

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

## Issued by the Chief Inspector

Name of designated centre:	Seirbhis Radharc Arainn
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	01 July 2024 and 02 July 2024
Centre ID:	OSV-0004955
Fieldwork ID:	MON-0044111

## About the designated centre

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

Seirbhís Radharc Árinn provides a full-time and respite residential service to eight male residents with a mild to profound intellectual disability and or autism. Seirbhís Radharc Árinn is made up of two rural houses close to a village in a coastal area. One house is separated into three self-contained dwellings, and the other house's design and layout incorporates separate accommodation for one person. The service has eight beds in total between two houses, and provides care to people from 18 years of age to end of life. The service can accommodate people who present with complex needs such as physical, medical, mental health, mobility, communication and or sensory needs. The physical design of all three buildings renders them unsuitable at present for use by individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes social care leaders, social care workers and support workers. Staff are based in the centre during the day and at night-time to support residents. There is transport available on-site for residents to access community based activities.

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

Number of residents on the date of inspection:	8
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## How we inspect

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 1 July 2024	15:30hrs to 19:00hrs	Ivan Cormican	Lead
Tuesday 2 July 2024	09:00hrs to 11:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This inspection was conducted following the receipt of unsolicited information in regards to the quality and safety of care which was offered to residents in the centre. The centre comprised of two houses, however, only one house was visited as part of this inspection. This inspection was unannounced and conducted over two days, it was facilitated by the centre's person in charge. The inspector met with all four residents who lived in the centre and also three staff members. The findings of this inspection highlighted that significant improvements were required in regards to safeguarding and also the oversight of care. Three of the residents discussed issues which were impacting on their lives and one resident stated that they were afraid in the centre. These issues will be discussed below and also in the subsequent sections of this report.

The inspection commenced in the afternoon and three residents were at home. One resident was on an outing with a staff member, and initially the inspector found the centre had a calm and pleasant atmosphere. Two residents had their own apartments which comprised of a bedroom, bathroom and open plan kitchen dining and living area. The remaining two residents shared a living space in the main aspect of the centre with both having access to a large kitchen, bathrooms and an open plan dining and living area. Each resident had their own bedroom and one of these residents had two separate areas for an activity which they enjoyed. The centre was bright, airy, well maintained and residents had decorated their own living space with photographs, artwork and jigsaws which they completed.

A resident who used the service had gone through a recent decline in their mental health which resulted in a marked increase in behaviours of concern. A review of records indicated that these behaviours of concern were generally directed at staff members and residents. In addition, significant behaviours of concern were also occurring during nighttime hours and residents reported that they were frequently kept awake for long periods. Three of the residents explained to the inspector that they were very unhappy in the centre and it was not nice to be kept awake at night. Furthermore, one resident had been involved in a significant incident where they had been threatened and their personal space invaded, they reported to the inspector that they were afraid in the centre.

Three of the residents had historical, but significant risks which had the potential to have a profound and negative impact on residents who they lived with. An associated risk assessment stated that one resident could not be left unsupervised with other residents and that a staff presence was a requirement of care. However, the inspector observed that this level of supervision could not be achieved due to staffing deficits which were in place over both days of inspection. The person in charge indicated that three staff members should be on duty each day, however, only two staff were on duty at any one time over the course of inspection. In addition, the rota for the days before and after the inspection also indicated that just two staff would be on duty. Furthermore, on the first evening of inspection only

one staff member was on duty from 6 PM. The staff member indicated that residents could be left unsupervised with each other as it was not feasible to supervise all residents with just one person on duty. A subsequent review of incident sheets, highlighted where a resident had invaded another resident's personal space, and had also threatened them on an occasion where staff were busy elsewhere.

Of concern was the marked and significant increase in safeguarding concerns following the decline in a resident's mental health needs. A cluster of significant and serious incidents had occurred over a weekend prior to this inspection. The provider had responded by implementing additional multidisciplinary reviews and also a safeguarding referral had been made to an external agency. Although this was a positive action, the inspector found that there had been multiple safeguarding concerns before and after this weekend which had not been identified by the provider. This poor oversight of safeguarding had a direct impact on the quality and safety of care which residents received and was a clear indication that improvements were needed in regards to the governance and management's arrangements in the centre.

## Capacity and capability

The inspector found that the governance and management arrangements in this centre required significant improvements. The provider had appointed a person in charge, however, they did not have the capacity to fulfil their duties due to their commitments in the oversight of two other designated centres. In addition, this designation centre comprised of two houses, however, the provider had not visited this house as part of the most recent unannounced audit even though there had been a significant increase in incidents of concern. In addition, the provider was issued with an urgent action prior to the conclusion of the inspection, in regards to the oversight of care and the provision of safeguarding. In the days subsequent to the inspection, the provider submitted a compliance plan outlining the actions to bring these areas of care back into compliance with these regulations.

