



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Gabriel's Children's Respite House
Name of provider:	St Gabriel's Foundation
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	06 January 2023
Centre ID:	OSV-0007778
Fieldwork ID:	MON-0029626

About the designated centre

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

St. Gabriel's Children's Respite House consists of a large purpose built single storey building located on the outskirts of a city. The centre provides a respite service for up to six residents of both genders between the ages of 4 and 18. The centre specifically supports children with significant physical disabilities, associated complex medical needs and those with life limiting conditions. Support to residents is provided by the person in charge, nursing staff and health care assistants while cleaning and administration support is also provided. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a kitchen-dining room, a living room, a den, a play room and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Friday 6 January 2023	09:20hrs to 18:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Very positive feedback was provided from one resident and from the relatives of residents in pre-inspection questionnaires reviewed. The designated centre was seen to be nicely presented on the day of inspection. Staff members were found to support residents in a positive and caring manner while the inspector was present.

This designated centre provided a children's respite service and upon the inspector's arrival five of the six residents who had been in the centre overnight had already left to attend school. The remaining resident was met by the inspector and spoken with briefly. This resident told the inspector that they had availed of respite breaks in the centre on three or four occasions and liked coming to the centre. While staying in the centre the resident said that they played games on their games console and commented positively on the staff members supporting them. Shortly after this discussion, the resident left the centre to return to their family home.

As no other residents would be coming to the centre until the afternoon, the inspector used much of the early part of the inspection to review the premises provided and review documentation. Amongst such documentation was pre-inspection questionnaires that had been issued to the centre by the Health Information and Quality Authority (HIQA) in advance of this announced inspection. Four questionnaires had been completed by relatives of children who availed of this centre. Comments made in these questionnaires included "I am very happy with the care given" and "the staff treat the children like their own and not just a work chore to be completed".

Overall, such questionnaires gave positive feedback to all areas questioned such as care and supports, general happiness, food and mealtimes, staffing, activities and bedrooms. Within the centre it was seen that six individual resident bedrooms were available for residents' use. These bedrooms were noted to be spacious, brightly decorated with en suite facilities and provided with hoists to support any residents who needed support with manual handling. Adequate storage was also provided within the bedrooms for residents' personal belongings to be kept while they availed of respite in the centre including a lockable press.

The centre was also provided with communal areas such as a kitchen-dining room, a living room, a den and a playroom. Recreational facilities were present within such rooms such as games, play mats, televisions, toys and sensory items. The centre was also noted to be within short walking distance to a nearby playground. Overall, the premises provided for this centre was seen to be clean, bright, well-furnished and well maintained on the day of inspection with Christmas decorations seen to be on display initially. During the inspection, some staff began to take these down. It was also noted that a cleaning staff was present in the centre throughout much of the inspection carrying out various cleaning tasks.

As the inspection progressed residents began to arrive to the centre from school. In

total six residents were present in the centre by the end of inspection, five of whom were met by the inspector. These residents did not communicate verbally and did not significantly engage with the inspector. As such the inspector relied on observations of the residents in their environment and in their interactions with the staff members on duty. In general, all residents appeared calm and relaxed in the environment with one resident in particular seen to be supported to move freely around the designated centre after their return.

The staff members supporting the residents were observed and overheard to interact with residents in a pleasant, warm, friendly and caring manner throughout. For example, one staff member was seen to support a resident with a meal in an unhurried manner, a different staff member gave another resident a foot massage while listening to relaxing music and a third staff member was observed to try and engage a resident with a toy truck. As the inspection reached its conclusion, some residents were seen watching cartoons or relaxing in the playroom while using some sensory items.

In summary, residents were noted to be supported appropriately by the staff members. In HIQA pre-inspection questionnaires, residents' relatives commented very positively on staff members and other areas of the service provided. While most residents met did not interact verbally with the inspector, a calm and relaxing atmosphere was encountered 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 this inspection found evidence of good support in various areas, staffing challenges were preventing the centre from operating fully as intended. Arrangements were in place to maintain oversight of the centre but some improvement was needed around aspects of the monitoring systems in operation.

