Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Grangemore Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	20 November 2023
Centre ID:	OSV-0001493
Fieldwork ID:	MON-0041313

About the designated centre

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

Grangemore Services can support up-to-five residents with an intellectual disability. Residents with autism, epilepsy and mental health needs can also be supported at this centre. The centre is a large detached two storey house located in a residential suburban area of a large city. Each resident has their own bedroom. Residents are supported to attend activities in their local community in line with their expressed wishes. Some residents attend individual day services and one resident is supported with an individualised day programme from the house. Residents are supported by a combination of social care workers and social care assistants, and a sleep in arrangement is in place to support residents during night-time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 20 November 2023	09:30hrs to 15:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow-up on non-compliance's, identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations, and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level. The Chief Inspector had also recently received an application to renew registration of this centre.

The inspection was facilitated by the person in charge, the inspector also had the opportunity to meet with two staff members and with three residents who lived in the centre. Residents had lived together for several years, got on well with one another and were supported by a staff team who knew them well, most having worked in the centre for many years.

Some residents attend individual day services and one resident was supported with an individualised day programme from the house. On the morning of inspection, one resident had already left to attend their regular day service, two other residents were getting ready to leave the centre to attend day services, another was being supported to cook breakfast and one resident had spent the night at home with their family. Residents told the inspector how they had enjoyed the weekend, one resident had celebrated a birthday, enjoyed visiting friends and family and playing some games of pool in a local bar. Residents mentioned that they had also enjoyed a recent trip to the local Christmas markets. The resident who was supported with an individualised service, told the inspector that they continued to enjoy being able to decide on activities and day trips of their choice, on a daily basis.

Grangemore Services is a two-storey detached house located in an residential area close to a city. The house has six bedrooms and all residents are accommodated in individual bedrooms. Two bedrooms are located on the ground floor and three bedrooms are located on the first floor. There is another bedroom located on the first floor, which is used as an office, and by staff who are on sleep over in the centre. Each bedroom is personalised and decorated in line with residents' preferences. There is adequate personal storage space provided in each bedroom. There is an accessible shower room and separate toilet provided on both floors. There is a variety of communal day spaces including two living room areas, a large kitchen and dining area and utility room. Residents have access to well-maintained gardens to the front and rear of the house. There is a large paved area to the rear with outdoor furniture provided. Areas identified as requiring improvement at the previous inspection had been addressed. For example, the staff office/bedroom, ground floor toilet and first-floor shower room had been refurbished. Overall, the centre was found to be well-maintained in a visibly clean condition.

From conversations with some residents and staff, observations in the centre and information reviewed during the inspection, it appeared that residents had good quality active lives, had choices in their daily lives, were involved in activities that

they enjoyed, both in the community and in the centre. Residents were supported to take part in a wide range of activities, including, sporting activities as well as regular day trips to places of specific interest. Some residents enjoyed regular walks and drives, and some enjoyed using public transport to visit places of interest. Residents regularly enjoyed attending the cinema, eating out, going to public houses and attending monthly discos. Some residents regularly enjoyed sea swimming, and going to the swimming pool, hiking, and others were involved in special Olympic sporting activities, including, floor ball and horse riding. The inspector saw photographs of residents clearly enjoying many of these activities and events. The centre had its own vehicles, which could be used by residents to attend outings and activities. Residents also enjoyed spending time relaxing in the house, watching television, listening to music, completing jigsaws and going about their own routines. Residents' independence was very much promoted. Residents enjoyed helping out with household tasks, such as attending to laundry, helping with the preparation and cooking of meals, gardening and cutting the grass.

Residents were supported and encouraged to maintain connections with their friends and families. There were no visiting restrictions in place. Some residents received regular visitors to the centre, while others were supported to visit family members at home. Staff advised that all families were invited to attend an annual family day in the centre. Feedback from families who had completed questionnaires at the time of the annual review of the service, indicated satisfaction with the service provided.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, there was a notice board displaying a range of information and posters of upcoming events that residents may be interested in. There was also an information folder available including details of how to make a complaint, advocacy services and the assisted decision making regulations. Advocacy services had been recently used and had resulted in a positive outcome for residents. Residents were supported to attend religious services of their choice, some liked to regularly attend local mass while others preferred to visit local churches and light candles. All residents were registered to vote and had voted in past elections. Staff continued to ensure that residents' preferences were met through daily consultation, monthly house meetings, the personal planning process and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Residents had reported feeling safe and happy living in the centre at a recent house meeting.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider, has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed on this inspection and this report will outline the findings found on inspection.

