



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

Issued by the Chief Inspector

Name of designated centre:	No.5 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	31 January 2025
Centre ID:	OSV-0005144
Fieldwork ID:	MON-0046193

About the designated centre

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

No.5 Stonecrop consists of a semi-detached house located in a suburb on the outskirts of a city. The centres can full-time residential care for a maximum of four male residents, over the age of 18, with intellectual disabilities including those with autism who may have multiple/complex support needs that may require support with behaviours that challenge. Each resident has their own individual bedroom, one of which has an en suite bathroom, and other rooms in the centre including a kitchen, a dining room, a living room, a main bathroom and a staff office. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 31 January 2025	11:40hrs to 18:55hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents met during this inspection did not communicate verbally. However, one of these residents was seen to use hand gestures to communicate, the atmosphere in the centre while residents were present was calm and content. Residents were seen to be comfortable in the presence of management and staff.

Four residents were living in this centre. Upon arrival at the centre to commence the inspection, one of these residents was present. This resident did not communicate verbally but waved at the inspector when he greeted the resident. The inspector was informed that of the other three residents, one was attending day services but would be returning later in the day, while the other two had gone to stay with their families. As such, these latter two residents were not met during the course of this inspection.

After a quick premises walk around, the inspector had an introduction meeting for the inspection in the staff office with the social care leader working in the centre. During this introduction meeting the resident who the inspector had earlier greeted, entered the staff office and sat down using a seat provided by the social care leader. After checking with the social care leader, the inspector proceeded with the introduction meeting with the resident seeming content as the inspector and social care leader talked.

Shortly after, a staff member arrived at the centre to commence their shift. They too entered the staff office and greeted the resident with a hand gesture. The resident responded to this by giving a thumbs up with the staff member also making a similar gesture. The resident then left the staff office with the staff member while the inspector continued the introduction meeting with the social care leader. After the introduction meeting had completed, the inspector briefly saw the resident again with the staff member in the centre's kitchen. The staff member was explaining to the resident about an upcoming meal with the resident seeming to be comfortable in their presence.

As the inspection progressed, the resident who had initially been attending day services at the start of the inspection, returned to the centre. The resident, who also did not communicate verbally, entered the staff office as the inspector was speaking with a staff member. The staff member introduced the inspector to the resident. The resident responded by shaking both hands of the inspector before leaving the office. Soon after this, both residents left the centre with the staff members present using a vehicle provided for the centre.

Once staff and residents had departed, the centre was unoccupied with the inspector using this opportunity to do a more detailed review of the premises provided. Overall, this premises was seen to be well-furnished and homelike in its generally appearance. It was noted that in some rooms, no picture frames were present with some art works instead painted directly onto the walls which was done

due to the needs of one resident. Each resident had their own bedroom which were provided with storage facilities such as wardrobes.

It had been reported that there were no restrictive practice in use in the centre, but in one resident bedroom, the inspector did observe that part of the resident's wardrobe was locked. This was later highlighted to the centre's social care leader, who confirmed that there was no reason for this to be locked. The social care leader also immediately unlocked the locked parts of the wardrobe and indicated that this would be discussed with the staff team. No other restrictions were observed in the centre during the course of the inspection.

Aside from this, while the premises provided was well-furnished and was also generally seen to be well-maintained, it was showing signs of aging in places. For example, a radiator in the dining room was chipped and rusted while there was some cracked paintwork around the doorframe of a resident's bedroom. In addition, the inspector detected a musty smell in another resident's bedroom and observed a noticeable amount of a brown substance near a window on part of the ceiling of the same bedroom. The inspector highlighted this to the person in charge who arrived at the centre during the inspection's afternoon.

It was indicated by the person in charge that the substance was likely mould and that this was issue brought about by the age of the premises provided for the centre. The inspector was also informed by the person in charge that the provider was in the initial stages of seeking an alternative premises for the residents with a view to better supporting the needs of residents in the future. Later in the inspection, a small patch of the same substance was seen on the ceiling of another resident's bedroom. This was highlighted to management of the centre but this substance was not seen anywhere else in the centre.

Having been away from the centre for nearly three hours, the two residents that the inspector had met earlier, returned with the same staff. The inspector was subsequently informed by a staff member that the residents had driven to a nearby town to go for a walk, had gone to a café and had done some grocery shopping which one of the residents had helped with. Residents had also attended a church to collect a mass booklet for one resident. This was something that was done every week for the resident who was seen to have the mass booklet near the end of the inspection.

