



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

Issued by the Chief Inspector

Name of designated centre:	Clonsilla Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	01 February 2023
Centre ID:	OSV-0008234
Fieldwork ID:	MON-0039187

About the designated centre

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

Clonsilla Road is a community residential service for four adults with an intellectual disability. The designated centre consists of a two-storey house close to a village in West Co. Dublin close to good public transport links and local community facilities such as barbers, shops and shopping centres, hotels, coffee shops and restaurants. The ground floor consists of two living rooms, a kitchen and dining area, a toilet, and one bedroom. There is a large self-contained garden and outdoor utility room to the rear of the house. Upstairs there are three bedrooms, one bathroom and toilet, one showerroom and toilet, and a staff sleepover bedroom and or office. Residents are supported 24/7 by social care workers, healthcare assistants and relief staff. The person in charge and or clinical nurse manager is available in the centre weekly and there is a 24/7 on-call nurse manager available to residents and staff.

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
Wednesday 1 February 2023	10:00hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This risk based inspection was completed following receipt of solicited information in the form of notifications from the centre. Overall, the findings of this inspection were that residents were engaging in activities they enjoyed, making choices in their lives, and being supported by a staff team who were motivated to ensure they were happy and safe. However, improvements were required to ensure that residents were in receipt of a good quality and safe service. For example, improvements were required in relation to safeguarding, residents' access to allied health professionals, documentation in the centre, fire containment measures, and to the premises which was impacting infection prevention and control.

On arrival, the inspector of social services was welcomed by staff who directed them to where the personal protective equipment and visitors book was. Residents had just left the house to attend day services and work.

There were four residents living in the centre and the inspector had an opportunity to briefly meet and speak with each of them. In addition, they had an opportunity to meet and speak with two residents' family members when they visited the centre. The inspector also used observations, discussions with staff, and a review of documentation to find out what supports were in place for residents living in the centre.

The centre was located close to work, and day services residents were walking there or using public transport. There was also a vehicle available to the centre at times when residents had appointments or activities to go to. The house was close to local shops and a large shopping centre and it was served by a number of public transport links. During the inspection a number of residents talked about how much they liked going living in the area so close to the shops.

There was a well maintained driveway to the front of the property and a well maintained garden to the back of the property. There were a number raised beds in the back garden and one resident talked about looking forward to planting them once the weather got a little better.

For the most part, the two storey house was warm, clean, comfortable and well maintained. A number of improvements were required to the upstairs bathrooms in the house and these will be discussed further under Regulation 17. A number of residents spoke with the inspector about going shopping to buy items to personalise their home. They had recently bought paintings and prints, and photo frames. They were in the process of picking photos to put in their frames.

One resident had a job and was working with the supported employment team to explore more employment opportunities. Another resident was also working with the supported employment team to explore job opportunities. In the afternoon two residents went to the local coffee shop together. They told the inspector they liked

doing that regularly. From reviewing residents' goals and speaking with them, it was clear they were regularly engaging in activities they found meaningful. Residents spoke with the inspector about things they liked to do and things they had to look forward to. For example, they spoke about an upcoming trip down the country, a trip abroad, and a music show they were going to. There was a calendar in the kitchen with upcoming events and special dates marked in it. There was also a rosters to show who was working.

Residents described the centre to the inspector as "home sweet home", and talked about how they were "constantly doing stuff". They spoke about their favourite football teams, using their phones or laptop or tablet computers. They also talked about their favourite television shows and about how much they liked to read and listen to the news. They described the staff as "good", and "great", and talked about how well they supported them. They said that staff were really good listeners and that they would feel comfortable talking to them about any concerns they may have. They also spoke about concerns they had raised through the complaint process.

For example, one resident spoke about the impact of their peers behaviour on how comfortable and safe they felt in the centre. They told the inspector that they felt safe in the centre most of the time, but not all of the time. They said it wasn't acceptable to them how their peers acted towards them, or spoke to them at times. They told the inspector they had voiced their concerns to staff through the complaints process and that the staff were very supportive.

When speaking with residents' representatives in the centre they were complimentary towards care and support in the centre. They described how well supported their relatives were by staff and stated that they would feel comfortable speaking to staff if they had any worries or concerns about their relatives. They talked about the range of activities their relatives were engaging in and about how these were increasing over time. They discussed the importance and benefits of exercise for their relatives and how they would benefit from more opportunities to exercise more regularly.

