Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballyseedy House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0007763
Fieldwork ID:	MON-0046246

About the designated centre

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

Ballyseedy House is a large purpose built detached two-storey house located in a rural area, but within a short driving distance to a nearby town. The centre can provide residential/shared care accommodation for a maximum of six residents of both genders, between the ages of 18 and 65. The centre supports residents with Autism spectrum disorders, intellectual disabilities, physical needs and sensory needs. Support to residents is provided by the person in charge, a team leader and support staff. Each resident has their own en suite bedroom and other facilities in the centre include bathrooms, living rooms, dining rooms, kitchens, a laundry and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Tuesday 11 March 2025	09:15hrs to 16:55hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre Ballyseedy House.

The inspector found through observation in the centre, conversations with staff and management of the centre and meeting five of the residents that lived in the centre, that residents were relaxed in their home, generally enjoyed a good quality of life, had choices in their lives and were supported by staff to be involved in activities both in the centre and in the local community.

The centre comprised of a large bungalow that could accommodate six residents. On the day of the inspection six residents were living in the centre. The inspector had the opportunity to meet five of the residents throughout the course of the inspection. The location of the centre gave residents access to a nearby town with a range of amenities. The centre was equipped two large kitchen with adjoining dining areas, a sitting room, a sun room, laundry facilities and bathrooms. The centre also had a large garden area around the property.

On arrival to the centre the inspector was greeted by two members of staff. The inspector identified themselves and outlined the purpose of the inspection. The inspector was asked to sign the visitor's book on entry to the house. The centre had the compliant officer and safeguarding designated officer displayed here. A staff member outlined to the inspector that some residents were up, while others were in the process of getting ready for the day ahead and some enjoyed to rest a little longer in the mornings. The staff member discussed with the inspector the planned day ahead for the residents, along with the supports in place for the residents living in the designated centre, such as each resident had individual staffing in place.

The inspector met one resident who was sitting in the living room area with a member of staff, they appeared relaxed, happy and smiled at the inspector. Staff were observed to be polite and respectful towards the resident. The inspector met the person in charge and team leader. During the walk-about of the centre the inspector met another resident who was being supported by a member of staff to do some meditation. The resident did not communicate verbally, but was smiling and greeted the inspector with a hand tap. The inspector asked the resident if they were happy to which they nodded yes and smiled. The staff told the inspector that the resident was attending sound healing therapy and this is an activity they enjoyed.

Throughout the inspection the inspector had the opportunity to meet three more residents. As the residents were non-verbal communication with the inspector was limited, however resident did appear relaxed and happy, with some residents using gestures, body language and facial expressions to communicate. One resident appeared to be enjoying listening to music throughout the day, while another resident enjoyed relaxing in an outdoor pergola for a period of time. One resident was supported by staff to watch a movie. Many activities outside of the centre also

took place on the day of the inspection such as, planned medical appointments, walks, drives and swimming.

The inspector spent time talking to staff members during this inspection. It was evident that each resident was being supported to have person centred care, while ensuring each resident was supported to engage in meaningful activities frequently. The assessed needs of the residents differed and this was reflective of the choices and supports in place. For example, one resident had anxiety around traveling on vehicles, therefore staff ensured the resident assessed their local community regularly by walking with them. A staff member spoke about how they were going to walk to a local café.

Staff spoke about residents achievements over the past year which included a resident going on an airplane. While another resident was enjoying going for meals out and going to local shops to choose their own items. Staff discussed a resident had also celebrated a milestone birthday and had a birthday party in the centre to celebrate with other residents and family and this had gone very well for the resident.

Staff members told the inspector of how they ensured that residents' rights were respected by offering choice and enabling residents to have autonomy and control in respect of their daily lives. They told the inspector of how residents' meetings were held weekly to ensure that residents had opportunities to inform the running of the house and to provide residents with information. One staff member informed the inspector that they were part of a FREDA committee group with other staff members in the centre. Here they discussed the restrictive practices in place in the centre to ensure the rights of the residents were being upheld.

The centre had three transport vehicles available which could be used for outings or activities that residents could chose to do. This ensured that residents could access individual outings in line with their own choices. Some activities residents enjoyed in their homes included listening to music and watching television, meditation, table top activities, foot spas, discos and enjoying the garden area which had a swing and pergola in place. Residents also enjoyed a number of activities in the local community which included going to the gym, swimming, horse riding, shopping, sound healing therapy and going to the cinema. Resident also enjoyed eating meals out and getting a take-away.

