



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

Issued by the Chief Inspector

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	10 January 2023 and 11 January 2023
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0034209

About the designated centre

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

Arbutus is a centre run by Ability West. It is a residential service that provides care to seven residents, both male and female who are over the age of 18 years and have an intellectual disability. The centre comprises of two premises, which are located on the outskirts of Galway city and within close proximity to each other. Both premises are two-story houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff office and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

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
Tuesday 10 January 2023	08:30hrs to 15:30hrs	Aonghus Hourihane	Lead
Wednesday 11 January 2023	11:00hrs to 12:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations.

On arrival at the centre, a staff member on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The designated centre comprised of two houses within close proximity to each other and located in residential areas on the suburbs of a city. At the time of inspection, there were five residents living in one house and two residents living in the other house. The inspector visited both houses and met with staff and spoke with six of the seven residents.

On the morning of the inspection the inspector had the opportunity to meet with four residents in one house prior to them heading to their respective days services and another resident attending an appointment. The one staff member on duty was attending to the personal care needs of the fifth resident. The residents appeared in good form, they spoke openly and honestly about their lives in the home. One resident spoke about how they really liked the staff and that they looked after them well. The residents spoke about what they did for the Christmas period and about the holiday period coming to an end. One resident spoke about how they used to enjoy basketball but can no longer play but they do like visiting local coffee shops and getting out and about.

One resident kindly agreed to show the inspector around the house, they explained that they had lived in the house for over 10 years and later from talking with other residents it was clear they had all lived in the home for a very long period of time. The resident showed the inspector the communal areas and also their room and overall they appeared happy and content. The resident discussed their day service, how much they enjoyed going there and again referenced how good staff were to them. They said they were happy with the food choices and all got on well together.

From speaking with the residents, looking at the daily communication book and reviewing the personal plans it was clear that the residents did get out in the community and enjoyed social activities, this was in spite of low staffing numbers compared to the needs of residents and was mainly due to the staff team having worked in the centre for a prolonged period and them showing huge commitment to the residents.

There were no visiting restrictions in place at the time of the inspection, many residents could openly and easily engage with family and friends and a resident availed of a break with a host family. Some of the residents spoke about their plans for this year including attendance at concerts and hotel breaks.

The two houses that made up the designated centred presented as generally clean and tidy and although one home had a new kitchen there was generally a need for on-going consistent repairs and refurbishments to include paint works and garden maintenance in one house.

The staff members that were on duty were observed to interact with the residents in a kind and caring manner. They also had clear knowledge of the residents needs and were observed to actively try and meet the needs during the inspection.

However there were a number of significant issues that the registered provider needed to address to ensure that the health, safety and well-being of all residents were met on a consistent basis. The provider had not appointed a person in charge, the provider had not resourced the centre in terms of staffing or auxiliary supports adequately. The provider was not responding in a timely manner to matters escalated by local management and the residents. The provider had not fully appreciated the changing needs of residents over a consistent period of time and thus had not made changes to resources or its overall service provision.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The provider had not ensured there were effective management systems in place to ensure that the service provided was safe, consistent and appropriate to the needs of the residents. The provider had not ensured that the centre was resourced in terms of staffing, management and had consistently failed to respond to escalated matters from both local management and the residents. These included a request to review staffing, various maintenance issues and residents seeking minor repairs.

The person in charge had left the service in early December 2022 but the provider had not appointed a new person in charge. The provider had put in place interim arrangements for an experienced team leader to oversee the service but the failure to appoint a person in charge meant the provider was not operating the service in line with the regulations.

The staffing arrangements within the centre needed a comprehensive review. From discussions with the team leader and a review of the planned and actual roster it was clear that there very few gaps and the vast majority of shifts were covered. However the provider had committed to review the staffing arrangements for the centre after the last HIQA inspection and also after a request from the previous person in charge as there had been significant changes in needs for residents and they were also getting older. There was no evidence available that any review of

staffing had taken place to assess the changing needs of residents, one staff member was on duty in the morning for five residents and individual assessments and the risk register stated that certain residents needed two staff for certain tasks.

The residents were ageing and their needs naturally changing but there was insufficient evidence that the provider's own governance and management systems were picking up these issues and responding to them.

