

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

Issued by the Chief Inspector

Name of designated centre:	Tús Nua
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	17 November 2022
Centre ID:	OSV-0007773
Fieldwork ID:	MON-0029085

About the designated centre

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

Tús Nua is a service provided by the Health Service Executive and is based a short distance from Sligo town. Tús Nua provides full time residential care for four adults with moderate to profound intellectual disabilities who may require support with their social, medical and mental health needs. The centre is a single storey house, which also includes a building adjacent to the main house that contains a utility room and 'activities room' for residents. All residents have their own bedroom with two bedrooms having en suite facilities. Bathroom facilities are level access. There is a communal kitchen/dining area and living room in the main house. There is a large garden area out the back of the house, which includes a paved area which can be accessed from the kitchen and contains garden furniture for residents to sit outdoors. The centre benefits from it's own mode of transport to support residents to access the wider community. The centre is staffed by a skill mix of nursing and health care staff under the supervision and support of the person in charge. The centre provides waking night cover and 24 hour on-call nursing service is also provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 November 2022	12:20hrs to 19:50hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This was an announced inspection that was carried out to monitor compliance with the regulations and as part of the renewal of registration for the centre. There were four residents living in Tús Nua, with no vacancies, and this inspection found that residents were provided with a comfortable home that met their individual needs.

Tús Nua was a large bungalow located on the outskirts of a large town. There was transport available for residents to access their local community in line with their wishes and preferences. The house was found to be clean, comfortable and spacious for the needs of the residents.

On arrival to the centre, the inspector met with the person in charge, two staff members and two residents who were relaxing in the sitting-room. One resident was relaxing in their bedroom and another resident was sitting at the kitchen table and was being supported by staff. Residents interacted with the inspector in their own way. It was reported that all residents and staff were going on an outing that day and that they were going to have a meal while out.

The inspector got the opportunity to meet and speak briefly with all residents and staff on their return later that evening. Some residents did not communicate verbally, but acknowledged and greeted the inspector in their own way. They were observed to be comfortable and relaxed in their home, with each other and with staff.

The house was nicely decorated with soft furnishings, photographs, plants and ornaments, which created a warm and homely atmosphere. Bedrooms were found to be personalised and comfortable. One resident agreed to meet the inspector from their bedroom, and it was observed that they were relaxed, comfortable and had personal items that were important to them in their bedroom and about which they briefly spoke.

One resident sat and spoke with the inspector at the kitchen table, on return from their outing. They spoke briefly with support from staff about things that they liked, including talking about their favourite drink, favourite meal and activities they enjoyed. The inspector complimented them on a nice shirt that they were wearing and was informed about how the resident loved shopping and buying new clothes. Some residents had gone on hotel breaks during the Summer and were reported to enjoy this.

A review of documentation and discussions with staff showed that residents enjoyed a variety of activities in Tús Nua. These included; going for walks, going on day trips, going to the cinema, reflexology, having meals out, attending the local church, baking, gardening and doing arts and crafts. Residents had recently taken part in a Christmas Card competition and some of the entries were on display in the house. There were photographs of residents enjoying activities of choice in person-centred

plan folders. One resident attended an external day service and they had recently re-commenced attending on a full-time basis. However, they chose to remain in Tús Nua on the day of inspection so that they could go on the day trip with their housemates. The other residents were supported to do activities from their home each day.

Staff spoken with described about how residents got on well together and about how two residents had a very good relationship and enjoyed doing particular activities together. Some residents had regular family contact and went to stay with family and significant others at weekends and other times. Staff felt that all residents were very happy living in the house and living together, and that residents had a consistent staff team supporting them who knew them well.

Questionnaires were completed with residents as part of the announced inspection. A review of these demonstrated that all residents were satisfied with their home, food, staff, how their rights were respected, complaints and about their choice of activities. One resident had recently been supported to lodge a complaint and this had been followed up and resolved to their satisfaction. Residents' questionnaires also included about how familiar and consistent staff was important in ensuring that residents' were supported in communicating their choices. Most residents used augmented communication methods for communicating and each resident had a communication profile in place, which guided staff on how best to communicate with residents. Staff appeared very familiar with residents' support needs and communication preferences.

There were a range of easy-to-read documents available to residents to support their understanding of various topics, some of which were located on the notice board in the house and in accessible locations throughout the home. There was a visual roster and a pictorial activity schedule located in the kitchen. Regular residents' meetings were held also, which included consultation about activities, meals and discussions about what makes people happy or sad in the house. There was also discussions held on topics such as complaints, safeguarding and Covid-19. The recording of the minutes required improvements so as to clearly outline which of these topics was discussed at each meeting. The person in charge undertook to ensure this occurred going forward.

