

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

Issued by the Chief Inspector

Name of designated centre:	No. 3 Oakley Glen
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	15 January 2025
Centre ID:	OSV-0008231
Fieldwork ID:	MON-0037291

About the designated centre

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

No. 3 Oakley Glen is situated in a residential area in a town in Co. Carlow, in close proximity to shops, recreational opportunities and local amenities. The aim of the service is to provide residents with a home and the supports they require in order for the residents to live happy and self-directed lives. The service can be accessed by individuals with a mild, moderate and/or severe to profound learning disability for both males and females over the age of 18. The centre can accommodate two individuals. Each resident has their own individual bedroom, one bedroom has en-suite facilities, there is a main bathroom upstairs and a small bathroom located downstairs. In addition, residents have access to a communal kitchen area, sitting room and a garden area to the back of the home. There is also a room allocated as an office and staff sleepover room. The staffing team consists of a person in charge, team leader, social care workers and care assistants. Support is provided 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 January 2025	09:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an announced inspection, to monitor the provider's compliance with the regulations and to inform decision -making in relation to renewing the registration of the designated centre. One inspector completed the inspection across a one day period. Overall, the findings of the inspection indicated that the provider was striving to meet the assessed needs of both residents. Residents were comfortable in their home and were supported by a staff team that promoted person-centred care. Improvements were required in the assessment of residents' needs, risk management and staff training to ensure that the requirements of the regulations were met.

The inspection was facilitated by the staff team that was present on the day of inspection. The inspector spent time with the residents, their representatives and the staff team. In addition, document review and observation of daily practices were utilised to determine residents' lived experience in the designated centre.

The centre had capacity to accommodate two residents. There were no vacancies on the day of inspection. Recently a resident had transitioned into the centre. The person in charge and staff present, informed the inspector that the transition into the designated centre had worked very well and the resident seemed settled.

On arrival at the centre the inspector saw a resident sitting in the sitting room with their tablet device. The person in charge welcomed the inspector and introduced them to the resident. The resident used simple phrases to communicate their immediate needs and would answer direct questions with the support of staff. The resident tolerated the inspector being in the sitting room for a short period of time and then asked the inspector to leave. While the inspector sat in the kitchen with the person in charge, the resident came in and out of this room and sat with the inspector for short period of time. With support, the resident spoke about their favourite music, family visits and upcoming plans for the day. They frequently smiled during their interactions with the inspector and person in charge and appeared very comfortable and freely moved around their home. Later in the morning they left with a staff member to attend their day service.

The second resident that lived in the centre was in bed when the inspector arrived. The person in charge explained that on some days it was difficult to motivate the resident to get up. The resident had a history of engaging in this pattern of behavior. The inspector heard the resident get up later in the morning. They completed their morning routine independently and they called a staff member to come and assist them when they needed help.

The inspector had the opportunity to meet with the resident. The resident primarily used gestures, repetitive vocals, and body language to indicate their immediate needs. The resident seemed comfortable with the inspector coming into their bedroom and being shown around. During this time the resident looked out the

window and did not engage with the inspector. The resident had a family member coming to collect them and bring them out for the day.

As part of the inspection process the inspector completed a walk around of the designated centre. The centre comprises a three bedroom semi-detached home located in a residential area in Co. Carlow. The residents had access to a sitting room, kitchen, and small bathroom downstairs. Upstairs there were two resident bedrooms, one of which had en-suite facilities and a main bathroom. The third bedroom was allocated as a staff office and or bedroom. All parts of the home were very clean and overall well maintained. Any minor maintenance work that was required had been identified by the person in charge and there were plans to rectify it. All rooms had personal belonging present. For example, in the sitting room there were sensory items kept on tables beside each residents' preferred seat. There was a bubble machine in the corner of the room and pictures of the residents, both current and of then they were younger, displayed on the wall.