The provider was completing the six monthly audits of the service, the last one in November 2022. The provider visit did highlight many of the issues identified during this inspection but it didn't refer to the significant changing needs of residents and the impact this was having on resources and service provision.

The provider had produced a compliance plan in response to the findings of the last inspection in March 2022. There was no evidence offered on the day of the inspection that this plan had been acted upon and the issues identified including staffing, governance and management as well as premises had not been addressed with evidence that matters had in fact deteriorated in all three areas.

Record keeping in the centre was of a good quality with staff consistently using a communication book thus ensuring that pertinent information was available and shared at all times.

Regulation 14: Persons in charge

The person in charge had left their post on December 9th 2022. The provider had not appointed a person in charge of the designated centre. The management team had no indication of a time frame for the appointment of a person in charge but did have interim arrangements with a team leader that was familiar with the service and service users.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider did not ensure that the number, qualifications and skill mix of the staff was appropriate to the number and assessed needs of the residents.

There was only one staff member on duty in the mornings. There was a resident that required two staff for all transfers. The risk assessment for the centre stated that four residents needed two to one staffing in the community, this was not in place.

The overall staffing levels at all times within the centre needed to be

comprehensively reviewed to ensure the provision of safe care at all times.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff team who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene and GDPR processes.

The registered provider needed to review what constituted appropriate training in the centre for all staff to ensure that the training offered was in line with the changing and presenting needs of all residents. The training matrix indicated that only two staff had completed 'skin integrity' training and yet this was a presenting concern in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a comprehensive directory of residents. The directory included all the prescribed information that is required under the regulation.

Judgment: Compliant

Regulation 21: Records

Record keeping within the designated centre was generally of a good standard. The provider had ensured that the residents files were comprehensive, regularly reviewed and in-date. Records kept in the designated centre were in line with Schedule 3 of the Care and Support of Residents in Designated Centres for persons (children and adults) with Disabilities Regulations 2013

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that this designated centre was adequately resourced to ensure the effective delivery of care and support to the residents living in the centre.

The provider had not appointed a person in charge and had not fully ensured that there was staffing resources in the centre at all times to reflect the changing needs of residents.

The provider had not ensured that basic maintenance issues escalated to its attention were addressed in a timely manner and had not responded to reasonable resident requests in relation to the operation of the centre.

The provider had not addressed the issues in the most recent compliance plan in response to the last inspection of the service.

The provider did not have out of hours on-call management arrangements in place during the week. The provider had committed to have this in place previously by July 2022.

Judgment: Not compliant

Regulation 3: Statement of purpose

An updated statement of purpose was available within the centre. The statement of purpose didn't fully reflect the changes to the management arrangements in the centre or the interim arrangements while there was no person in charge appointed by the registered provider.

Judgment: Substantially compliant

Quality and safety

The staff team members that spoke with the inspector were knowledgeable and committed to the needs of residents. There was ample evidence available from the records in the centre to show that the staff team ensured that residents got to their respective appointments and that their care plans and general welfare was reviewed on a regular basis.

The provider had ensured that residents had access to a variety of healthcare professionals, the file of a resident reviewed showed that they had recent engagement with their general practitioner, a podiatrist, the public health nurse and there was also evidence of hospital visits as well as the resident having access to

vaccination and screening programmes.

The residents each had access to a key worker who took responsibility for ensuring that their personal plans were reviewed and goals updated and achieved. The files showed that meetings were taking place and that residents were consulted when goals were set and that the staff team worked to ensure that the residents had a meaningful life.

There were a number of matters that needed to be addressed with the premises, the provider needed to ensure where such issues were escalated by the centre that action was taken to resolve the issues in a timely manner. The provider also needed to ensure that the equipment and facilities within the designated centre for resident use was provided and maintained to a high standard. The provider needed to review all internal processes to ensure that residents were not asked to pay for any equipment that was the responsibility of the provider to provide. The residents had paid for a replacement dishwasher collectively and one resident had paid for assessable storage in their room.

The provider needed to review its risk management processes within the centre. The providers own risk register was not in date and it didn't capture a clear and significant risk within the centre- the changing needs of the residents as they age and the impact of these changes on service provision within the centre.