Overall, residents were observed to be comfortable and content in their home and staff were observed to be treating them with dignity and respect. The following sections of the report outline the management arrangements and about how this impacts on the quality and safety of care.

Capacity and capability

Overall, the inspector found that residents were provided with a safe and comfortable home which met their assessed needs. However, some improvements were required to ensure full regulatory compliance. Improvements were required in

the areas of fire safety, ensuring consultation as part of the annual review and in reviewing some restrictive practices such as locked cupboards in the main house.

The local governance structure consisted of a person in charge who had responsibility for two other designated centres. They divided their time between all three centres and spoke about doing daily check-ins in Tús Nua. It was evident that they were very familiar with the residents and their needs. The person in charge was supported by a Director of Nursing (DON) and Assistant Director of Nursing (ADON) who had responsibility for a number of designated centres in the area.

The staff team consisted of a skill mix of nursing staff and healthcare assistants who provided cover both day and night to support residents. There were three staff working throughout the day and one staff provided waking night cover each night. A review of the roster indicated that in general, there was a consistent staff team in place to support residents. Where agency staff were used, they were found to be regular staff which helped to ensure good continuity of care. There was a planned and actual roster in place which was well maintained and clear as to who was working each day.

The person in charge had in place a training matrix which detailed all training completed by staff, and also identified when, and if, refresher training was due. A review of this matrix and a sample of records reviewed, demonstrated that staff were provided with a range of mandatory and refresher training. This included; safeguarding, behaviour management, human rights training, fire safety, manual handling, cardiopulmonary resuscitation (CPR) and a range of infection prevention and control (IPC) training modules. One staff was due refresher training in behaviour management and this had been appropriately identified and a date had been set for this for the following month.

The person in charge carried out supervision meetings with staff members and a sample of records were reviewed. Staff spoken with said that they felt well supported in their role, and that they could raise any issue of concern to the management team, if required.

Team meetings were occurring regularly which covered a varied range of agenda items. However, on review of the records and attendance, it was found that not all staff had the opportunity to attend or contribute to the team meeting discussions this year. This included two staff who regularly worked night shifts. The person in charge spoke about discussing the meeting notes with them; however there was no evidence of this or evidence that they were included in any discussions. This required review to ensure that all staff had the opportunity to raise concerns about the quality and safety of care in the centre.

There was an annual schedule for a range of local audits to be completed in the centre. This included audits in health and safety, finances, personal plans, restrictive practices, safeguarding, complaints and fire safety. In general, these were comprehensive and effective in identifying actions for improvement. However, some improvements were required to ensure more effective monitoring of restrictions as the local and provider audits failed to identify a restrictive practice in place, such as

a locked storage room in the main corridor of the house.

The provider had ensured that unannounced six monthly audits and an annual review of the quality and safety of care in the centre were completed in line with regulations. These reports were generally comprehensive and included actions for quality improvement. However, while the unannounced audits included consultation with some family representatives, the annual review did not include this consultation as part of the overall yearly review of the centre, as required in the regulations.

A quality improvement plan was in place which incorporated all actions from person in charge self-assessment, provider audits and inspections from the Health Information and Quality Authority (HIQA). This was found to be comprehensive and kept under regular review for completion of actions.

The procedure for managing complaints was reviewed and found to be comprehensive and clear as to the process for resolution and the appeals process. Residents were supported to lodge complaints and there was evidence that one resident had recently had a complaint resolved to their satisfaction. There was easy-to-read information available also to support residents' understanding of the complaints process.

In general, the centre was found to be well managed with good systems in place for monitoring and oversight by the local managers and the provider. However, some improvements were required to ensure that full compliance with the regulations was achieved and that actions for improvement were identified which would enhance the care and support provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There appeared to be the numbers and skill mix of staff in the centre to support the needs of residents. A planned and actual rota was in place, which was well maintained and reflected who was working on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to access range of mandatory and refresher training modules to support their ongoing professional competency and to ensure that they had the knowledge and skills to support residents. The person in charge completed regular supervision meetings with staff.