Overall it was seen that residents had a generally good quality of life living in Ballyseedy House. The next two sections of the report present the findings of this inspection about 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

Overall, this inspection found that residents were in receipt of good quality care and support. this resulted in positive outcomes for residents in relation to their personal goals and residents being supported with choice of how they would like to live their daily lives.

There was evidence of good oversight and monitoring systems in place that were ensured residents received good quality care and a safe service. Some improvement was required to ensure the views of the residents and family representatives was included in the annual review and the providers six-monthly unannounced inspections were taking place as required.

The centre had a large staff team in place to support the residents in their daily lives. The staff team had received training in human rights and safeguarding, along with other training courses. Some improvement was required to ensure staff were receiving training to support the assessed needs of the residents.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 16: Training and staff development

At the time of the inspection 25 staff members worked regularly in the designated centre. The person in charge discussed with the inspector that the centre had consistent staffing in place, with no agency use in the previous months and this had a positive impact on the centre overall.

The inspector reviewed the training matrix which indicated staff had completed a range of training courses to ensure they had the appropriate levels of knowledge skills and competencies to ensure their safety and safeguarding them form all forms of abuse. These trainings included children's first and safeguarding of vulnerable adults.

However, not all staff had completed training in anagement of behaviour that challenges. The team leader informed the inspector that 14 staff had completed a training course with the multi-disciplinary team which covered positive behaviour support. The additional 11 members of the staff team had not received training. The person in charge and team leader informed the inspector that a new online training was in the process of being developed by the provider.

All of the staff team had completed training in fire safety and human rights. Where refresher training was required staff had been identified and booked into the next available training dates. For example 14 staff had completed managing actual and potential aggression training, while 11 staff had upcoming refresher training booked.

The person in charge provided effective support and formal supervision to staff. Informal support was provided on an ongoing basis and formal supervision was

carried out in line with the provider's policy. In the absence of the person in charge, staff could contact the service manager or on-call system for support and guidance.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting to the person in charge. A team leader was also in place to support the person in charge. The person in charge was also supported in their role by a regional manager.

There were good arrangements such as regular management meetings which were seen to discuss areas of incidents, complaints and safeguarding. The person in charge had ensured monthly team meeting were taking place. The inspector reviewed the team meetings from January and February 2025.

The person in charge had ensured audits were also being conducted at a local level in the designated centre. Such audits covered areas such as, health and safety, environmental infection prevention and control and support file audits. An audit schedule was in place to promote systematic monitoring and this was seen to be followed. The person in charge had developed a monitoring tracker for residents' personal plans to ensure each section of residents files were kept up to date. For example, communication passports and rights assessments were included in this tracker and were seen to be reviewed in January 2025. The centre had one safeguarding plan in place after a recent incident occurred. It was identified to the inspector that the open safeguarding plan in the centre would be reviewed in the coming weeks by the management team of the centre which would include the designated safeguarding officer.

An annual review of the quality of care and support provided to residents had been completed for 2024. A number of actions and areas for improvement had been identified as part of this review and there was evidence of an action plan in place for these. For example, it identified a sensory room would be a positive addition to the centre. However, the registered provider had not ensured that the annual review provided inclusion of consultation with residents and their representatives.

The provider had also completed six-monthly unannounced visits to the centre. However, these had not been completed within a six month time frame. One had been completed in November 2023 and again in September 2024. These audits were seen to have action plans in place with actions completed within the identified time frame. For example, social story to be developed for restrictive practices and this was seen to be in place on the day of the inspection.

Judgment: Substantially compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

It was evident from observations made by the inspector and a review of the documentation throughout the inspection, the staff team ensured each resident was being supported to engage in preferred activities, had routines that suited their assessed needs. Residents had individual activities they enjoyed and were supported to access. for example, a resident was part of a nearby gym and attended weekly classes.

The centre recently had a safeguarding incident. This had been addressed through the development of a safeguarding plan. This plan had actions identified and a time line was in place to complete these actions. The person in charge discussed this would be regularly reviewed and discussed at staff team meetings.

The centre had pictures displayed in the hallway of recent activities residents had completed. Here the inspector seen pictures of residents enjoying activities such as walks and visiting a restaurant.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. The residents in this designated centre did not communicate verbally. All the staff spoken with and observed on the day of the inspection were seen to be familiar with the communication needs of each resident.