The provider had appointed a person in charge who was suitably qualified and experienced to fulfil the duties of this role. They attended the centre over both days of inspection and it was clear that they had good rapport with residents and staff. They also had a good knowledge of the resident's care needs, including the recent escalation in behaviours of concern for one resident. Although they had a good understanding of the service, the provider had not ensured they have the capacity to fulfil the duties of the role as they were person in charge of three designated centres which comprised of four separate houses. They informed the inspector that they could only visit this house one day every week. In addition, the centre's team leader position was vacant which also placed further strain on the oversight arrangements. The person in charge stated that this position had been filled and a staff member was awaiting their commencement date in this role. The inspector found that the lack of a team leader in the centre and also the lack of capacity of

the person in charge to visit the centre was having an impact on care. For example, some significant incident reports had not been signed off as reviewed by management, and others which had been signed off contained potential safeguarding concerns which had not been identified or referred for further review by the provider's designated officer.

The provision of care required significant improvements in the centre. In addition, the residents who lived in the centre were assessed as requiring high levels of supervision, however, the provider did not ensure that the centre was adequately resourced in terms of staffing. The oversight of care also required significant improvements. This aspect of the centre had not been part of the providers most recent six monthly audit, even though there have been a marked increase in incidents of concern. Furthermore, safeguarding incidents had not been identified addressed are responded to by the provider and an urgent action was issued by the inspector in regards to safeguarding and governance prior to the conclusion of this inspection.

Overall the inspector found the governance and management arrangements in this centre had not insured that care was held to a good standard at all times. Significant deficits were found in regards to safeguarding, risk management and staffing. In addition, the centre was not adequately resourced in terms of staffing and as a result the provider failed to ensure that the centre was safe at all times. Furthermore, the provider failed to ensure that all required notifications in regards to allegations of abuse were submitted as set out in the regulations.

#### Regulation 14: Persons in charge

The person in charge of the centre had a good understanding of the residents' care needs and it was also clear that they had a good rapport with both residents and staff. They held the role of person in charge over three designated centres and the inspector found that they did not have the capacity to fulfil the duties of the role in this centre. Deficits were found in the day-to-day oversight of care and improvements were needed in regards to the local management of the centre.

Judgment: Not compliant

#### Regulation 15: Staffing

The inspector met with three staff members who were found to have a warm and pleasant approach to care. They interacted with residents in a kind and caring manner and they had a good understanding of their individual and collective needs.

The residents who used the service had specific risks and were assessed as requiring close supervision. The inspector observed that the staffing arrangements

in the centre were not aligned to the residents' supervision requirements. The inspector observed that only one staff was on duty from 6 PM which meant that residents could not be supervised as set out in documentation which was reviewed. Furthermore, the person in charge stated that three staff should be on duty each day, however, only two staff were on duty on the day of inspection and a review the rota indicated that this staffing arrangement was the norm for the centre.

Judgment: Not compliant

### Regulation 16: Training and staff development

The provider had a mandatory training and refresher programme in place which assisted in ensuring that staff could meet the assessed needs of residents. Following a recent cluster of incidents, a safeguarding plan was implemented which stated that additional safeguarding and positive behaviour support training should be completed by all staff. However, a review of training records indicated that this additional training had not occurred.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and oversight arrangements in this centre required significant improvements to ensure that the quality and safety of care was maintained to a suitable standard at all times. Due to the remit of the person in charge they were unable to attend the centre at a suitable level to monitor care.

The provider's most recent six monthly audit had not reviewed care in this aspect of the centre and additional audits and review systems failed to identify, respond and address on going safeguarding concerns and compatibility issues which were impacting on the residents' quality of life.

Furthermore, it was apparent that the centre was under resourced in terms of staffing which was not offered in line with residents' assessed care and safety needs.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A review of adverse events in the centre indicated that several incidents of a



safeguarding nature had occurred in the months prior to this inspection. The office of the Chief Inspector had been notified of a cluster of safeguarding incidents which had occurred over a weekend, however, several incidents which had the potential to impact on safeguarding and not been notified as required.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Three residents who met with the inspector stated that they were happy with many aspects of care; however, they were not happy with noise and disturbances which impacted upon their day and also had kept them awake during nighttime hours.

The provider had a complaints policy and procedure in place which were clearly displayed in the centre and the residents had discussed their concerns with staff and the person in charge.

However, residents had not been offered the opportunity to utilise the complaints procedure in relation to their concerns. The inspector found that this impacted upon the residents' rights to formally document their concerns with the provider and also to bring about sufficient change in regards to resolving the situation in the centre.