The atmosphere in the centre was generally calm for the remainder of the inspection. While one resident was occasionally heard to vocalise, the inspector was informed that these were happy vocalisations after a favourite television programme of the resident had been put on for them in the centre's living room. Both residents seem content and comfortable with staff and management. For example, one resident was seen sitting with the person in charge in the dining room while both residents were seen to come to the staff office at different points.

Residents were also observed and overheard to be supported in a pleasant and warm manner by staff and management. This included a staff member being seen to communicate with a resident in their preferred manner, hand gestures, while also

using a picture book to engage with them. As the inspector was leaving the centre, this staff member encouraged the resident to use gestures to say goodbye and thank you to the inspector. The resident then used these gestures. The other resident was getting ready at that time to leave the centre to go spend time with their family.

In summary, the premises provided for this centre was generally seen to be well-presented but it was showing signs of age while a musty smell was evident in one resident bedroom. Two of the four residents living in this centre were not present during the inspection. The other two residents were also away from the centre for parts of the inspection but were met. These two residents were supported in a pleasant and warm manner during the 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

While issues relating to knowledge and availability of safeguarding standards were identified during this inspection, no immediate safeguarding concerns were found. Some identified actions from a previous inspection or the provider's own unannounced visits had not been addressed.

This designated centre was registered until December 2026 with no restrictive condition and had been previously inspected on behalf of the Chief Inspector of Social Services in June 2023. While some regulatory actions were found, in areas such as the directory of residents, the June 2023 inspection found an overall good level of compliance and residents to be well supported. Given the length of time since the previous inspection, a decision was made to conduct the current inspection which was focused on the area of safeguarding in line with a programme of inspections started by the Chief Inspector during 2024. Overall, this inspection found no safeguarding concerns although staff knowledge around certain safeguarding standards and the presence of such standards in the centre were areas for improvement. It was also noted that some areas identified in the provider's unannounced visits to the centre were not being addressed. This included the same action related to the directory of residents identified during the June 2023 inspection.

Regulation 16: Training and staff development

Under this regulation, staff working in a centre must be appropriately supervised

and during the inspection it was indicated that all staff were to undergo formal supervision every six months. Staff spoken with during the inspection indicated that they had received such supervision in recent months. This was confirmed by staff supervision records provided during this inspection for four staff who had all received formal supervision since September 2024. Such records indicated that matters such as continuous professional development and residents were discussed.

The supervision records also had a section on safeguarding concerns with all supervision records seen indicating that there were no safeguarding concerns in the centre. Notes of nine staff meetings since July 2024 were also reviewed. These notes indicated that topics like training and incidents were being discussed with staff. In most meeting notes it was indicated that there was no welfare concerns in the centre, although there was no reference to safeguarding generally or relevant safeguarding guidance, policies or standards being discussed during these meetings.

When speaking with staff members during this inspection, they demonstrated a reasonable knowledge around safeguarding generally. However, neither of the staff spoken with demonstrated an aware of relevant standards related to adult safeguarding despite a requirement under this regulation for staff to be made aware of such standards. While copies of relevant safeguarding policies were present in the centre, a copy of these safeguarding standards were not present in the centre. Neither were copies of other relevant guidance related to unexplained injuries and the indicators of abuse. This was not consistent with the requirements of this regulation.

Judgment: Substantially compliant

Regulation 23: Governance and management

A management team was in place for this centre with the social care leader playing an important role in this. The social care leader was spoken with during this inspection and demonstrated a good awareness of the operations of the centre and the residents living there. The social care leader reported to the person in charge and stated that they were in regular contact with the person in charge. The person in charge had a wider remit within the provider and was involved with other centres operated by with provider following a recent change. On account of this, it was suggested that the role of person in charge could be changing following this inspection.

Aside from the management of the centre, there was some evidence that there were systems in operation to monitor the services provided in the centre. For, example, three visits to the centre had been conducted by representatives of the provider since the June 2023 inspection to assess the quality and safety of care and support provided to residents. These visits were reflected in written reports as required by the regulations and considered various matters related to quality and

safety of care and support including safeguarding.

Under this regulation such provider visits to a centre must be unannounced and management of the centre indicated that they were given no advance indication of when these visits were to occur nor asked to provide any information in advance of such visits. However, when reading the report of the most recent provider visit to the centre from September 2024, the report made reference to a review of paperwork being done two days before the actual visit took place. After seeking clarification on this, following the inspection it was indicated that there was no contact with the centre or the person in charge before the visit.

The provider visits that had been carried out included action plans for addressing any areas for improvements identified. While identified actions were addressed, there were some indications that this was not always the case. For example, the September 2024 provider visit report highlighted that some actions from the previous provider visit in April 2024 remained outstanding. An action plan for the April 2024 provider was noted not include time-frames and responsibilities for addressing issues relating to the directory of residents and labelling of food.