From the three personal plans reviewed, the inspector reviewed the communication documents in place. Residents had a communication plan in place which identified a personal communication dictionary. This dictionary identified what the resident would do, what is means and what you should do in order to communicate effectively with the resident. These plans were seen to be personalised to each resident, concise and clear. When the inspector greeted one resident, the resident held out their hand and the inspector returned the gesture. This was clearly identified in the resident's communication plan that if the resident holds out their hand, return the gesture as a sign of acknowledgement.

The staff and management team had a plan in place to support a resident with

communication technology. A referral had been made on behalf of the resident by the person in charge to the provider's speech and language therapist. The person in charge discussed ongoing work with speech and language on adapting a communication app to suit the needs of a resident.

The inspector saw that communication was respected and responded to. The inspector saw kind and caring interactions between residents and staff. Staff were able to use their knowledge of residents and their routines to promote responses. For example, a number of staff identified to the inspector during the course of the inspection different gestures that residents would use, such as a resident may rub your arm and this was a positive interaction. This was observed during the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems and processes in place for risk management at this centre. The centre had a risk register in place and these risks had been reviewed by the person in charge. Resident's had individual risk assessments in place, where risks to their well being and safety were identified, assessed and in general kept under ongoing review.

However the following required action;

- Not all control measures had been identified for some risks assessments in place. For example, a risk assessment in place for a resident identified a risk of choking or swallowing inedible items. This risk did not take into consideration a document in place in the resident's individual personal plan which was a safety plan for swallowing non-food items. This document clearly identified how to support the resident.
- A risk required review to ensure it was identifying clearly the risk description in place in the designated centre. For example, a risk assessment was in place for an identified restrictive practice, which effected the residents living in the centre. The risk description also included staff and visitors. When speaking to the team leader and person in charge it was identified staff and visitors would not have a restriction in place in the designated centre.
- A risk of abuse had been identified for each resident. A safeguarding incident had taken place in the designated centre on the 6 March 2025, however the resident's individual risk had not been reviewed since the incident and did not reflect additional control measures that were now in place, such as, an interim safeguarding plan.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plans of three residents over the course of the inspection. Each resident had an assessment of need and personal plans in place. These plans were found to be clear in documenting residents' needs and abilities.

The residents' personal plans reflected input from various health and social care professionals, including psychology, occupational therapy, behaviour support and speech and language therapy.

Residents had documented goals in place. Each resident had key workers in place to support them in achieving their goals. Residents were seen to have achieve some goals such as going on an airplane. Resident had other upcoming goals such as planning a holidays, nights away and trying new activities such as movie nights. When speaking to staff some of these had the role as key workers to residents. They were aware of their role in supporting residents and there was documented evidence of key worker meetings taking place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans in place. The inspector reviewed three of these behaviour support plans and saw that they were written in a person-centred manner. The plans identified triggers, proactive strategies and reactive strategies. These plans were seen to be recently reviewed in January and February 2025.

The inspector spoke to four staff throughout the inspection. The staff were knowledgeable on the resident's behaviour support plans in place. For example, staff spoke about different triggers or signs for residents and how they support the residents.

A record of restrictive practices in the centre was maintained. The restrictive practices were reviewed on an annual basis by the provider's restrictive practices committee to ensure that they continued to be required, and where required, that consideration was given to ensuring that they were the least restrictive. Restrictive practices in place for each resident were also reviewed and discussed at residents multi-disciplinary meetings which took place annually or sooner if required.

The last restrictive practice committee meeting took place in June 2024. Since the last inspection of the designated centre it was seen that some restrictions had slightly reduced for residents, while some new restrictions had been identified. Car harness used in the centres transport and a keypad internal door which could be

locked were no longer restrictions.

The designated centre used an online system to monitor restrictive practices in the centre. The person in charge discussed when a new restrictive practice was identified it would tag members of the restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse. In 2024 the designated centre had no safeguarding incidents. The inspector reviewed documentation relating to a safeguarding incident that took place on the 6 March 2025.

The person in charge had ensured relevant statutory bodies had been informed following the recent safeguarding incident that arose involving the residents of this centre. Documentary evidence was provided of relevant safeguarding screenings which had been conducted which was in keeping with relevant national safeguarding policy.

The staff spoken with during this inspection demonstrated a good awareness of how and who to report safeguarding concerns to. Staff were aware of the recent safeguarding incident that had occurred and identified the interim safeguarding plan in place for a resident.

