Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Unit 1 St Stephen's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	25 January 2023
Centre ID:	OSV-0000715
Fieldwork ID:	MON-0037716

About the designated centre

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

Unit 1 is a dementia specific unit situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. It is a single storey detached building and is registered to accommodate 16 residents. Residents' accommodation comprises of one single bedroom, and the rest of bedrooms are three-bedded rooms. Assisted showers toilets and bathrooms are across the corridor. Communal space includes a dining room and sitting room and a sensory room. Residents have access to an enclosed garden with panoramic views of the valley and countryside. All bedrooms open onto a veranda. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18, long-term residents and palliative care to older people with dementia. The centre provides 24-hour nursing care and medical care is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 25 January 2023	09:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The inspector observed that staff were kind and residents were treated with patience and understanding in this small designated centre, Unit 1, St Stephen's Hospital. The centre had 9 residents living there on the day of inspection with seven vacant beds. The inspector spoke with all residents. While not all residents met with were able to tell the inspector their views on the care setting in great detail, a number of them said that they were satisfied with the care and service provided. One resident spoken with said that staff "are very nice" to them and the inspector found that residents looked well cared for.

This inspection was unannounced. On arrival the inspector observed the infection prevention and control measures in place including wearing a face mask. Following an opening meeting with the person in charge, the inspector was accompanied on a walk around the premises. The inspector saw that the centre was very clean, staff were seen to carry out hand hygiene and to wear their PPE (personal protective equipment, including masks and gloves) in line with the protocol in the centre. Hand sanitising gel was readily available.

The centre consisted of one detached unit within a large campus of over 100 acres in Sarsfield's Court, Glanmire. The buildings on campus were reflective of the era, having been built in the mid 1900's. Efforts had been made over the years to improve the lived experience of residents, thereby creating a more homely environment overall. The entrance into the centre was freshly painted, with a selection of colourful flower pots placed around the entrance. There was suitable, safe seating and raised flower beds in the garden and patio areas for residents' use. Staff said this area was used very often in the spring and summer months for gardening, barbecues or outdoor visiting. One resident who liked to walk a lot was seen to be accompanied outdoors for a walk during the day. The premises was well maintained, warm and comfortable. The foyer was bright and furnished with new chairs, a range of new pictures and new flooring. Residents were observed sitting in the foyer, which was a favourite spot for two residents in particular, to listen to music, read magazines or relax with family during visits. Bedroom accommodation consisted of five three bedded rooms and one single room. Each of the multi-occupancy rooms had a seating area with a coffee table and three large, colourful chairs. There were fresh roses observed in two rooms which made the rooms look very welcoming and homely. Toilets and showers were shared and located across the hall from the bedrooms. Other aspects of the premises were detailed under Regulation 17.

Residents and family meetings were held regularly and the minutes of these were documented. At each meeting a range of issues, such as infection control, food choices, laundry, visits and other matters were discussed with them. It was clear that residents and their families had been consulted about relevant issues and upcoming events such as birthdays. The last Christmas party was a great hit with residents and some relatives were invited to attend in line with the wishes and

needs of residents.

Residents were well dressed in keeping with the season and they were seen to enjoy some activities, such as individual attention from the occupational therapist (OT) in the morning, walks, reading and singing with staff in the afternoon. The inspector observed that a snack trolley was brought around to each person during the day and these treats and drinks were welcomed by residents. Choice was supported: a number of residents liked to sit in the main sitting room, one resident sat in the foyer watching the staff coming and going and one man was said to enjoy the the peace and quiet of the 'snozzelan' room (an additional communal room, set up for relaxation, with a projector and calming music). This resident was seen relaxing and dozing in this room on two occasions during the inspection.