From speaking with staff and reviewing daily notes it was found that residents were provided with opportunities to engage in their community and maintain relationships with family. One resident attended a day service five days a week, while the other resident could attend on a sessional basis if they so wished. Residents enjoyed shopping, going out for meals and coffees, holidays, walks and drives and meeting with family. In a resident's room there was a large poster displaying activities that were available to them on a day-to-day basis. This included exercise classes, art, and activities available in day service.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. Both residents were supported to complete the forms. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre. This included the staff, activities, people they live with, food and the premises. In addition, the provider sought feedback from family representatives and had created specific questionnaires for them to fill out. They required the family members to provide feedback on the quality of care within the centre. All feedback again, was positive. For example one family member stated that the "house was lovely and that the staff were amazing."

The inspector met one family representative in person. They expressed that, overall, they were happy with the service provided and were complimentary of staff. They stated that they knew how to make a complaint and who they would contact around this.

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 to each resident living in the centre.

Capacity and capability

Overall, the inspection found there was a defined management structure in place with suitable systems implemented to monitor the effectiveness of the services being delivered. Areas of improvement were being identified with actions plans developed as required. Some minor improvements were needed in ensuring staff had up-to-date training in all areas of care and support.

There was a regular core staff team in place. They were knowledgeable of the needs of the residents and had a very good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs of residents. Due to an existing vacancy the provider was ensuring continuity of care and support through the use of regular relief staff. The inspector met with three staff members during the inspection and found they were knowledgeable about the needs of residents and were clear on the key policies and procedures within the centre.

The staff team received regular support and supervision. They also had access to training courses in mandatory areas. However, a small number of staff required access to training in some specific areas. For the most part, the provider was aware of the gaps in the training requirements and was in the process of ensuring all staff would receive relevant training over the coming months.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There were two staff available to residents during day and evening hours, and one sleepover staff member at night.

There was a 0.5 whole time equivalent vacancy at the time of inspection, and some

staff were also on leave. Recruitment was underway to fill the vacant post. In order to ensure continuity of care, the person in charge had ensured that regular staff or relief staff covered relevant shifts. The inspector reviewed rosters for a four week period, both actual and planned, and found that regular staffing was in place. All rosters reviewed accurately reflected the staffing arrangements in the centre, for example the full names of staff that were on duty were represented on the roster.

The inspector spoke to three staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix in place in the centre. This accounted for the training that was completed by the staff team. Staff were required to complete training in areas such as safeguarding, fire safety, safe administration of medicines and training in managing behaviour that is challenging. For the most part, all staff had relevant, up-to-date training in these areas. One staff member, who was currently on leave, was required to submit evidence to the provider that they had completed training in two areas. The inspector was assured that this would be completed before the staff member returned to work.

In addition, some staff required training in several key areas of care and support. This included first aid training and training in caring for individuals with diabetes. The provider had identified that staff required training in these areas. For example, the provider-led audit from December 2024 identified the need for staff to receive training in first aid. The provider discussed that there were plans to complete both these trainings in the coming months.

Staff were required to attend two formal one -to -one supervision sessions across a calendar year. All staff had been subject to this form of supervision. The inspector reviewed three staff supervision notes. The notes indicated that staff were supported to bring up any concerns they had in relation to their work and there was an agenda in place with actions generated as required.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to a team lead who in turn reported to a person in charge. The person in

charge was supported by the service manager.

The provider had a series of audits in place at both local and provider level. For example, at local level, regular Infection Prevention Control (IPC) audits, medication management and finance audits were completed. Action plans were implemented where areas of improvement were identified on these audits.

The provider had also completed regular six-monthly audits of the quality and safety of care. The inspector reviewed the two most recent audits from 2024. The audit dated December 2024 had recently been received by the staff team and the action plan was in progress. For example, one action identified was that the code to the external gate would be accessible to residents. The inspector observed that this code was now available to both residents. In total eight actions had been identified and a clear action plan with achievable dates was in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the system in place to ensure the admission of the residents was in line with the provider's policy and the requirements of the relevant regulation. The inspector reviewed the contract of care that was in place for the resident who had recently transitioned into the centre. The contract of care stated the terms and condition of the placement and was clear and transparent. The resident had signed this document.