The infection prevention and control measures within the centre needed review. The centre did have a resident with significant health care needs and as such the provider needed to ensure that the national standards were fully implemented. The operational practices in the centre were not in line with the providers own policies and procedures and the provider needed to carry out remedial works to ensure that infection prevention and control practices were effective.

The provider did have effective fire safety management systems in place. The fire fighting equipment in the centre was regularly serviced and the residents all had evacuation plans that had been reviewed in line with the providers policy.

Regulation 13: General welfare and development

Residents were supported to take part in a range of activities both at the centre and in their respective day service or place of work. The staff team ensured support was provided to residents to achieve this in accordance with their own choices and their assessed needs. There was evidence in the communication book that residents enjoyed their daily routines and that their plans were under regular review by their respective key workers.

Judgment: Compliant

Regulation 17: Premises

The two houses that constituted the designated centre were in need of general repairs and updating. The front and rear gardens to one home appeared to have remained untouched for a sustained period and as such were not inviting or usable for residents.

There were a number of items escalated by the staff team to the provider for repair and records reviewed indicated that these had not been acted upon in a timely manner, these included a resident waiting for the installation of a TV that they had purchased for over 6 months.

The responsibility for ensuring the designated centre is fully equipped rests with the registered provider. There was evidence that residents own personal funds were used for the purchase of a dishwasher, stick hoover as well as discussions about a new microwave. The provider was asked after the inspection to review and respond specifically to this information.

The responsibility for ensuring the designated centre has adequate and assessable storage rests with the registered provider. There was evidence a residents own personal funds paid for assessable storage in their room. The provider was asked after the inspection to review and respond specifically to this information.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had a risk register in the centre. The register was in the process of been updated. The provider had identified a number of risks within the centre but was not reviewing the risks in accordance with the time frames prescribed by the provider.

The registered provider had not fully assessed the risks identified within the centre and as such the risk control measures were not proportional to the risk identified. The risk rating assigned to staffing was low even though the staffing levels in the centre especially during the mornings were not in line with the assessed needs of residents. The risk rating associated with healthcare was rated as low even though there was a resident with very high healthcare needs that required a high level of staff assistance and monitoring as well as presenting issues for other residents as they were aging.

Judgment: Not compliant

Regulation 27: Protection against infection

The infection prevention and control measures in the centre were not in line with national standards and given the complex healthcare needs of a resident the provider needed to comprehensively review. One bathroom in one house had significant levels of black mould. The bathroom upstairs in one house had an untreated wooden board to the rear of the toilet that was heavily stained and staff could not adequately clean it. The same bathroom's shower area was not clean and seals needed replacement to assist staff with cleaning. During the inspection the residents' clothing was drying on various radiators and the heavily soiled stick Hoover was stored on a counter top charging. There was some confusion between the difference with cleaning and disinfecting as a staff member reported that they only used alcohol disinfection wipes to clean bathrooms and this was not in line with the infection prevention and control policy.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had ensured there was an effective fire safety management system in place in the designated centre. There were daily, weekly and monthly fire checks taking place and some residents were involved in these tasks also. The fire equipment had been serviced at regular intervals and each resident had a personal evacuation plan in date that was detailed. There was evidence of regular fire drills both during the day and at night.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The staff team ensured that each resident had an individual assessment and that personal plans were in place and updated as required. There was evidence that the assessment had input from both a health and social care perspective. The file of a resident reviewed evidenced extensive efforts by the staff to ensure that the changing needs of the resident was met in the context of the service and its limitations as outlined in other sections of this report.

Judgment: Compliant

Regulation 6: Health care

The staff team ensured that all residents had access to the health care that they needed. Residents had regular and timely access to GPs and other healthcare professionals. A review of two residents files showed that residents had been referred and recently assessed by a range of health and social care professionals. Residents were supported to avail of vaccine and national screening programmes. The daily communication book evidenced that there was constant and consistent communication between the staff team and a range of healthcare professionals.