Throughout the inspection residents were observed to appear happy and comfortable while interacting with members of the staff team. Warm, kind and caring interactions were observed and staff were very familiar with residents wishes and preferences. They were observed to offer support to residents but to also give them space and encourage their independence. Residents were travelling independently, visiting their family and friends independently, and following risk assessments spending time in the house on their own.

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 the quality and safety of the service being delivered.

Capacity and capability

This inspection was completed to follow up on the actions from the provider's compliance plan submitted following the last inspection in the centre on 21 June 2022, and following receipt of a number of pieces of solicited information the form of notifications submitted to the Chief Inspector. These notifications related to allegations of abuse. Overall, the findings of this inspection were that while the provider was ensuring that residents were supported by a regular staff team and engaging in activities they found meaningful, some actions were required to ensure that residents were in receipt of a good quality and safe service. The main areas where improvements were required related to oversight of care and support for residents, safeguarding, positive behaviour support, documentation, fire safety, the premises, particularly relating to infection prevention and control.

There was a vacancy for a person in charge at the time of the inspection. The provider had notified the Chief Inspector of Social Services of who they had appointed to be person in charge while recruiting to fill the post. However, this arrangements was not found to be suitable as the person appointed did not fulfill some of the requirements of Regulation 14, as they were not working full time.

There were a number of persons participating in the management of the designated centre. Residents and staff were complimentary towards them. While the provider was recruiting to fill the person in charge vacancy, they were visiting the centre and providing support for residents and staff over the phone. They had attended a recent staff meeting and staff were linking with them to report incidents or adverse events in the centre. However, the centre was not fully resourced at the time of the inspection and from reviewing documentation a number of complaints, and incidents had not signed or risk rated by a member of the local management team.

Recently completed audits and reviews were picking up on some of the areas for improvement in line with the findings of this inspection. For example, the latest six monthly audit had identified the need for improvements in relation to, the absence of a person in charge, that staff supervision was not being completed in line with the schedule or the provider's policy, staff training deficits, and the requirement for additional audits in the centre. However, these audits and reviews were not picking up on the negative impact of incidents, particularly those of a safeguarding nature on the lived experience of residents in the centre.

The provider had recruited to fill a number of staff vacancies in the centre since the last inspection which had resulted in improved continuity of care and support for residents. Staff who spoke with the inspector talked about residents' talents and interests and they were familiar with residents' care and support needs. They were observed to take the time to listen to residents and spend time chatting with them during the inspection. They spoke with the inspector about residents' talents and interests.

Regulation 14: Persons in charge

The arrangement which the provider put in place while recruiting to fill the vacant person in charge role were not deemed suitable. The person appointed as an interim measure was not working full time.

Judgment: Not compliant

Regulation 15: Staffing

With the exception of the vacant person in charge position, the centre was fully staffed in line with the center's statement of purpose. A number of staff had started working in the centre since the last inspection and this had led to improvements in the continuity of care and support for residents. Residents and their family members were very complimentary towards the staff team.

There were planned and actual staff rotas in place and they were well maintained. From the sample reviewed planned and unplanned leave were covered by regular relief staff.

Judgment: Compliant

Regulation 22: Insurance

There was valid insurance in place and it included cover for accidents or injury to residents and other risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined; however, the centre was not fully resourced at the time inspection. While the persons participating in the management of the centre were available to residents and staff, the person in charge role was vacant and this was found to be impacting on oversight and monitoring of care and support for residents. This can be demonstrated through the decreased levels of compliance with the regulations in the centre since the last inspection.

While the provider had some systems in place for monitoring the quality of care and support for residents, improvements were required to ensure they were picking upon areas for improvement that were impacting negatively on the lived experience of residents in the centre. For example, improvements were required in relation to

the oversight of incidents, safeguarding, complaints, residents' access to allied health professionals and the development of plans to guide staff practice to support them.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record was maintained of incidents and adverse events in the centre. The provider had notified the Chief Inspector of the occurrence of certain events in line with the requirement of the regulations. However, three notifications of allegations or suspicions of abuse had not been notified in line with the three day timeframe identified in the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and the procedures and they were explained to, and available for residents and their representatives in the centre. A number of residents spoke with the inspector about their experience of using the complaints process. They told the inspector that staff took the time to listen to them and were trying their best to help them to resolve their issues. However, for some they felt their issues were not fully resolved.

