours. The centre closed during the day when residents were at day services or following discharges from the centre. At night, one staff was on duty from 21.00 hours to 09.15 hours, and one staff was on duty in a sleepover capacity. At the

weekend, both staff worked from 9.00 hours until 21.15 hours during the day.

The staff team comprised of nurses and healthcare assistants, and there was a nurse on duty during the day and at night-time in the centre. One nurse had recently commenced in their post in the centre, and the operations manager outlined that there was a long term plan to recruit an additional healthcare assistant in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Overall the inspector found there had been a number of key changes in the governance and management arrangements in the centre, and more robust oversight arrangements from both local management and board of directors levels. The provider had ensured that residents were being provided with care and support, in line with their needs and stated supervision requirements, and the relevant professional healthcare information was available to guide practice in the centre. The provider was monitoring the centre on a continuous basis, and was actively responding to issues as they arose. The inspector found there was a more streamlined and transparent reporting system from a centre level through management personnel and to the board of directors, and issues were in the main being appropriately reported, so as to ensure effective actions were taken. Some improvement was required in the quality improvement plan, to ensure actions were clearly documented and reviewed.

The inspector met with the newly appointed person in charge on the first and second day of inspection. The person in charge outlined some of the changes and updates to the management arrangements in the centre. The provider had employed a quality improvement co-ordinator who was due to commence in post in the coming week, for two days a week, initially for a one year tenure. As mentioned, the provider had also recruited two clinical nurse manager 1 posts, one to assume the post of person in charge in the coming weeks, and one to support the person in charge to manage the two centres under their remit. The board of directors continued to meet approximately every month, and the quality improvement plan (QIP) was now reviewed monthly at these meetings. The provider was also in the process of rolling out an online rostering and an online training system, which meant that staff and managers would have more timely access to the staff rosters, and to their training requirements and training records.

The inspector reviewed minutes of three recent board of director meetings and the managers' report which was submitted to the board at the most recent meeting in June 2022. The QIP was reviewed at board meetings. The progress of actions had been discussed, as well as new developing actions arising from reviews and audits, and the effectiveness of the QIP in identifying regulatory non-compliances by the provider. The provider in response had identified the need for more robust auditing

tools which would be in line with the regulations, and the person in charge told the inspector this would be delegated to the quality improvement coordinator. The board meetings also included reviews of incidents in the centre, and any safeguarding concerns. As mentioned, a managers' report was reviewed at each board meeting and was compiled by the operations manager. From a review of the most recent report, it was evident that a range of issues were reported to the board of directors. These included safeguarding concerns, service finances, staff recruitment, the interim arrangements for the person in charge role, and recruitment to the board.

The operations manager had met with the person in charge and the clinical nurse manager every month, and two meetings in April had also included the external consultant and staff in the centre. Incidents, safeguarding, staffing and training needs, staff supervision, audits and the QIP were discussed at these meetings. There was evidence of shared learning following an inspection of another centre under the remit of this provider earlier in the year, and this had been discussed with staff at the meeting in April 2023.

As mentioned there was ongoing monitoring of the services provided in the centre, and the outcome of audits and reviews formed the basis of the QIP. The QIP was disseminated to staff in the centre, and to the board of directors for information sharing purposes. The inspector reviewed the QIP for a three month period, and while it was evident that actions were being compiled from a range of sources, it was not always clear on the actions that were needed to mitigate the risks identified, or if some actions were completed. For example, restrictive practice had been reviewed; however, the actions to be completed were not clearly documented. Similarly, healthcare plans had been reviewed, and had been recorded as non-compliant; however, the action did not appear to be recorded or reviewed in the following QIP to provide assurances to management and the board of directors that this action had been completed.

The provider had developed a schedule of audits to be completed and the inspector reviewed audits completed for incidents, safeguarding, finances, restrictive practices, complaints, and infection prevention and control. No actions were required following some audits, and where issues were identified actions were found to be completed or in progress. For example, a monthly incident audit was completed and for each incident a follow up at either staff meetings or at staff handover was completed. Where required referrals had been made to the relevant professionals, for example, the clinical nurse specialist in behaviour. Similarly an infection prevention and control audit in June 2023 identified the need for additional storage in the staff room, and initial measurements for storage units in the office had been completed by an external supplier.