The findings from this inspection showed that the provider had implemented the specific areas requiring improvement, as outlined in the compliance plan from the last inspection. Improvements were noted to on-call management arrangements, the premises and infection, prevention and control. While the regulations reviewed were generally found to be compliant, the providers own systems for monitoring, reviewing and reporting on the the safety and quality of care and support in the centre, required review to ensure that they maintained effective oversight of the service.

The person in charge worked full-time in the centre. They were supported in their role by a senior manager. There were now formal on-call arrangements in place for out-of-hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre. Staff spoken with were familiar with the arrangements in place.

There were stable staffing arrangements in place with many staff members having worked in the centre for numerous years, who continued to provide continuity of support to residents. Staff spoken with were knowledgeable regarding residents' up-to-date support needs, and advised that staffing levels allowed them support residents, as required, and to participate in activities of their choice. There were normally two staff members on duty during the morning, three staff during the evening time and one staff member who slept in the centre at night time. One resident was supported by a staff member throughout the day. During the weekends, there were three staff on duty during the afternoons and evenings.

Staff training records reviewed indicated that that all staff had completed mandatory training. Additional training in various aspects of infection prevention and control, medication and epilepsy management and autism awareness had been completed by staff. The person in charge had also attended training on risk management,

completing audits and assisted decision making. Further training was scheduled in December for all staff on risk management.

The inspector reviewed the file for a volunteer who was supporting a resident with social activities over the past number of years and noted that all required information including Garda Vetting was available.

The person in charge had systems in place to regularly monitor and review areas, such as, identified risks, staff training, restrictive practices, medicines management, infection, prevention and control, fire safety and residents' finances. Monthly team meetings were taking place, at which, identified areas for improvement were discussed. For example, a recent medication error had been discussed and learning from the incident shared with staff. There was evidence of consultation with residents through regular house meetings, where the views of residents were sought and information shared. Items such as preferred activities, meal choices, fire safety, safeguarding, privacy, upcoming events and progress on individual goals were also discussed.

The provider had some systems in place to review the safety and quality of care including an annual review which had been completed for 2022. However, these systems required review. There had been no provider led audit completed to date during 2023, as required by the regulations. The person in charge advised that an audit was scheduled to take place on 7 December 2023, however, there was a requirement on the provider to carry out unannounced visits and prepare a report on the safety and quality of care and support in the centre at least once every six months.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge who had responsibility for the day-to-day management of the centre. The person in charge worked full-time and had the required qualifications and experience to manage the centre as required by the regulations. They were knowledgeable regarding the regulations and their statutory responsibilities. They were well known to staff and residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. The staff roster reviewed indicated that this was the regular staffing pattern.There were no current staff vacancies. The staff roster had been completed to the end of January 2024.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection control, medication,epilepsy management and autism awareness had also been provided to staff.

Judgment: Compliant

Regulation 23: Governance and management

The providers own systems to ensure effective monitoring and oversight of the safety and quality of care and support in the centre required review.

The provider had not completed unannounced visits at least once in every six months and prepared a written report on the quality and safety of care and support provided in the centre. There had been no provider led audit completed to date during 2023 as required. The person in charge advised that an audit was scheduled to take place on 7 December 2023, however, there was a requirement on the provider to carry out unannounced visits and prepare a report on the safety and quality of care and support in the centre at least once every six months.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose recently submitted with the application to renew

registration was reviewed by the inspector. It was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The roles and responsibilities of a volunteer who provided support to a resident with social activities was set out in writing. A Garda vetting disclosure and photographic identification was available. The person in charge reviewed the volunteers contract on an annual basis and continued to provide supervision and support.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well supported. Residents that met the inspector spoke about how they enjoyed living at the centre, appeared to be comfortable in their environment and with staff supporting them. In general, the provider had adequate resources in place to ensure that residents got out and engaged in their desired activities on a regular basis. This was largely due to appropriate staffing and transportation arrangements, as well as efficient planning and resident consultation, with regard to their preferred activity choices.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date health-care needs.They advised that residents were generally in good health. Staff reported that while some residents had specific health-care needs, their conditions were generally stable and well-managed. The inspector reviewed a sample of residents files. There was an up-to-date assessment of need completed for each resident. Care and support plans were in place for all identified issues including specific medical conditions, and there was evidence that they were reviewed regularly. Residents' weights continued to be closely monitored.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission. Residents who required supports with communication had comprehensive plans in place, which were tailored to their individual communication preferences and support needs.