Prior to admission to the centre the provider had completed an impact assessment to consider what impact, if any, the new resident may have on the resident that was currently living in the centre. This ensured that the compatibility of both residents was given due consideration before they lived in the same home. In addition, key working sessions were completed with the resident that lived in the centre to explain the upcoming changes in living arrangements. Overall, consideration was given to both residents in relation to the move into the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day

operation of the designated centre.
Judgment: Compliant
Regulation 31: Notification of incidents
<p>Documentation relating to notifications which the provider must submit to the Office of the Chief Inspector of Social Services under the regulation were reviewed as part of the inspection process. This included a review of daily notes and accident and incident forms. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required. For example, the provider had submitted all notifications in relation to safeguarding incidents that had occurred in the centre.</p>
Judgment: Compliant
Quality and safety
<p>Overall it was found that the residents lived in a warm, clean, well presented home. Care was provided in a person-centered manner where residents preferences, likes and dislikes were being taken into account. However, the initial and ongoing assessment of needs process required formalising to ensure that all residents' assessed needs were identified, assessed and documented in a clear and concise manner. In addition, the risk assessment process required review to ensure it was accurately capturing and managing relevant risks.</p> <p>Although there was an assessment of need in place for both residents, there was no system in place to assess residents' needs prior to admission to the service. This meant a comprehensive review of the residents' social, health and personal needs was not in place or guiding care planning in an effective manner. In addition to this, care plans were not been introduced or updated when a change in need occurred. This meant there was limited guidance to staff on how to best care for the residents. This was also having direct effect on the risk assessment process with some risks not clearly identified or managed appropriately.</p>
Regulation 17: Premises
<p>The inspector reviewed all aspects of the premises. As previously described this was a semi-detached home located in a residential area. Downstairs there was a sitting</p>

room where residents watched television and or relaxed with their sensory items. Adjacent to this was a kitchen and dining area. Additionally there was a small bathroom area. Upstairs both residents had individual bedrooms. The inspector saw personal belongings on display in each room such as photographs, soft toys, preferred items, cosmetics and soft furnishing. The bedrooms were individualised to each resident's preference. One resident had en-suite facilities and there was also a main bathroom upstairs for residents' use. The designated centre was suitable for each residents' assessed needs. The centre was clean, warm and well decorated. Any minor maintenance issues were being identified with suitable plans in place to address these as necessary.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on the terms and conditions of each resident's tenancy agreements.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

As previously mentioned, a resident had transitioned into the centre in the preceding months. The inspector spent some time in the morning with the resident and they appeared comfortable and content in their home. Staff told the inspector that the resident had settled in very well.

The inspector reviewed the transition plan that was implemented in relation to moving the resident into the designated centre. The plan was drafted approximately two months before the resident began the transition and it reviewed staffing needs, additional resources, how to inform the resident, visits to the centre, family involvement and redecoration considerations. Overall, it was found the transition was well planned and the resident and their representative were involved in the process. There were gaps in completing a robust assessment of need but this is addressed under Regulation 5: Individual assessment and personal planning.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider submitted their risk management policy prior to the inspection. The inspector reviewed this document and found that although it did guide staff practices in relation to the management of risk within the centre, it did not contain all the information as specified in the regulations. For example, the regulation states four key risks must be accounted for in the policy. On review of the policy the inspector noted that the four risks were absent. This required review to ensure the policy was in line with the requirements of the regulation.

At the time of inspection, there was a low rate of incidents and accidents. There were seven minor incidents from August 2024 to December 2024. All incidents had been reviewed by the person in charge and relevant learning (if any) had been identified. However, due to a lack of robust assessment of need prior to a resident's admission, not all risks had been comprehensively considered. For example, the resident had a history of a specific allergy. This was not being managed through the provider's risk management system. Therefore, effective control measures were not in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On the walk around of the premises the inspector saw that fire containment measures were in place. Automatic closure mechanisms on doors were working, emergency lighting was in place and suitable fire fighting equipment was available. Records reviewed indicated that all equipment was being serviced as required. For example, fire extinguishers had been serviced in December 2024.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, daily checks were taking place on fire escape routes, weekly checks on the fire alarm system and emergency lighting. On review of the records in place from November 2024 to January 2025, all had been signed off by staff to say these checks had been completed.