Overall, the inspector found reviews were having a positive impact on the experiences of residents in the centre. For example, a resident and family questionnaire had been sent out in January 2023, and overall positive feedback had been received. Most residents and families had highlighted the need for increased respite services, and the provider was actively pursuing this with the relevant government department. Similarly, a resident had highlighted their preference for

increased food choice specific to their individual dietary needs, and the resident now went shopping, and chose their own food at the beginning of each respite stay. An annual review of the quality and safety of care and support had been completed for 2022, and included the views of residents and their representatives.

There was a defined management reporting system; however, the appointment of an interim person in charge meant that the post of operations manager was currently vacant, and a recruitment campaign was ongoing. While the inspector acknowledges that this was an interim arrangement, the absence of an operations manager in post, meant that the arrangements the provider had in place to ensure the effective management and operation of this centre could not be wholly implemented at the time of inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured practices and incidents had been reported to the Health Information and Quality Authority (HIQA) as required.

Judgment: Compliant

Quality and safety

There had been improvement in the provision of care and support in the centre, which meant that the previous risks related to positive behaviour support, residents' healthcare information, infection prevention and control (IPC), the management of risks, and the premises, had been effectively managed by the provider. Overall the inspector found residents had positive experiences during their stay in the centre, and care and support was provided to residents in line with their assessed needs and wishes.

Each of the residents needs had been assessed, and up-to-date information was available from hospital consultants, psychologist and a behaviour support specialist to inform personal plans, and consequently appropriate provision of care and support for residents.

The centre was clean and well maintained and had recently been refurbished in parts, which meant that the risks previously identified regarding IPC, and as outcomes to the provider's own compliance plan were mitigated.

There were satisfactory arrangements in place to protect residents, and

safeguarding concerns had been managed effectively.

The right of residents to choose how they wished to spend their time were respected, and staff consulted residents about the activities they would like to do while they stayed in the centre.

Overall the inspector found that given the remit of the provider, in providing short-term respite breaks for residents, that residents were receiving a good standard of care, in which their rights, safety and wellbeing were promoted.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their assessed needs and their choices. The inspector talked to three residents on the first day of inspection, and two residents on the second day of inspection. Three residents told the inspector they meet individually with staff at the beginning of their stay in the centre, and they chose what they want to do during their stay, for example, going to the cinema, getting a takeaway, or being supported to go to their own pre-planned events outside of the centre. A staff member described how it was important for a resident to have magazines, and goals included going to the shop to purchase these during their stay. Some residents preferred to spend time alone watching online videos, and it was important for them to have access to the internet, which was provided in the centre.

Residents were also supported to attend day services during their stay, and transport was provided from either a local bus service, or by the provider.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection the provider had upgraded parts of the centre. Kitchen presses had been refurbished, wall surfaces in bathrooms had been repaired and the centre had been painted throughout.

On the second day of inspection, the heating boiler was being moved to the outside of the property, in line with a fire safety audit, and the provider had arranged for files stored in the hallway press to be moved from the premises. Overall the centre was found to be well maintained. The electric gate to the front of the property required repair, and parts had been ordered to repair this. Each resident had their own bedroom when they stayed in the centre, and there were adequate bathroom facilities available. Suitable storage was provided for residents to store their belongings.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the management of risks and incidents in the centre.

The inspector reviewed incident records since the last inspection, and incidents had been managed appropriately at the time of occurrence, with reviews with the staff team completed and recorded in incident audits on a monthly basis. Where individual follow up reviews were required these were complete, for example, a review for a resident with the mental health team was complete.

Individual risks were assessed for residents, and as mentioned the control measures were outlined as personal plan interventions in risks management plans which were found to be implemented in practice. The centre had an up-to-date risk register and included areas for example, falls, fire safety, medicines management, infection prevention and control and specific healthcare conditions.

A review of incidents, including safeguarding incidents was completed at local management meetings involving the operations manager, the person in charge and the clinical nurse manager. Incidents were also reviewed at each board of directors meeting.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that all infection prevention and control (IPC) risks which had been identified on the previous inspection were mitigated. These had included repairs to bathroom walls and a door to an ensuite, refurbishment of kitchen presses, and providing suitable laundry baskets with alginate bags.

The inspector was shown around the centre on the first day by the person in charge, and by a staff member on the second day. Overall the centre was found to be clean and well maintained. A colour coded mop system was in use for different areas of the premises. There were adequate hand hygiene facilities including hand washing areas, and wall-mounted hand sanitising units. Suitable arrangements were in place for the management of waste, and pedal bins were available throughout the centre.