Training records provided indicated that all staff had completed relevant safeguarding training. Staff spoken with during the inspection also discussed how they reassure and support residents during and after a safeguarding incident in a person centred manner.

Monthly staff meetings were occurring in the designated centre and safeguarding was a running agenda item. The person in charge informed the inspector that safeguarding will be discussed at the next staff team meetings which will highlight the interim safeguarding in place for the recent incident.

Residents' files contained up-to-date intimate care plans which detailed measures that staff should take to ensure that residents' dignity, privacy and autonomy were upheld when in receipt of personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to maintain contact with their families and friends, and visitors were welcomed to the centre. A visitors log was provided in the centre and the inspector was asked to sign this when they arrived at the centre.

The provider, person in charge, team leader and staff team had implemented systems to ensure that residents' rights were promoted and upheld in the centre. For example, staff had undertaken human rights training to inform their practices and the provider had implemented a complaints procedure.

Residents attended weekly residents meetings. Residents were supported by the management and staff team in making their own decisions and choices. For example, residents has individualised activities planned for each week which reflected their interests and hobbies. A resident enjoyed attending classes in a nearby gym multiple times a week and also had the choice to attend a local youth club in the nearby town.

Resident's weekly planners in their personal plans had pictures in place under each activity the resident enjoyed doing, such as going to the shop, eating a meal out, doing household chores. Residents enjoyed a wide range of activities outside of the centre which included horse riding, swimming, walks, shopping, and cinema.

Residents attended weekly residents' meetings. The inspector reviewed nine of the previous weekly meetings that had taken place. The meetings supported residents to exercise choice in relations to their activities ahead and meal choices. It was seen from the documentation recorded that residents were supported with information around complaints and restrictive practices. Four out of the nine meetings had discussed either the the easy read complaint or restrictive practice document in place. The team leader informed the inspector that an easy read safeguarding document was in the process of being developed.

Some improvement was required in the following:

- The providers restrictive practice policy identified residents consent should be sought for restrictive practices in place in the centre. From the documentation reviewed and discussion with the person in charge and team leader this was not in place in the designated centre.
- The staff team meetings minutes were reviewed by the inspector for January and February 2025. In these minutes it was documented that residents should be supported to have a take away on a Saturday evening, eating out one other time per week for each resident and other than this lunch and dinner to be provided in the centre. This did not promote the residents rights to choice.

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 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballyseedy House OSV-0007763

Inspection ID: MON-0046246

Date of inspection: 11/03/2025

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: While all staff are trained in CPI which incorporates the management of behaviour through positive behaviour support Resilience Healthcare provide extra on line training to all staff. The PIC will ensure that the remaining staff complete this PBS training online as part of a group within the next six weeks.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Consultation with residents and their representatives takes many forms and includes regular text messaging, regular visits, PCPs, reviews with medical services etc. To help inform the annual review a questionnaire will continue to be sent annually to include a section that better reflects the ongoing consultation process. The Service Provider is informed of all recommendations made and actions are in planning. The PIC has submitted a referral to the OT and is awaiting an appointment to review the required equipment for the sensory room. While there was a delay in completing the 6 monthly internal inspections the most recent six-monthly internal unannounced visits have taken place within the appropriate time frame i.e. Sept 24 and March 25. Resilience Healthcare have a new Quality Manager and	

part of their role is to ensure the 6 monthly internal inspections are carried out as per regulation.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The PIC will ensure that control measures that are evidenced in the care plan will be been added to the risk assessment for choking for the resident.

The PIC has reviewed the risk assessment identified by the Inspector and has removed the words " staff and visitors" from the Risk Assessment to reflect the actual restriction.

The PIC has reviewed the risk assessment relating to a safeguarding incident which occurred on the 6th March to reflect the additional control measures that have been put in place resulting from the interim safeguarding plan. The PIC will ensure that going forward the risk assessment will be updated when submitting the Safeguarding plan and that staff are informed of same.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC will ensure that all restrictions pertaining to each individual will be discussed with them and that written consent is sought from each resident regarding the use of individual Restrictive practices.

The PIC will ensure that all aspects of the service in Ballyseedy reflect the will and preferences of every resident. While there is a duty of care to ensure that residents dietitian plans are implemented, all efforts will be made to ensure that each resident is informed of their plans and are supported to make choices that reflect their will and preference.

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)(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	12/05/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2026
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and	Substantially Compliant	Yellow	04/04/2025

	actions in place to control the risks identified.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	04/04/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/04/2025