Based on observations during the current inspection, such matters continued to need addressing. Most notably, the June 2023 inspection highlighted that the directory of residents was missing some information while an incorrect date of admission was started for one resident. When reviewing the directory of residents on the current inspection, it was noted that no changes had been made to the directory since the previous inspection. It was acknowledged though that this matter did not pose a risk to residents living in this centre.

The most recent provider visit to the centre in September 2024 included an action for a medicine audit to be conducted with such an audit having been subsequently completed in October 2024. Given the action around the medication audit and taking into account that, based on documentation available on the day of inspection, the most recent safeguarding self-assessment for the centre had been conducted in March 2023, the inspector queried if there an audit schedule was in operation for this centre. Such a schedule can be beneficial in promoting systematic monitoring of a centre.

In response, the person in charge indicated that there was an audit schedule but that it did not work for "an established centre" such as No.5 Stonecrop so they completed a specific person in charge audit. A copy of this audit was provided following the inspection although it was noted that some sections had not been completed. A copy of another safeguarding self-assessment was also provided following the inspection which was indicated as being completed in March 2024.

Judgment: Substantially compliant

Quality and safety

Resident meetings were happening in the centre but the frequency of these varied based on notes provided. Other documentation reviewed included residents' personal plans which contained relevant guidance on supporting residents' needs. Staff had a good awareness of how to report any safeguarding concerns.

Residents had personal plans provided which outlined information on how residents' needs were to be supported. This included information on how to support residents in communicating and with intimate personal care which is important in protecting the dignity of residents. Maintaining the dignity of residents is also important in promoting the rights of residents and staff spoken with talked respectfully of residents. Such staff also displayed a good knowledge of how and to who safeguarding concerns were to be reported. Based on discussions with staff and management, documentation reviewed and observations during the inspection, no immediate safeguarding concerns were identified while there were no active safeguarding plans in effect. It was noted though that safeguarding was not referenced as being discussed in resident meeting notes seen by the inspector. The frequency of such meetings was also noted to vary based on the notes seen.

Regulation 10: Communication

The personal plans of residents were seen to contain guidance on residents' communication abilities and how to support them in this area. Staff members spoken with were aware of such communication abilities and were seen to engage with one resident in their preferred communication method. Particular aids were also available to support residents to communicate. These included a picture book and a menu board with pictures of various food that residents could select from.

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to live in was seen, overall, to be well-furnished, clean and homely on the day inspection. Sufficient communal space and storage were available for the four residents who were living in this centre at the time of this inspection with each resident having their own individual bedroom. While it was indicated that the current premises was meeting the needs of residents at the time of the inspection, the inspector was informed that the provider was in the initial stages of seeking an alternative premises for the residents. This was being done with a view to better supporting the needs of residents in the future.

In addition, it was also observed that the existing premises was showing some signs of age such as there being some cracked paintwork around the doorframe of a resident's bedroom and a radiator being chipped and rusted. There also appeared to

be a brown substance on the ceiling of two residents' bedrooms with a musty smell evident in one of these bedrooms. It was indicated to the inspector that this substance was mould and had been contributed to by the age of the premises.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, all residents must have an individualised personal plan in place. These personal plans should outline the health, personal and social needs of residents while also providing guidance for staff on how to support these needs. During the inspection, the inspector reviewed three resident personal plans. From these, it was found that the contents of the residents' personal plans had been reviewed within the previous 12 months and set out residents' assessed needs. These personal plans were also subject to an annual multidisciplinary review while goals for residents, such as going to shows and holidays, had been identified for residents. When reviewing the residents' personal plans, the inspector did not observe any accessible version of these plans for residents as required under this regulation. When queried with the social care leader, the inspector was informed that accessible personal plans had been tried with residents previously but that these residents did not want them.

Judgment: Compliant

Regulation 7: Positive behavioural support

From the personal plans reviewed it was seen that guidance was available for staff within the plans, if required, on how to encourage residents to engage in positive behaviour. Staff spoken with demonstrated a good awareness of how to support residents in this area. Training records provided indicated that staff had also completed training in de-escalation and intervention techniques although discussions with staff and incident records reviewed suggested that such techniques did not need to be used.

No restrictive practices had been notified to the Chief Inspector as being in use since the June 2023 inspection. On the current inspection, the inspector was informed that there was no restrictive practice used in the centre. Despite this, the inspector observed part of a resident's wardrobe to be locked, which amounted to an environmental restriction. This was unlocked immediately by the social care leader when highlighted by the inspector. While this swift action was noted, the inspector was informed that there was no reason for this to be locked in the first place.