Infection prevention and control audits had been completed in January and June 2023, and a self-assessment in the intervening months. In the main no issues had been identified. The most recent audit did identify the need for additional storage in

the office and in the utility room. Storage for the office was in the process of being addressed. On the day of inspection, the person in charge discussed the arrangements in the utility room, as a boiler in the utility room was being moved to the outside of the premises. This would allow for additional storage to be made available in the utility area.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Since the last inspection improvements were found in the information available from relevant health care professionals to inform practices in the centre.

The inspector reviewed two resident's files, and residents had up-to-date assessments of need completed. Assessments were informed by information received from families, and from correspondence from healthcare professionals, for example, hospital consultants and psychologists. As part of the pre-admission process, families were contacted and information regarding changes in care and support for residents were sought prior to all admissions.

Personal plans were developed to guide practice and to meet the identified needs of residents, and personal plans were reviewed prior to each admission to the centre. Personal plans were documented as risk management plans, and the inspector found, that given the remit of the provider, this adequately guided care and support for residents when they availed of respite stays in the centre.

Residents were supported to develop goals for their stay, and a staff member described this process to the inspector. The inspector heard a staff member chat with a resident about some of the goals they would like to do while in respite, and the resident was supported to go to the cinema on the second evening of the inspection. Records were maintained of the progress and achievement of goals for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs while staying in the centre, and the recommendations made by professionals such as a psychiatrist, psychologist or behaviour specialist formed part of the support interventions for residents in the centre.

Since the last inspection, a specific risk related to a resident's behaviour of concern had been reviewed by the multidisciplinary team, and a staff member described the

recommendations which had been trialled for the resident when they stayed in the centre. The inspector reviewed two behaviour support plans, which had been developed by a psychologist. Both plans had recently been reviewed, and outlined the proactive and reactive strategies to support residents with their behavioural needs. The inspector observed that staff provided support to a resident as per their behaviour support plan.

Judgment: Compliant

Regulation 8: Protection

The provider has systems in place to protect residents. There had been one notification received by HIQA reporting an allegation of abuse, and the safeguarding and protection team had also been notified.

The inspector reviewed the respite planner for July and August 2023, and it was evident the safeguarding plan regarding admissions to the centre had been planned for and implemented to date. A follow up review meeting had also been completed with a multidisciplinary team, and recommendations were implemented, for example, implementing a behaviour support plan, and tracking incidents of behaviour of concern.

Admissions to the centre were planned and compatibility of residents was discussed and arranged as part of this planning process. This meant that where potential safeguarding risks were identified, measures were in place to mitigate such risks prior to admission of residents to the centre.

The intimate care needs of residents were assessed and plans set out the support to be provided in line with residents' wishes, while ensuring residents' privacy and dignity were maintained.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted as they availed of respite stays in this centre, and residents had the freedom to choose how they wished to spend their time in the centre.

Residents chose activities they would prefer to do when they stayed in respite, and this formed goals for residents. For example, residents could chose activities such as going to the cinema, watching GAA matches, shopping, or if residents preferred, they could chose to do activities in the centre, for example getting a take away, or watching online videos. Residents also told the inspector they were aware of their

rights, and met with staff individually on their first night of each stay in the centre.

Residents chose the room they wished to stay in while in the centre, and three residents said they were happy with this choice, and with group of peers they got to spend time with while staying in the centre. Where residents had a specific preference regarding their sleeping arrangements this had been respected.

The provider was aware of a risk related to the privacy and dignity of a resident and was actively engaged with the funder to mitigate the risk this presented.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Steadfast House Respite Service OSV-0001632

Inspection ID: MON-0036756

Date of inspection: 03/07/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Having reviewed our QIP resource to support Residential & Respite Service, we acknowledge findings in the recent Health Information & Quality Authority report. To bring greater clarity to the process, going forward, areas requiring attention will not, on completion of the action, be removed from the next QIP, but will find it’s place within the green area of the plan. Clearer documentation of the actions required and executed for compliance will be recorded.</p> <p>The management structure within the organization will revert to the previously agreed arrangements. While the Operations Service Manager has temporarily moved to the role of Person in Charge, this is time framed to allow the present CNM1 to gain experience of the services and have a longer period of induction to the company’s policies and process. To-date the CNM1 has been fully involved with the running of the units. On September 4th 2023, the recently recruited CNM1 will commence employment. Following a reasonable period of induction for her, the current Person In Charge will return to the post of Operations Service Manager, while the present CNM1 will be promoted to Person In charge.</p>	

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	25/09/2023
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.	Substantially Compliant	Yellow	25/09/2023