Personal plans had been developed in consultation with residents, family members and staff. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed and progress reviewed. Each resident's personal outcomes for the year were documented in an easy-to-read picture format. It was clear that all residents were supported to progress and achieve their chosen goals. There were regular progress notes recorded and photographs demonstrating achievement of goals.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection.

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. Staff continued to promote a restraint free environment. While there were some restrictions in use, there was a clear rationale outlined for their use, for example, due to identified risk and to ensure the safety of a resident. There were risk assessments completed, and multidisciplinary input into the decisions taken for restrictions in use. The restrictions in use had been referred to the restrictive practice committee and had been recently reviewed and approved.

There were systems in place for the management and on-going review of risks in the centre. The person in charge ensured that the risk register was regularly reviewed and updated. The provider had an escalation pathway available to the person in charge, to raise these risks with senior management. The top five risks in the centre were submitted on a monthly basis to the senior management team for review. The person in charge had made senior management aware of risks that had been identified, including, risks in relation to unexpected absence of residents and restrictive practice.

The person in charge had systems in place for ensuring oversight of medication management practices. All staff had received training in medicines management. There were no controlled medicines prescribed for residents at the time of inspection. Medicines were securely stored. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed. There were systems in place for checking medicines on receipt from the pharmacy, and systems in place for returning unused or out-of-date medicines to the pharmacy.

The person in charge and staff on duty demonstrated good fire safety awareness and knowledge on the workings of the fire alarm panel. Regular fire drills had been completed involving staff and all residents and records reviewed, provided assurances that residents could be evacuated in a safe and timely manner. All residents were ambulant and could mobilise independently. Daily, weekly and monthly fire safety checks were carried out. The fire equipment and fire alarm had

been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. Residents goals were clearly set out and files reviewed showed that progress was regularly reviewed and residents had achieved their goals to date. There were several photographs showing residents clearly enjoying a wide range of activities during recent months.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the house suited the needs of residents. The centre was well-maintained, comfortable, furnished and decorated in a homely style. Required refurbishments identified at the last inspection had been addressed and works had been completed to upgrading the office, and some bathrooms.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The person in charge had completed training in risk management and training was scheduled for all staff. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre, at the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks were carried out. The fire equipment and fire alarm had been serviced. Staff spoken with were knowledgeable regarding the workings of the fire alarm system. Regular fire drills continued to take place. All staff had completed fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that systems were in place for the safe prescribing, administration and storage of medicines in this centre. Clear prescription records were maintained. Records reviewed showed that medications were administered as prescribed. Medication audits were frequently carried out to identify any improvements that may be required and to ensure a high standard of compliance was maintained. All staff had completed training in medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. The inspector reviewed a sample of residents files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and their family representatives where appropriate and regular reviews took place to track progress of identified goals. Files and photographs reviewed showed that residents had been supported to achieve

their chosen goals to date during 2023.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the psychologist, psychiatrist, neurologist, dentist and chiropodist.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. Staff continued to promote a restraint free environment. Restrictions in place were regularly reviewed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices

were respected and promoted. Staff continued to ensure that residents' preferences were met through daily consultation, monthly house meetings, the personal planning process and ongoing communication with residents and their representatives.The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents were supported to communicate in accordance with their needs.

Residents were supported to attend religious services of their choice. Some liked to regularly attend local mass while others preferred to visit local churches and light candles.

Residents were supported to exercise their civil and political rights. All residents were registered to vote and had voted in past elections.

Residents were supported to avail of advocacy services. A resident had recently been supported to avail of advocacy services which had resulted in a positive outcome for the resident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grangemore Services OSV-0001493

Inspection ID: MON-0041313

Date of inspection: 20/11/2023

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider led audit process and template has been updated and will be completed by 31st December 2023. The registered provider carried out an unannounced inspection on the 4th December 2023 followed by an announced inspection on the 7th December 2023. Going forward the registered provider will carry out an unannounced inspection at least once every six months or more frequently as determined by the provider. The registered provider will prepare a written report on the quality and safety of care and support provided at the center by 31 December 2023. The Director of Operational Supports and Services will meet with the Area Service Manager and the Person in Charge on a quarterly basis in the designated centre to complete a service review and audit.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2023
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	Not Compliant	Orange	31/12/2023

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			