Meals were served at suitable times for residents and were a focal point of residents' day. For example, tea-time was at 5.30 pm which passed the long evenings in an enjoyable way according to staff spoken with. The food served at dinner looked very nice with additional portions being served up where requested. Two staff from the speech and language therapy department (SALT) attending the dining room on the day of inspection as part of the assessment of residents' dietary needs. The dietitian was also present in the centre to review residents on the day. It was found that all residents were maintaining their body weight, which can be a challenge for people with dementia who may experience a change in appetite. The catering manager also met with the inspector and explained the three week menu rotation and annual, detailed dining experience audits, devised in conjunction with the dietitian. New foods were being sampled by residents with the aim to find varied and interesting flavours for them. The new custard dish was praised by residents as well as the roast lamb on offer on the day of inspection. Residents' meeting minutes indicated that residents were very happy with the choices on offer and this was supported by a colourful, pictorial menu board in the dining room. Residents spoke about the "appetising smell from the food" and two people said it was "very tasty". When residents required help from staff with meals they were supported in a discreet and respectful manner.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were now well established. The centre had been completely refurbished in the last couple of years and the outstanding work to replace the flooring in the hallway had been completed since the previous inspection. Nevertheless, despite the good practice seen and described throughout the report

further action was required in aspects such as premises, residents' rights, care planning for those with dementia and fire safety, as highlighted under the relevant regulations in the Quality and Safety dimension of the report.

There was a senior health services executive (HSE) manager on the campus, nominated to represent the provider, which was the HSE. This senior manager liaised with the management team at team meetings. The person in charge had responsibility for the day-to-day operational management of the designated centre. The person in charge was knowledgeable of residents and the remit of the role. They were supported by a clinical nurse manager 2 (CNM2), the clinical director, administration staff on campus and a team of medical, nursing, healthcare, kitchen, maintenance and agency household staff. The person in charge informed the inspector that the post of CNM1 was currently vacant and the post of CNM2, while full-time, had yet to be sanctioned as a permanent position.

The roster and the staffing levels on the day of inspection indicated that there were sufficient staff on duty to meet the needs of residents. Staff files were available and maintained in line with the regulations for such records. Up-to-date training had been provided to staff in the required appropriate and mandatory training. Infection prevention and control (IPC) training was undertaken to prevent an outbreak of COVID-19 or other infections which were subject to audit and stewardship in relation to the judicial use of antibiotics. Staff were seen to wear their masks appropriately and visitors also wore masks for their individual protection.

All the required documentation was kept in a secure but accessible location. Residents and relatives whom the inspector spoke with were complimentary about staff and the management team. This was also reflected in relatives' surveys where they acknowledged good communication with the person in charge, staff and the medical team. They felt happy that their concerns and complaints would be addressed and listened to. The inspector saw that records were available which confirmed relatives had consultations with the medical team in response to concerns raised.

There was evidence of quality improvement strategies and ongoing monitoring of the service. The annual report on the quality and safety of care was being compiled for 2022. Falls, complaints and incidents were trended for improvement. The inspector found that a number of aspects of the audit and management system set up in the centre ensured that good quality care was delivered to residents. For example, the use of sedative medicine was audited as well as behaviour escalation, care planning systems, quality of food and cleaning processes. Following completion of audits, there was evidence that an action plan had been developed and the issues were discussed at each management meeting.

Overall incremental improvements were in evidence with the provider demonstrating a responsive approach to regulation and to implementing the standards for the sector.

Regulation 14: Persons in charge

The person in charge was experienced in management in the centre, she had the required qualifications and was engaged in continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents.

There was a good skill mix of staff seen to be on duty on the day of inspection.

There was a person in charge, a clinical nurse manager two (CNM2), a nurse, a health care assistant (HCA) and a multi-task attendant (MTA)on duty to meet the needs of residents. Two cleaning staff from an external agency were also on duty for the morning.

Night staffing levels consisted of a nurse, a HCA and a MTA.

The duty roster was correctly maintained, in line with the staffing levels outlined by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to relevant training for their roles and supervision was supported by the induction programme, the daily safety pause, handover reports and minutes of staff meetings.

Judgment: Compliant

Regulation 21: Records

The records required to be available for inspection purposes were available and well maintained.

This included staff files, copies of incidents, medicine errors and complaints.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, improved managerial systems and managerial oversight were required to address a number of outstanding issues to ensure that the system was fully resourced, consistent, effectively monitored and safe for residents :

- Aspects of fire safety such as the weekly test of the fire alarm and further issues as described under Regulation 28.
- Aspects of activity and residents' rights such as access to meaningful activity, as described under Regulation 9.
- Ensure updated knowledge and skills in response to issues of responsive behaviour (how residents with dementia react to aspects of their environment due to the impact of their condition).

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on an annual basis.