Judgment: Substantially compliant

Regulation 8: Protection

Information about the provider's designated officer (person who reviews safeguarding concerns) was present in the centre. Staff had an awareness of who the designated officer was and how to report any safeguarding concerns. Training records provided indicated that all staff had completed relevant training in safeguarding concerns. Staff spoken with indicated that the residents living in this centre got on together while the two residents present were seen to be comfortable in the presence of staff and management. Incident records reviewed in the centre since the beginning of 2024 did not highlight any safeguarding incidents or allegations as occurring. As such, no immediate safeguarding concerns were identified during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Guidance on supporting residents with intimate personal care was provided within residents' personal plans. Such guidance is important in helping ensure that residents are supported in a manner that respects residents' dignity. The guidance seen for residents gave information on residents' preferences in this area and how they were to be supported in specific matters. Staff members spoken with during this inspection talked about residents in a respectful manner.

In a discussion with a staff member, it was indicated that resident meetings were to take place once a month. Such meetings can be useful in giving residents information about the organisation of a centre. The inspector reviewed notes of resident meeting that had occurred in the centre since June 2024. From these, it was noted that while these meetings did sometimes take place on a monthly basis, their frequency did vary. For example, no meeting took place in July 2024 while the notes of the most recent resident meeting seen at the time of inspection were from 4 December 2024. When queried, the inspector was informed that some residents might be away from the centre when meetings were due to take place and staff preferred to have all four residents present for these meetings.

During the most recent provider visit to the centre in September 2024, it was identified that resident meetings needed to discuss additional topics such as protection. Since that provider visit, notes of resident meetings made reference to matters such as complaints and safety being discussed with residents. It was noted though that matters related to safeguarding, such as who the designated officer was, were not recorded as being discussed with residents. The inspector was informed that it could be difficult to explore with residents around this topic given

their needs although it was highlighted that one resident might have an understanding about this.

Aside from resident meetings, the inspector queried if residents were registered to vote, which is important in ensuring that residents are able to exercise their political and legal rights. The inspector was informed that one resident had a voting card registered at their family home while the other three residents, who moved to this centre in 2012, had voting cards that were registered at the address of a setting where they used to live. It was also indicated that attempts had been previously made to change the address of these voting cards to the address at No.5 Stonecrop but that these had been unsuccessful. When queried if such attempts had been made prior to the most recent general election, the inspector was informed that they had not. During the feedback meeting for the inspection, it was indicated that no residents in this centre had expressed an interest in voting but would be supported with this if they did so.

Judgment: Substantially 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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No.5 Stonecrop OSV-0005144

Inspection ID: MON-0046193

Date of inspection: 31/01/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure all core staff review the Provider checklist developed from the Authorities National Safeguarding Standards and discuss these at staff meeting. [12/03/2025] The Person in charge will ensure all updated safeguarding policies are available at the Centre including relevant guidance related to unexplained injuries and indicators of abuse. [14/02/2025]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that all action plans, generated following provider visits and other audits completed in the Centre, have action completion dated and have identified person assigned as responsible for such actions. These action plans will be reviewed and progress updated. [14/03/2025]. The Provider has ensured that all outstanding actions in relation to the Directory of Residents are now complete. [28/2/2025]	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that the maintenance of the Centre is kept updated and in particular</p> <ul style="list-style-type: none"> - painting of a bedroom doorway, radiator and around the stairs will be carried out [14/03/2025]. - High cleaning of rooms to address any mould identified will be carried out and added to the cleaning schedule for visual check. [28/02/2025] 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will ensure that that lock on press observed as locked on day of inspection is removed. The reason for this lock will be reviewed with the team at the next staff team meeting to ensure the team are familiar with the process for sanctioning restrictions if required. [14/03/2025]</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider has ensured that</p> <ul style="list-style-type: none"> - The Person in charge has expanded the agenda for resident meetings to include topics such as safeguarding and rights including voting with residents to maximise awareness for residents in line with their preference. [28/02/2025] - The Person in Charge will request changes to the electoral register to ensure the current address of residents is on the register [31/03/2025] 	

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 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Substantially Compliant	Yellow	12/03/2025
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	14/02/2025
Regulation 16(2)(c)	The person in charge shall ensure that copies of the following are made available to staff; relevant guidance issued from time to time by statutory and professional bodies.	Substantially Compliant	Yellow	14/02/2025

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.	Substantially Compliant	Yellow	14/03/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	14/03/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	14/03/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	14/03/2025

	intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/03/2025
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	28/02/2025