Judgment: Not compliant

### Quality and safety

The inspector found that the quality and safety of care which was provided to residents required significant improvements. This inspection identified issues which were impacting upon safeguarding and also the management of incidents in the centre. Following a cluster of significant incidents over a weekend, the provider had conducted a multi-disciplinary review of the centre. One of the recommendations was that implementation of a restrictive practice to an interconnecting door to promote safety within the centre. However, this recommendation had not been completed at the time of inspection. This was brought to the attention of the person in charge, and prior to the conclusion of the inspection and a temporary restriction was introduced to mitigate against the risk of further serious incidents occurring.

The provider had a system in place for identifying recording and responding to adverse events. As mentioned above, a cluster of serious incidents had occurred in the month prior to this inspection which had prompted a multidisciplinary review by the provider. However, the inspector reviewed multiple incidents of concern in the months prior to this inspection which had placed residents at risk of harm and also had a negative impact on their quality of life. Some of these incidents had not been

reviewed by management of the centre and others which were reviewed had not been identified safeguarding concerns. In addition, the provider failed to recognise the negative trend of incidents which were impacting on the day-to-day life of all residents.

Significant improvements were required with regard to safeguarding. Serious concerns were identified on the day of inspection and the provider was issued with an urgent action to address these issues within a week of the inspection. The inspector had identified multiple incidents which had an impact on safeguarding and had not been identified or addressed by the provider. In addition, a resident told the inspector that they were afraid in their home, and three residents told the inspector that they were frequently kept awake during nighttime hours. The inspector found, that the lack of oversight in response to safeguarding issues was having a profound effect on residents quality of life and lived experience in their home.

Overall, the inspector found that the quality of life for residents who lived in this aspect of the centre had deteriorated since the last inspection. Considerable adjustments were required to the oversight of safeguarding and the monitoring of incidents.

#### Regulation 26: Risk management procedures

The inspector reviewed a risk assessment which clearly stated that due to safety concerns and as a control measure, a resident required close supervision and could not be left in the presence of other residents without staff present. The inspector found that this control measure was not consistently implemented and had previously placed a resident at risk of harm.

Incidents which were reviewed by the inspector had not been signed off as viewed by the provider. In addition, safeguarding incidents had not been identified or addressed and overall the provider failed to identify a negative trend in adverse events which had occurred in the months prior to this inspection.

Judgment: Not compliant

#### Regulation 7: Positive behavioural support

The inspector reviewed a behavioural support plan which give a good account of resident's support needs. This support plan was under review on the days of inspection, and the resident had seen a psychologist as part of this review process. Although this plan was under review, the inspector found that there was conflicting information from an associated mental health plan in regards to managing this resident's behavioural support needs. In addition, the resident was prescribed an as required medication for their behaviours, however, guidance in relation to the

administration of this medication was unclear and did not give sufficient detail to guide staff in its administration.

Judgment: Substantially compliant

## Regulation 8: Protection

The inspector reviewed incident reports from November 2023 to July 2024 which highlighted ongoing safeguarding concerns that had not been identified or addressed by the provider. Six clear incidents of concern had occurred which had not been referred to the provider's designated officer for investigation. In addition, eight other recorded incidents, in this time period, also required further examination in terms of safeguarding.

Incidents of concern had steadily increased in the six months prior to this inspection with ongoing threats of verbal and physical abuse, and also incidents whereby staff had to intervene to protect a resident from direct harm. Although the provider had responded to a recent cluster of incidents which occurred over a weekend. Measures which were introduced in response to this cluster of incidents had not been effective and actions which were outlined in the associated safeguarding plan lacked sufficient detail and some were not implemented.

Although policies and procedures were in place to protect residents from harm, these were not effectively implemented in this centre and the provider failed to demonstrate that residents were safeguarded.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Seirbhis Radharc Arainn OSV-0004955