This centre was registered to provide a children's respite service until May 2023. It had been most recently inspected by HIQA in April 2022; an inspection that was focused on the areas of infection prevention and control (IPC) was completed. During that inspection areas for improvements related to IPC were identified while the inspector also made some observations regarding aspects of medicines storage and safety equipment contained with the centre's vehicle. In response to this the provider submitted a compliance plan outlining the measures they would take to address the identified issues.

Since that inspection, the provider had appointed a new person in charge, who was suitably qualified, skilled and experienced to fulfil the role while also working full-

time. The provider had also submitted a registration application seeking to renew the registration of this centre for a further three years with various supporting documentation submitted as part of this application. With a view to informing a registration renewal recommendation, the current inspection was carried out to assess progress since the April 2022 inspection and to review the supports provided to residents in more recent times.

Overall, this inspection found that residents were being well supported in various areas, as will be discussed elsewhere in this report, while good progress had been made in addressing previously identified IPC issues. In addition, since the previous inspection, the provider had put in place two clinical nurses managers to support the running of the centre along with the person in charge. This also helped to provide for an out-of-hours support for staff if required. Staff also underwent formal supervision with the person in charge with notes of such supervisions contained within staff files which were found to contain all of the required information.

The staffing arrangements for this centre were outlined in the statement of purpose that was provided in support of the renewal application and that was also available within the centre. In accordance with the regulations, staffing arrangements in a centre need to be in line with this statement of purpose and the needs of residents. However, it was highlighted to the inspector that the staffing arrangements as outlined in the statement of purpose were what was needed to operate the centre on a seven day basis but that such staffing was not in place at the time of inspection.

This prevented the centre from operating fully as intended thereby limiting the amount of respite that could be offered. It was also highlighted how in recent months there had been an increase in the use of agency staff (staff sourced from an external agency) working in the centre. The use of agency staff had the potential to impact aspects of the care provided. This was something which was referenced in notes of a recent staff meeting and from discussions with some staff on this inspection. Such staff members also highlighted the challenges encountered in maintaining supervision of some residents while they were in the centre and it was noted that the provider had identified a need for additional staff related to this.

The staffing challenges encountered were known to management of the centre and discussions during this inspection measures were outlined to mitigate potential negative consequences. These included pairing agency staff with permanent staff and considering the resident mix and numbers in the centre when certain residents were availing of respite. While staffing was posing challenges, the inspector was informed, by both staff and management, that no respite had been cancelled due to staffing matters. It was also acknowledged that there was a general staffing crisis affecting the health and social care sector with the provider having made frequent and ongoing efforts to recruit more staff with alternative recruitment avenues under consideration at the time of inspection.

Issues related to staffing were being captured in the monitoring systems in operation for this centre which were used to maintain oversight. These included key regulatory requirements such as annual reviews and six monthly provider

unannounced visits which are important in reviewing the quality and safety of care and support provided to residents. It was noted though that the annual review completed did not assess if the care and support provided was in accordance with relevant national standards while there had been a seven month gap between the two most recent provider unannounced visits completed. A schedule of audits though was in place and being adhered to with such audits covering areas such as risk and medicines. Completing audits in this way is important to ensure that the services provided in a centre are monitored in a systematic manner.

Regulation 14: Persons in charge

The provider had appointed a person in charge, who was suitably qualified, skilled and experienced to fulfil the role while also working full-time and being responsible for this centre only.

Judgment: Compliant

Regulation 15: Staffing

While acknowledging the challenges encountered by the provider and the efforts being made to respond to this, based on the evidence gathered on this inspection, staffing was not in line with the centre's statement of purpose and the needs of residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff members were being provided with formal supervision where issues such as training were discussed.