From reviewing a sample of complaints the inspector found that there were some gaps in the associated documentation and the oversight of complaints in the centre. For example, the actions taken following some complaints was not recorded, some were missing some details such as the date of the complaint and whether the complaint was resolved, and some were marked complete but the details to demonstrate the steps taken to resolve the complaints were not recorded.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that improvements were required to ensure that residents were in receipt of a good quality and safe service. Residents were involved in the day-to-day running and upkeep of their home. They were busy taking part in activities they enjoyed and staff were supporting and encouraging them to develop

and maintain their independence skills. While the majority of residents were happy in their home, a number of residents were not fully satisfied. This will be detailed further under Regulation 8.

As previously mentioned, works were planned in the centre including the refurbishment of a number of bathrooms. Most of the house was comfortable and personalised. However, there were issues relating to the ventilation and heat in the upstairs bathrooms that was resulting in condensation and mould growth. The provider had infection prevention and control policies in place. With the exception of the bathrooms upstairs, the house was very clean and well maintained. The inspector was informed that a deep clean was scheduled for the bathrooms as an interim measure until they were refurbished. There were cleaning schedules and contingency plans for use in the event of an outbreak of infection. Staff had completed infection prevention and control-related training and infection prevention and control was discussed regularly at residents' meetings.

There were systems to ensure that the fire equipment in the centre was serviced and maintained. There were fire containment measures in place; however self-closing mechanisms were required on a number of doors in the centre. Input had been sought by an occupational therapist and the inspector was informed that a request for the mechanisms had been submitted.

Residents had an assessment of need, risk assessments, and care plans in place. However, a number of residents' assessments were not found to be reflective of their needs. In addition, discrepancies were found across a number of documents reviewed in residents' plans. For example conflicting information was contained in their assessment of need, risk assessments and care plans.

There were a number of residents who were assessed as having behaviours of concern. While there was some documentation in place such as risk assessments and care plans, there was an absence of a behaviour support plan to clearly guide staff on proactive and reactive strategies. The inspector was informed that referrals had been made for psychology and clinical nurse specialist input for some residents.

The provider had safeguarding policies and they were reporting allegations and suspicions of abuse in line with the organisation's and national policy. However, the inspector reviewed a number of incident reports and complaints which described a negative impact for a number of residents of the behaviour of their peers. For example, complaints stated residents were feeling "unhappy", "unsafe", and "uncomfortable". A number of complaints documented that residents left the room or were supported to leave the room by staff at times when their peers were shouting or threatening them or staff members.

Regulation 20: Information for residents

There was a residents' guide in place and available in the centre. It contained the information required by the regulations. This included a summary of the services

and facilities provided to residents, the terms and conditions of residency, arrangements for involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part the premises was warm, clean and well maintained. However, issues with ventilation and heat in the two upstairs bathrooms had resulted in condensation and mould growth in the two upstairs bathroom. The inspector observed large patches of mould on the ceiling in both upstairs bathrooms and there was condensation and water pooling in areas of the tiles, windows and on equipment in the bathroom. In addition, some equipment in the bathroom was damaged affecting the ability to clean them. For example, the shower enclosure in one bathroom and the vanity unit in another. The inspector was informed by the management team that plans were in place to refurbish both bathrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems to ensure fire equipment was serviced and maintained. Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated regularly. Fire drills were occurring regularly. Staff had completed fire safety related trainings.

For the most part there were suitable fire containment measures in place in the centre including fire doors. The provider had identified that self-closing mechanisms were required on fire doors in key areas of the centre. An occupational therapist had completed a review and the inspector was informed that self-closing mechanisms had been requested.

Judgment: Compliant

Regulation 6: Health care

The inspector found that while each resident had an assessment of their health, personal and social care needs, some of their assessments had not been updated in line with their changing needs. In addition, residents who required the access of

allied health professionals had been referred for these services but were not in receipt of these services at the time of the inspection. For example a number of residents required the support of psychology, or a clinical nurse specialist. From reviewing incidents and complaints in the centre, this was found to be having a negative impact for some residents in the centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

It was identified in a number of residents' assessments and personal plans that they required support to manage their behaviour. The inspector reviewed a number of documents in residents' assessments and personal plans relating to behaviour and found inconsistencies across a number of documents. Staff had developed a number of documents and social stories to support residents; however, residents who required them did not have behaviour support plans in place to guide staff practice.

In the latest six monthly review completed by the provider they recognised that staff required training in managing behaviour that is challenging.