Inspection ID: MON-0044111

Date of inspection: 01/07/2024 and 02/07/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>In accordance with regulation 14 (4) to ensure the effective governance, operational management and administration of the designated centre, the registered provider will be reducing the number of designated centres that the person in charge has responsibility for. This will occur from 30th September 2024, when an additional manager will return from leave and take over the role of person in charge on their return. In the interim, the current person in charge has allocated some of their additional duties in the area to other managers in the wider local area to ensure that they are effectively carrying out the role of person in charge. The commencement of a team leader in the designated centre on 26th August 2024 will also support additional governance within the designated centre.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>In accordance with Regulation 15, to 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, the registered provider is recruiting more staff for the designated centre. The person in charge has also adjusted the rosters following the inspection, to ensure longer cover hours in the evenings for greater supervision and more access to community activities in the evenings. Where possible, until further recruitment is completed, the person in charge is rostering three staff on duty. Once recruitment is completed, three staff will be consistently rostered.</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>In accordance with Regulation 16(1)(a) the staff team in the Designated Centre have all completed online Safeguarding training following the inspection and a specific in-person Safeguarding training session for the Designated Centre was attended by all staff with the organisation's Designated Officers on 26/07/2024.</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>In accordance with Regulation 23(1)(a) the registered provider is recruiting additional staff to ensure the effective delivery of care and support for residents. The commencement of a team leader is also confirmed for 26/08/2024 and adjustments to current rosters have been made to ensure greater delivery of services and supervision. In accordance with Regulation 23 (1) (c) the registered provider has ensured that adequate management systems are in place. The organisation has carried out a full review of the service, including safeguarding and quality of life reviews. The registered provider will carry out a provider led audit before 30/08/2024 to ensure that all action identified in the compliance plan and this action plan are being carried out and completed. The person in charge is spending more time in the designated centre to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored. In accordance with Regulation 23(1)(d) the registered provider is ensuring that the risk management policy is being followed. All staff have attended a bespoke training session on 26/07/2024 particularly focused on safeguarding, reporting of incidents and record keeping. The person in charge is carrying out a weekly audit of the incident recording system to ensure that all incidents are recorded and reported properly. All documentation relation to risk management, including risk assessments and protocols have been updated to include all identified risks. All of the identified incidents to date have also been discussed with the HSE Safeguarding team who are happy with the safeguarding plan to protect residents in the Designated Centre.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In accordance with Regulation 31 (1)(f) the Person in Charge has carried out a full review of all incidents for the past eighteen months in the Designated Centre and has subsequently submitted retrospective three day notifications to the Chief Inspector, outlining incidents of concern. These incidents have also been reported and discussed with the HSE Safeguarding team, who are happy with the plans that are in place to safeguard residents.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>In accordance with Regulation 34 (2)(c) the Person in Charge has discussed the complaints procedure with each of the residents in the Designated Centre. A number of residents had identified that they were unhappy in the Designated Centre and have raised a complaint for this reason. The person in charge is following the organisation's policies and procedures in relation to complaints and has responded to the complainants and outlined their plans to improve the service. The person in charge will continue to communicate all updates to the actions identified with the complainants until such time as the complaint has been resolved to their satisfaction.</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>In accordance with Regulation 26 the person in charge has reviewed all risk assessments and updated them to include all risks and added additional control measures to ensure that all residents are safe. These include additional staffing hours and the locking of one resident's door, to ensure other residents safety. The review of all incidents has taken place and the learning from all adverse events has been reviewed and discussed by the team, with multi-disciplinary input. Additional training for staff on record keeping and the introduction of a weekly incident recording system audit by the person in charge are all now in place too.</p>	



Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In accordance with Regulation 7 (1) all staff have Studio III training and additional multi-disciplinary support on the ground in the Designated Centre is underway. This includes an environmental assessment by the Advanced Nurse Practitioner in Positive Behaviour Support, as well as on site coaching for staff being carried out by the service's Senior Psychologist. A full review of protocols and behaviour support plans has also taken place with the multi-disciplinary team on 10/07/2024 to ensure clarity within the documentation. A mental health review for one resident has also taken place and an updated PRN protocol is in place which guides the administration of prescribed mental health medication.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In accordance with Regulation 8 (2) the person in charge on the day of the inspection made the decision to look the door into the communal area of the apartments from one residents apartment. This immediately protected all residents. Further environmental additions to the service have been identified to reduce the impact of one resident's behaviour on all of the other residents, this includes soundproof doors and soundproofing on ceilings as well as additional changes to some internal doors to push panels instead of handles. The required materials have been ordered and will be fitted by 30/09/2024. In accordance with Regulation 8 (3) the person in charge and registered provider initiated a full safeguarding review of the service where all residents were spoken to and all adverse incidents were reviewed. The findings of this review were discussed with the HSE safeguarding team who were happy with the plans put in place to safeguard all residents. These plans will be monitored and reviewed by the organisation's designated officers and the HSE Safeguarding team to ensure all residents are safe. Any further incidents, allegations or suspicions of abuse in the designated centre will be fully investigated as per the organisation's Safeguarding of Vulnerable Adults policy.</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(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	30/09/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	14/07/2024
Regulation	The person in	Substantially	Yellow	26/07/2024

16(1)(a)	charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Compliant		
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	14/07/2024
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	08/07/2024
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and	Not Compliant	Orange	17/07/2024

	investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	25/07/2024
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Not Compliant	Orange	22/07/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/09/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	08/07/2024
Regulation 08(3)	The person in charge shall initiate and put in	Not Compliant	Orange	10/07/2024

	place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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