Judgment: Compliant

Regulation 22: Insurance

There was up-to-date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

In general there were good systems in place for auditing the centre, and a good governance and management organisational structure with clear lines of accountability. However, some improvements were required in the following areas:

- To ensure that the annual review of the service included consultation with residents and residents' representatives
- To ensure that all staff members got an opportunity to attend, and participate in staff meetings
- To ensure that audits effectively captured all locked doors and environmental restrictions in place in the centre

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated and included all requirements under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre indicated that the person in charge had submitted all notifications to the Chief Inspector as required in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which was accessible and included details of an appeals process, if required. Residents were supported to make complaints if they had any concerns or areas that they were not satisfied with.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents living in Tús Nua were provided with person-centred care and support where each person's individuality and life choices were respected. Some improvements were required in the identification and assessment of locked cupboards and in aspects of fire safety. Improvements in these areas would further enhance the good quality of care and support provided.

Tús Nua was found to be spacious, clean and homely. Each resident had their own bedrooms which were personalised to their individual tastes. Two bedrooms had en-suite facilities and there was one shared bathroom between two residents. There were adequate communal areas for residents to enjoy; including a sitting-room, large kitchen/dining area and an external building adjacent to the main house, which was called the 'Man cave'. This building could be used for leisure and recreational activities and it contained a pool table, table football, dart board and television. This area also contained a room for the laundry facilities and a small bathroom. There was ample space for storage throughout the house. There was a large level access area surrounding the house, with ramps and handrails available from the exit doors. The back garden area contained garden furniture, potted shrubs, bird tables, bird feeders and goal posts for ball games. Access to the front of the house from the back garden area required going through a side gate.

A sample of residents' care and support plans were reviewed. It was found that a comprehensive assessment of needs had been completed to assess personal, health and social care needs. There were care and support plans in place to guide staff in supporting residents with various needs. Residents had annual review meetings

completed, which included attendance by residents and feedback from family representatives where they could not attend in person. Residents were supported to identify goals for the future and there was evidence that these were under review for completion. Some of residents' personal goals for the future included; trying out an Indian head massage, going to a football game, going to greyhound races and one resident wished to go abroad on holidays in 2023. There were photographs in residents' personal folders of completion of some personal goals.

Residents who required supports with behaviours of concern had behaviour support plans in place which had a multidisciplinary input and which aimed to positively support residents with any behaviours. There were some restrictive practices in place for some residents and these had been appropriately assessed and were kept under review. However, a restriction in the house relating to a locked storage room which was located in the main hallway had not been identified as a restriction in the environment, and therefore had not been appropriately assessed. While the locking of this cupboard, which stored personal protective equipment (PPE) and cleaning products, did not appear to adversely affect any resident, it did however restrict residents' from freely accessing all parts of their home and this required further review.

Residents were supported to achieve the best possible health and wellbeing. Staff spoken with were knowledgeable about how to best support residents with their needs, and where residents required multidisciplinary input, there was evidence that this was available to them. The inspector was informed that one resident was undergoing screenings by members of the MDT team in order to provide them with the best supports now and in the future. Residents were also supported to access vaccines and to have annual health checks with their general practitioner (GP).

The protection of residents was promoted in the centre. This was done through staff training in safeguarding, regular review of incidents and discussion at team meetings about safeguarding and issues that may impact residents' protection. There were easy-to-read documents to support residents' understanding of safety, and residents had easy-to-read personal care plans in addition to a comprehensive document to guide staff in all the supports required in intimate and personal care.

As mentioned previously all residents required some supports with communication. Each resident had comprehensive information in their personal files in addition to communication profiles which provided guidance to staff in how to communicate with residents and to support residents to make choices in their day-to-day lives. Residents had access to televisions, technological devices and telephones in line with their preferences.

A rights based approach was evident in the centre. Residents' rights were promoted with regard to their life choices, day-to-day choices and spirituality preferences. For example, one resident was supported to visit religious facilities at a time when it was quiet in line with their preferences. In addition, staff had completed training in 'Human Rights' and 'Consent Policy' and staff spoken with talked about how it was important to respect each resident's dignity and to ensure that they could make

choices in their lives. Team meetings also included discussion on human rights.

There was risk management policy in place, and risk management procedures had been implemented. There were a range of emergency plans in place in the event of adverse events, and a site specific safety statement. The person in charge had in place a risk register for environmental and centre specific risks. These were found to be up-to-date and clear about control measures in place to mitigate risks. There were safety data sheets in place for the listed chemicals that were in use in the centre.