Judgment: Compliant

Regulation 31: Notification of incidents

The regulatory notifications of specified incidents, which had occurred since the previous inspection, had been notified to the Chief inspector in line with requirements.

Judgment: Compliant

Quality and safety

In Unit 1 residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Similar to the findings of previous inspections the quality of life of residents had been enhanced due to the reduction in bed numbers and reconfiguration of the multi-occupancy bedrooms to improve the available personal space and the lived environment. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services. Staff were observed to be kind to residents. Further improvements were required however to complete the remaining redecoration, review aspects of activity provision and improve fire safety management.

Communal accommodation included a beautifully decorated dining room, a sitting room and the relaxation room. Residents' bedrooms had been personalised with framed photographs of each resident's participation at recent celebrations. There were large TVs available in each room, vases of flowers on the coffee table in each bedroom and new colourful furnishings. Premises issues were further highlighted under Regulation 17 in this report. Bathrooms and hallways had been fitted with grabrails to aid independence. The inspector saw that the unit was thoughtfully decorated in a manner that enhanced the environment for residents with dementia. Colourful murals were painted on the walls along the corridor.

A COVID-19 contingency plan was in place and was updated in line with any new HSE guidelines. An enhanced programme of cleaning had been developed and this was audited and supervised. The centre was seen to be very clean throughout. The sluice room, janitorial room and laundry room were newly renovated and the improvements had been sustained.

Care plans were maintained for each resident on a paper based system and reviewed four monthly. There was evidence seen of good medical attention in the sample reviewed by the inspector. Issues requiring action which related to some aspects of care planning for residents with dementia were addressed under Regulation 7; managing behaviour that is challenging.

The provider had put measures in place to protect residents from any form of abuse. Staff had completed training in safeguarding vulnerable older adults and a number spoken with demonstrated their knowledge of this aspect of care. Systems were in place to promote safety and effectively manage risks. Policies and procedures for health and safety, fire safety, restrictive practice and infection control were up to date. There were contingency plans in place in the event of an emergency or the centre having to be evacuated. The policy on risk management required review however as it did not contain all the required elements set out in the regulations. This was outlined under Regulation 26. A revised policy was submitted following the inspection.

Certification was available in relation to servicing of fire safety equipment on a three monthly and annual basis. Signage and maps were displayed in the event of a fire and the maps had been amended since the previous inspection to clarify the various compartments. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became

familiar with the challenge of evacuating a number of residents at times of higher risk and each drill indicated an improved time frame for the evacuation. However, a number of issues requiring action related to fire safety management were described under Regulation 28.

In relation to residents' rights bedrooms were now occupied by a maximum of three residents which ensured increased private individual space. Since the previous inspection a new weekly music session had been organised to enhance the social aspect of residents' lives. Two residents had access to their choice of music at their individual bed room space. Relatives meetings were held and residents were included in the group discussion. There had been improvements in the provision of daily activities such as regular visits from the OT and an external musician, some aspects of the promotion of residents' rights required review and action as described under Regulation 9. While evidence of good practice was observed as described in the introductory paragraph of this report a number of improvements were required to enhance the social interaction and meaningful engagement with residents overall.

Regulation 17: Premises

Some premises issues remained outstanding and required action:

The lower parts of the corridor walls required redecoration because of the impact of laying and sealing new flooring as the paintwork had been damaged.

The walls of the back store room behind the kitchen appeared heavily stained and damp from condensation. This required painting to prevent to formation of mould.

In the kitchen the paint on the wall over the cooker was showing signs of wear and tear from the heat. This had previously been repainted but it was peeling again as a consequence of the heat from the cooker. The catering manager said that he had a plan to install some stell cladding on this area.

Judgment: Substantially compliant

Regulation 26: Risk management

Some aspects of the risk management policy did not comply with regulations, for example the controls had not been set out within the policy for specified risks such as the risk of abuse and the risk of absconsion.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: infection control and the National Standards for infection prevention and control in community services (2018). Cleaning processes had greatly improved and hand sanitising gel was readily available. The janitorial room was well maintained and the newly decorated laundry room was easy to clean due to the fact that there were newly installed machines and shelving in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were some issues related to fire safety which required review and action.

Arrangements for the containment of fire were not adequate, for example:

There were two holes in the ceiling in the reception foyer which had yet to be sealed off following building works. This meant that the compartment could not be adequately sealed to contain smoke and fire.