On review of fire drill records, it was demonstrated that all residents could be evacuated in a timely fashion when required to do so. Personal evacuation plans were in place and had clear guidance for staff. For example, one plan indicated that a resident required the use of ear defenders to leave the premises in the event of a fire drill due to the noise of the alarm. The inspector saw this equipment in the resident's bedroom and staff were aware of how this was to be used if the fire alarm sounded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both residents' assessment of need and personal plans that were in place. On review of the information in place for one resident, it was found that no assessment of need had taken place prior to their admission. Although the service was aware of some of the resident's needs due to supporting them in a day service capacity there was no formal system in place to fully assess residents' health, person, social and care needs prior to admission. Therefore all the resident's needs had not been fully identified, assessed and relevant care plans put in place as required. For example, the resident had a history of engaging in instances of self-injurious behaviour. This had not been identified prior to the residents' admission and no plans were in place to support this resident if this behaviour was to occur in the residential setting.

In addition, care plans were not being developed in line with changing residents' needs. There was a lack of guidance for staff and limited records on what actions had been taken to address changing needs. For example, one resident was spending large parts of their day in their bed. From a review of records, in January 2025 there were five occasions where the resident did not get out of bed until late in the day. In November 2024 the staff team had sought advice from the GP as they were concerned about this behaviour and the impact it was having on the resident's quality of life. However, no care plan was in place to guide staff on how to navigate this with the resident. It was unclear what staff were implementing to ensure a consistent approach was in place and record all actions taken to date. Care planning in line with changing needs is essential to ensure residents' are afforded the best possible access to care and support.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of inspection there were no open safeguarding concerns.

Following a review of two residents' care plans the inspector observed that

safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for No. 3 Oakley Glen OSV-0008231

Inspection ID: MON-0037291

Date of inspection: 15/01/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in Charge will ensure that staff receive training in First Aid & Caring for Individuals with Diabetes. This will be completed by 30/05/25 The Person in Charge will submit the certificates of the 2 training courses completed by the staff member on leave and will have the associated certificates placed on the staff members training record. This will be completed by 28/02/25.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1.The Registered Provider will review the organizational Risk Management policy to ensure that measures and actions are in place to manage the 4 specified risks named in Regulation 26. This will be completed by 30/06/25 2. The Registered Provider shall arrange for the Person in Charge to complete a Risk Assessment and associated Care Management plan for one resident's specific allergy. This will be completed by 30/03/25 3. The Registered Provider will develop a comprehensive assessment of needs system that will be undertaken prior to all admissions to the Organizations designated centers. This will be completed by 30/05/25	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1.The Registered Provider will develop a comprehensive assessment of needs system that will be undertaken, prior to all admissions to the Organizations designated centers. This will be completed by 30/05/25 2. The Person in Charge shall arrange for completion of a Risk Assessment and an associated Care management plan for one resident's potential self-injurious behaviours. This will be completed by 30/03/25. 3. The Person in Charge shall arrange for a full and comprehensive sleep hygiene and healthy lifestyle plan to be put in place to guide staff in supporting a resident have better outcomes in this area of their life. This plan will also detail all previous interventions undertaken by the team in this area. This will be completed by 28/02/25 4. The Person in Charge shall develop and implement a Care Management Plan that will guide staff in supporting one resident in monitoring abdominal distension and healthy eating. This plan will also detail all previous interventions undertaken in this area of their life. This will be completed by 28/02/25. 5. The Person in Charge shall ensure that all personal care plans will be subject to review on an annual basis or more frequently if required, due to changing needs or circumstances, in line with the assessment of needs system in place. This will be completed by 30/05/25 	

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	30/05/2025
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	30/06/2025
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the	Substantially Compliant	Yellow	30/06/2025

	risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	30/06/2025
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	30/06/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	30/06/2025

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	30/05/2025
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Not Compliant	Orange	30/05/2025