Judgment: Compliant

Regulation 19: Directory of residents

While a directory of residents was being maintained, it did not include all of the required information such as specific information relating to residents' general

practitioners.
Judgment: Substantially compliant
Regulation 23: Governance and management
While there was evidence of oversight and good supports in various areas, the most recent annual review completed did not assess the centre against relevant standards while there had been a seven month gap between recent provider unannounced visits.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Contracts for the provision of services were provided, however some of these contracts did not appear to have been agreed by relevant parties.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A recently reviewed statement of purpose, which was on display in the centre, contained all of the required information.
Judgment: Compliant
Regulation 4: Written policies and procedures
All of the required policies were in place and had been reviewed within the previous three years.
Judgment: Compliant
Quality and safety

Systems were in operation to obtain key information relating to residents before they arrived at the centre. Personal plans were maintained for residents also. Improvement was required though relating to aspects of positive behaviour support and guidance available to support one resident.

Given that this was a respite centre, systems were in place to ensure staff obtained all relevant information relating to residents before they arrived for their respite stay. This was done through pre-admission calls to the residents' parents which were documented. When residents arrived at the centre records were maintained of any finances, medicines and personal items that residents brought with them. At the end of each respite stay such items were signed out and residents' parents provided with a discharge form. The inspector reviewed a sample of such documentation and found them generally to be in order. It was noted though that, contrary to the provider's policy in this area, some personal possession logs did not indicate if residents' possessions had been returned with them when they left the centre after their respite stay.

At the time of this inspection, over 30 children were availing of respite in this centre at various times and for different lengths of stay. Personal plans were in place for these residents with a sample of these reviewed by the inspector. In general, it was found these plans contained key information relating to residents' health, personal and social care needs so that the residents could be adequately supported while availing of respite in the centre. The inspector did note that some guidance related to intimate personal care had not been reviewed in over one year while a hospital passport provided for one resident was undated so it was unclear if the information contained within it was current or not.

The inspector reviewed the personal plan of one resident who had a positive behaviour support plan in place. This outlined various supports to encourage the resident to engage in positive behaviour and it was suggested that this had some input from a behavioural therapist. However, when reviewing incident records and from speaking with staff in the centre, it was noted this resident's presentation when present in the centre was resulting in an increase of incidents of a behavioural nature. While efforts were made to prevent these from happening and from negatively impacting on other residents, some staff spoken with highlighted a need for further guidance to support this resident while the positive behaviour support plan in place was also described as "obsolete".

A relevant risk assessment related to this resident also identified a need for staff to have particular training in de-escalation and intervention but records provided indicated that not all staff had completed this training. This risk assessment and other risk assessments present in the centre were found to have been recently reviewed. However, when reviewing some risk assessments regarding the centre overall, the inspector did observe that some information relating to control measures appeared inaccurate. For example, a fire risk assessment listed as an additional control required that the fire services were to visit the centre "prior to opening". Given that the centre had been open for some time, this was highlighted to the

person in charge who confirmed that the fire service had already visited.

Appropriate fire safety systems were provided for within the centre. These included fire doors, emergency lighting, a fire alarm and fire extinguishers while the fire evacuation procedures were also on display at multiple points in the centre. Multiple evacuation points were present in the centre, including those leading directly from residents' bedrooms, while records indicated that multiple fire drills had been completed in 2022 with low evacuation times recorded. While some fire drills had been done to reflect a night-time situation when staffing levels would be at their lowest, it was noted that such drills had not reflected a scenario when the maximum capacity of six residents would be present at night. Records provided though did indicate that all staff had completed relevant fire safety training along with other training in areas such as safeguarding and IPC.

As highlighted previously areas for improvement related to IPC had been identified at the previous HIQA inspection in April 2022. On the current inspection it was found that actions had been taken to address previously identified issues. For example, personal protective equipment (PPE) was no longer being stored in any bathroom, a sample of PPE, hand gels and first aid equipment reviewed were found to be in date and the centre's vehicle had been cleaned. Other observations of the inspector from the April 2022 inspection had also been addressed. These included medicines being seen to be stored securely throughout the inspection. While reviewing such storage the inspector also reviewed a sample of medicines documentation which were generally found to be of a good standard but it was seen that some prescription records did not indicate if residents had any sensitivities or not.