Judgment: Compliant

Regulation 9: Residents' rights

The staff team endeavoured to ensure on a daily basis that residents were treated with respect and dignity and there was evidence that each resident was consulted about the operation of the centre. However there was evidence that the provider had not ensured that all residents had the freedom to exercise choice and control in their daily lives. One resident requested a key to the front door for over 6 months but the provider had not arranged this in spite of the matter getting escalated on a consistent basis. A resident that used a wheelchair could not freely return to the house without assistance as there was a lip at the front door that proved to be an obstacle, the staff team had escalated this matter consistently but it had not been responded to.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Arbutus Services OSV-0004105

Inspection ID: MON-0034209

Date of inspection: 10/01/2023 and 11/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A Person in Charge has been appointed to the service. The person appointed is familiar with the resident’s ensuring continuity of care and support of the residents. The required documentation is in progress and will be submitted to HIQA as per regulation. The Person in Charge appointed, continues in the role of Team lead in the service and will continue in this role until official arrangements are completed.</p> <p>The Person in Charge will have sole responsibility for this Designated Centre alone.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Person in charge and the Person Participating in Management are currently engaging with the Human resources department to employ adequate staffing within the Centre to ensure safe standard of care at all time. Interviews for vacant roles are planned for the week commencing the 13 February 2023.</p> <p>In the interim staff within the service who do not work full-time hours and relief staff have agreed to undertake additional shifts within the service.</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:</p> <p>Person in Charge and the Person Participating in Management will review training requirements and request relevant training to address the needs of the Centre with reference to skin integrity training.</p> <p>A trainer has been identified to present the required training and the training is now scheduled for all staff.</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>The Person in charge and the Person Participating in Management are currently engaging with the Human resources department to employ adequate staffing within the Centre to ensure safe standard of care at all times. Interviews are planned for the week commencing the 13 February 2023.</p> <p>In the interim, staff within the service who do not work full-time hours and relief staff have agreed to undertake additional shifts within the service to ensure the support needs of the residents are supported.</p> <p>A Person in Charge has been appointed to the service. The person appointed is familiar with the resident's ensuring continuity of care and support of the residents. The required documentation is in the process of being finalized and will be submitted to HIQA as per regulation.</p> <p>The on-call management arrangements in place are currently under review by senior management. It is envisaged that a formal on-call arrangement will be in place to ensure that staff are adequately supported out of hours during the weekdays.</p> <p>Team Leader had requested that the maintenence works highlighted on the day of inspection have been brought to the attention of Ancillary Services. All of these maintenance works have since been completed. New items have been logged on the service providers online maintenance request system and will be prioritised to be completed .</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated to reflect the position of the Team lead. Additional updates will take place in the Statement of Purpose following the confirmation of the Person in charge within the service.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All maintenance works highlighted on the day of inspection were brought to the attention of the ancillary services and a number of these maintenance works have since been completed. The remaining items have all been re-logged on the service providers online maintenance request system.</p> <p>Ancillary manager will meet the Team lead to assess works required for refurbishment of the garden at one of the premises.</p> <p>Immediate action was taken in relation to the TV issue. This is now completed.</p> <p>PPIM with the support of PIC and the staff team within the Centre will ensure that the Centre is equipped by the provider only. Personal funds of residents are not to be utilized to purchase equipment storage or appliances.</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>Risk Register has been reviewed and updated. The top 5 risks identified in the service will be forwarded to Q & C department and to Client Services department monthly for review.</p>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Maintenance Issues identified at the inspection were brought to the attention of Ancillary Manger and these are currently being addressed. The Ancillary Manager visited the centre to review all works required and ensure completion of same. There is a timeline in place to complete refurbishments required within the Centre</p> <p>Color coded clothes ordered, cleaning and disinfecting procedures were implemented with immediate effect.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>There was immediate action to the issue of the key and the resident now has the key to the house.</p> <p>The Ancillary Manager has taken action to comply with the accessibility issue. A new ramp for the front door has been ordered to ensure accessibility.</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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	01/03/2023
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	01/03/2023
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	Not Compliant	Orange	01/03/2023

	purpose and the size and layout of the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Yellow	31/08/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to	Not Compliant	Orange	16/01/2023

	residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	28/02/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2023
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	Not Compliant	Orange	31/03/2023

	and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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	01/03/2023
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Not Compliant	Orange	06/02/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	13/02/2023

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/08/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/03/2023
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	28/02/2023