Deficiencies were noted to some fire doors in throughout the centre. There were unacceptable gaps in the double "fire safe" doors which led to the multi-occupancy rooms. These large gaps would not contain smoke or prevent the spread of smoke to the protected escape routes.

The new compartment doors on the corridor required labelling to identify them as 'fire safe' doors,that is doors specifically manufactured to contain fire and smoke, in the event of fire, for a designated period of time.

The weekly required fire alarm test was not set off and recorded on a weekly basis.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed. These were found to be developed in conjunction with residents and their relatives. Evidence based clinical assessment tools were used to assess risks such as nutrition, falls and skin integrity. A plan of care was then developed based on the findings of these assessments to guide staff in meeting the identified needs.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed:

It was evident from documentation seen that medical staff responded to residents' health care and mental well-being needs. The medical director for the campus reviewed residents' medicines on a frequent basis. Amendments were made where necessary and medicine was reduced or discontinued when this was required.

A physiotherapist came to the centre on referral and residents enjoyed the individual and group exercise sessions facilitated by the occupational therapist (OT). The chiropodist, the hairdresser, the optician and the dentist had been availed of by residents.
The dietitian and the speech and language therapist (SALT) from the HSE were present in the centre on the day of inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While staff were trained in responding to the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) this was not evident in two relevant care plans reviewed.

For example, wording and language used in a small sample of these care plans did not provide evidence of updated knowledge and skills sufficient to respond to and manage such episodes appropriately. In addition the advice within a risk assessment for such behaviour was not in line with best evidence-based practice and did not provide evidence of the required regulatory, updated knowledge and skills.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

The registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Staff spoken with were knowledgeable of how to report any allegation of abuse.

Restraints such as bed-rails were risk assessed and consent for their use had been recorded.

The centre had robust procedures in place to manage residents' finances. Receipts and invoices were made available to residents or their relatives.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights required strengthened to comply with the regulation which specifies facilities for occupation and recreation as well as opportunities to participate in activities in accordance with residents' interests and capacities:

There was a lack of relevant reading materials, items of interest and personalised pictures related to residents' past lives and experiences in evidence around the bedrooms and communal rooms.

A previous service involving access to the activity staff nurse and activity centre on site had been withdrawn. These staff had previously organised external outings to the Valley centre on site and supported staff in providing internal activities in the centre.

As a consequence of the withdrawal of the service residents were seen to spend long periods of the day, particularly in the afternoon, without sufficient, meaningful activity and two residents were seen pacing in the hall and trying to go out to the external garden. Meaningful activity may provide an interesting interlude for these residents and a sense of contentment in their environment would be generated for those who were lacking engagement.

Judgment: Substantially 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Unit 1 St Stephen's Hospital OSV-0000715

Inspection ID: MON-0037716

Date of inspection: 25/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Weekly fire alarm testing has now commenced on the Unit. • A Business Case has been submitted for the recruitment of an activity Co-Ordinator for the unit. This will ensure that a daily schedule of activities which are meaningful to the residents can be provided. • Further training will be sourced on all aspects of dementia care for staff.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Painting work has been commissioned and will commence on 07/03/2023. • Painting will include the hallway and entrance, kitchen and back store room.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management:	

The risk management policy has been up-dated to reflect all requirements under the Health Act

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Signs have been placed on the middle fire doors.
• A full audit of fire safety has been carried out in unit 1 which took place on 29/02/2023.All deficits identified will be rectified including fire door seals.
• The holes in the ceiling in the front foyer have been sealed while the painting work is in progress.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• Further training will be sourced in all aspects of dementia training. The first session will be carried out on the 24th March and will be facilitated by Northridge house.
• Further training will be provided in care planning .The PIC is liaising with the NMPDU to source training for staff on developing care plans for residents with challenging behavior.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A business case has been submitted for the recruitment of an activities Co-ordinator.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	07/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	24/03/2023
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to	Substantially Compliant	Yellow	26/01/2023

	control abuse.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	26/01/2023
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	26/01/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	02/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/03/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	21/03/2023
Regulation 9(2)(a)	The registered provider shall	Substantially Compliant	Yellow	01/08/2023

	provide for residents facilities for occupation and recreation.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/08/2023