Regulation 12: Personal possessions

Contrary to the provider's policy in this area, some personal possession logs did not indicate if residents' possessions had been returned to them when they left the centre after their respite stay.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Facilities were provided for within the centre for residents to engage in play and activities.

Judgment: Compliant

Regulation 17: Premises

The premises provided for this centre was found to be clean, bright, well-furnished and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Facilities were available to store food in with various types of food and drink present in the centre. Guidance was available for residents who needed specific diets.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as how to access HIQA inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a vehicle that was appropriately insured and provided with safety equipment. A system for recording and reviewing incidents was in place along with a risk management policy and risk assessments. It was noted though that the control measures outlined in some risk assessments required review to ensure that they were accurate.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement was found relating to previously identified IPC issues. These included staff completing training in relevant national standards and expired PPE being

removed from the centre.
Judgment: Compliant
Regulation 28: Fire precautions
While appropriate fire safety systems were in place, a fire drill to reflect times when staffing was at their lowest and resident numbers would be at their highest was required.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
Medicines were seen to be stored securely throughout the inspection. A sample of medicines documentation reviewed were generally found to be of a good standard but it was seen that some prescription records did not indicate if residents had any sensitivities or not.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Residents had personal plans in place but some guidance relating to intimate care had not been reviewed in over 12 months.
Judgment: Substantially compliant
Regulation 6: Health care
Guidance on supporting residents with their health needs was contained within their personal plans.
Judgment: Compliant

Regulation 7: Positive behavioural support

Based on incidents occurring in the centre and discussions with staff, some additional guidance was required for staff on how to support the behaviour of one resident. Not all staff had completed training in de-escalation and intervention.

Judgment: Not compliant

Regulation 8: Protection

The provider had relevant policies and safeguarding statements in place. A designated liaison person was appointed and all staff had completed safeguarding and Children First training.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Gabriel's Children's Respite House OSV-0007778

Inspection ID: MON-0029626

Date of inspection: 06/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment campaign in place to fill vacant Staff Nurse posts totaling 4.37WTE. Interviews held 30th January, offers made and pre-employment checks set in motion.</p> <p>Estimated that staff will be able to commence in posts from mid to end of March. 30.03.23</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>GP information has been added to the Directory of Residents. Completed 9th January 2023</p>	
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"> • Annual Review Report audit tool will be completed and will assess the centre against 	

standards. Date for completion: 14th February 2023

- 6 month provider unannounced audits will be completed within the 6 month timeframe. Date for completion: 24th February 2023.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- Contracts of care will be issued with updated person in charge information, signed by family and provider representative (PIC). Date for completion: 28.02.2023

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- On discharge the inventory of possessions will be completed and signed by the discharging staff member as a matter of course and it's consistency of use will be monitored via internal audit. Date for completion: 30.01.2023

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Control Measures outlined during the inspection have been adjusted to ensure they are accurate. Date completed 18.01.2023
- Risk register has been updated to remove actions that have been completed. Date completed 18.01.2023

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"> • A fire drill will be carried out to reflect maximum resident numbers with minimum staffing . Date for completion 08.02.2023 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Resident medication records (Kardex) will indicate allergies / sensitivities or none known. This box will not be blank. Date for completion 28.02.2023 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • All resident Intimate Care plans will be reviewed yearly. Date for completion 28.02.2023 	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • All staff will complete training in de-escalation and intervention including recently recruited staff. Date for completion 30.04.2023 • Behaviour therapy support will be involved to review guidance for staff in how to support the behaviour of one resident. Date for completion 30.04.2023 	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/01/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/03/2023
Regulation 19(3)	The directory shall include the	Substantially Compliant	Yellow	09/01/2023

	information specified in paragraph (3) of Schedule 3.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	14/02/2023
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	23/02/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of	Substantially Compliant	Yellow	28/02/2023

	giving consent, the terms on which that resident shall reside in the designated centre.			
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	28/02/2023
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	08/02/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that	Substantially Compliant	Yellow	28/02/2023

	medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	28/02/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/03/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	28/02/2023