Judgment: Not compliant

Regulation 8: Protection

Allegations and suspicions of abuse were reported in line with the organisation's and national policy. Residents were supported by staff to develop their knowledge and skills to keep themselves safe. They were meeting with their keyworkers regularly and from reviewing the complaints book in the centre a number of residents had raised complaints when they were impacted by incidents of a safeguarding nature in the centre.

A number of residents spoke about the way some of their peers had spoken to them in the past. One resident described the impact for them of witnessing their peers engaging in behaviours such as shouting and threatening them, their peers, or staff. They told the inspector, "is not ok, I don't like it". They described times when they had to remove themselves from areas of their home, and times when staff supported them to move to other areas of their home while their peers engaged in behaviours of concern.

Staff had completed safeguarding training and those who spoke with the inspector were knowledgeable on their roles and responsibilities should there be an allegation or suspicion of abuse. There were two open safeguarding plans in the centre at the time of the inspection and staff were aware of the control measures in these.

Judgment: Not 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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Clonsilla Road - Community Residential Service OSV-0008234

Inspection ID: MON-0039187

Date of inspection: 01/02/2023

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The nominee provider appointed A PIC to the designated centre whom is in a full time post and has the required qualifications skills and experience to manage the designated center</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider has ensured that a PIC has been appointed to the designated centre which meets the regulatory requirements.</p> <p>The nominee provider will ensure that management systems are in place to ensure the safe provision and monitoring of services</p> <p>The PIC will ensure that all accidents and incidents, complaints and safeguarding incidents are reviewed with necessary actions taken. Weekly sit visits are completed by the PPIM. Nominee provider visit is up to date and the PPIM will work through actions required. The annual Quality review has commenced. Regular monthly meetings will take place between the PIC and the PPIM to ensure appropriate oversight. A review of all careplans will take place to ensure they are reflective of all residents current needs and have access to appropriate health care professionals as assessed within their careplan.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will ensure that all notifiable events are reported to the chief inspector within the correct timeframe.</p> <p>The nominee provider has introduced a system to ensure correct oversight of this process.</p> <p>The nominee provider has organised Bespoke safeguarding training with the social work department to ensure the team can identify safeguarding concerns and follow the correct procedures.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The nominee provider will ensure the effective management of complaints</p> <p>The nominee provider shall ensure that there is a record available of all complaints including details of the investigation, outcome of the complaint, any action taken on foot of the complaint and whether or not the complaint was satisfied.</p> <p>All complaints were reviewed by the PPIM and a complaints log is available within the designated centre. Complaints and complaints logs will be reviewed monthly by the PPIM and PIC. An additional feedback form will be kept within the designated centre for future complaints to ensure progress is up to date and available.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider will ensure that residents at risk of infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections. The bathroom in the designated centre has been assessed by an independent company on 1/03/2023 and the provider is actioning these recommendations appropriately.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The nominee provider will provide appropriate healthcare for each resident with regard to the residents personal plan. An initial Consultation meeting with the CNS in behaviours of concern has been arranged. The PIC will ensure that a review of all careplans will take place to ensure that assessments are reflective of residents needs and appropriate action plans/ care interventions are in place.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will ensure that all staff have up to date knowledge and skills to respond to behaviour of concern and to support residents with behaviours of concern. The PIC will ensure all staff have up to date appropriate training to support residents with behaviors of concern within the designated centre. The PIC will ensure that if a residents behaviour necessities intervention, every effort will be made to identify and alleviate the cause of the behaviour of concern. Th PIC has arranged a consultation with CNS in behaviours of concern to identify supports required for individuals within the designated centre. The PIC has arranged a consultation meeting with Psychology in regard to support an individuals with complex needs within the centre. The PIC will ensure all careplans assessments are reflective of needs and provide appropriate supports to the individual and the team whom support them.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The nominee provider will protect all individuals from abuse. The nominee provider has sought assurance that all residents feel safe within their home through individual meetings and MDT meeting . Additional supports have been sourced to support individuals.</p>	

The nominee provider has organised Bespoke safeguarding training with the social work department to ensure the team can identify safeguarding concerns and follow the correct procedures.

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	06/02/2023
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	03/03/2023

Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	03/03/2023
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.	Not Compliant	Orange	30/04/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/05/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	16/03/2023

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	31/03/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/03/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/04/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires	Substantially Compliant	Yellow	30/04/2023

	services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			
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	30/04/2023
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	31/05/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	30/04/2023
Regulation 08(2)	The registered	Not Compliant	Orange	30/04/2023

	provider shall protect residents from all forms of abuse.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/04/2023