Fire safety arrangements were reviewed. The provider ensured that there were arrangements for the detection, containment and extinguishing of fires. Regular fire drills occurred which included minimum staffing levels. However, the recording of some fire drills required improvements including under the scenario of when the back exit points were used. For example, from the walkaround of the centre, it was found that the side gate could be difficult to open. The main exit from the kitchen area led to the back garden and the fire drills had not included information about what exits were used, or what route residents took to go to the assembly point. Furthermore, the personal emergency evacuation plans (PEEP) for some residents stated that as a last resort, residents were to be left in their bedrooms if there was a fire preventing them from leaving. When this was discussed with the person in charge, they stated that this would never happen as residents could be safely evacuated with the supports in place. They undertook to update all residents' PEEPs to reflect this and to ensure a safe evacuation from the centre at all times.

Overall, the inspector found that residents had a comfortable home that met their needs. Improvements in fire safety and in ensuring that all restrictions in the centre were appropriately assessed would further enhance the good care and support provided.

Regulation 10: Communication

Residents were supported and assisted to communicate through their preferred communication methods. Residents had access to telephones, televisions, radios and technology in line with their preferences.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained, clean and promoted accessibility for residents throughout.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which included all the information as required under the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place in the centre, and the management of risks was found to be good. Risks had been identified, assessed and documented, and were found to be kept under regular review to ensure that appropriate control measures were in place to mitigate risks.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were required in fire safety to include;

- To ensure that the recording of fire drills included clear information as to the exit points and routes taken to the assembly point, to ensure that any possible actions may be appropriately identified.
- To ensure that residents' personal evacuation plans included arrangements to ensure that they could be evacuated to a safe location at all times.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were comprehensively assessed and plans put in place to support with any identified needs. Residents had person-centred plans in place which included goals for the future, and which were kept under regular review to ensure that they were completed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health and were facilitated and supported to access a range of allied healthcare professionals and medical interventions and investigations, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours had positive behaviour support plans in place which were found to be up-to-date and included multidisciplinary input as required. Restrictive practices that had been identified and assessed were kept under regular review to ensure that they were the least restrictive option for the shortest duration.

However, a locked storage cupboard in the main house had not been identified as a restriction affecting residents and therefore had not been assessed. This required review as this arrangement meant that residents did not have free access to all parts of their home.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns in Tús Nua at the time of inspection. However, there were arrangements in place to ensure that residents were protected and kept safe. This included staff training, discussions about safeguarding and comprehensive care and support plans.

Judgment: Compliant

Regulation 9: Residents' rights

A human rights based approach was promoted in the centre. Residents were supported to make choices in their day-to-day lives and these choices were found to

be respected and upheld. Staff completed training modules in 'human rights' and team meetings regularly discussed human rights and to to support this in the centre. Staff spoken with talked about treating each resident with dignity and ensuring that they were able to make choices in their lives. Residents' questionnaires that had been completed all reflected satisfaction about how rights were upheld and promoted in Tús Nua.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tús Nua OSV-0007773

Inspection ID: MON-0029085

Date of inspection: 17/11/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured that management systems are now in place in the designated centre to ensure that the service provided is safe, consistent, and effectivity monitored to meet residents' needs. • The Registered Provider or his/her Representative will ensure that consultation with residents and residents' representatives is completed when carrying out the Annual Report as per regulation. Completed 17/11/2022 • The Person in Charge has a Schedule in place for Staff meetings to facilitate the attendance of Night staff. Completed 18/11/2022 • The Person in Charge in consultation with the Psychologist, Residents and Staff, have no longer restrictive measures in place in relation to locking the Chemical press. Completed 24/11/2022 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Registered Provider has made adequate arrangements for evacuating all Residents where necessary in the event of fire, and bringing them to a safe location in this designated centre. • The Person in Charge has ensured that the recording of fire drills now includes clear 	

information in relation to the identified exit points and routes, taken to evacuate residents safely to the assembly point. Completed 18/11/2022

- The Person in Charge has now ensured that additional information including Residents location in the home and evacuation procedure is detailed clearly in the fire drills. 18/11/2022

- The Person in Charge has ensured all PEEPS are now updated to state that all residents are evacuated from the building in the event of a fire. 18/11/2022

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- The Person in Charge in consultation with the Psychologist, Residents and Staff have no longer restrictive measures in place in relation to locking the Chemical press. Completed 24/11/2022

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/11/2022
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	17/11/2022
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns	Substantially Compliant	Yellow	18/11/2022

	about the quality and safety of the care and support provided to residents.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	18/11/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/11/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	24/11/2022