

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

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Respite Service
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	01 December 2021
Centre ID:	OSV-0001632
Fieldwork ID:	MON-0026797

About the designated centre

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

Steadfast House Respite Service is a five bedded home, established in 2010, situated outside a town in Co. Monaghan. Steadfast House Respite Service can accommodate a maximum number of four adult residents per night. The centre provides care for people with low, medium, high and maximum dependency needs. The range of needs that the centre intend to meet for residents are intellectual disabilities including those with complex care needs and physical and/or sensory disabilities. It consists of five bedrooms including two en-suites; bedroom five has an overhead hoist fitted that links to the main bathroom. It also has a kitchen dining area, sitting room and a back kitchen. Steadfast House Respite Service has its own garden to front and back of house, with tiled patio area at back of house with outdoor seating provided. The staffing arrangements include nurses, a social care worker and health care assistants and the staffing rosters are planned in accordance with admissions to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 - 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 1 December 2021	10:30hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service was a respite centre providing residential breaks to adults with disabilities. It comprised of a large detached house in Co. Monaghan and was in close proximity to a large town.

The inspector met and spoke with two of the residents over the course of the inspection process and reviewed written feedback from 10 family representatives and four residents on the quality and safety of care provided in the house.

Prior to this inspection the Health Information and Quality Authority (HIQA) had been made aware that a number of key stakeholders such as the chief executive officer, person in charge and the provider representative had resigned from their posts and a new governance and management structure had been put in place. During the inspection a number of non-compliance's with the regulations were identified however, the inspector found the new person in charge and registered provider representative to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). They were aware of some of the issues identified in the inspection and had already commenced plans to address them going forward.

On arrival to the service, the inspector observed that the premises were functional to take into account the assessed needs of the residents. For example, when on their respite breaks in the house, each resident had their own bedroom, some of which were ensuite. Overhead hoists were also provided where required for residents with mobility issues.

The inspector spoke with a shift leader who had worked in the service for over a ten year period and found they knew the needs of the residents very well. They explained to the inspector that residents used the service for a break and whatever activities they wanted to engage in were provided for. For example, some residents liked to go shopping in the local town, go to the cinema, have a movie night in, get a take-away or have a meal out.

The inspector met with two residents who appeared to very much enjoy their respite breaks in the house. One said that they loved coming to the house and enjoyed their time there very much. They had planned to go shopping and for a coffee (with staff support) that evening and were really looking forward to that activity. They also talked about things they like to do, for example watch football and told the inspector that they were also looking forward to the Christmas holidays.

Both residents knew the staff team very well and were very comfortable and at ease in their presence. Staff in turn, were also observed to be professional, kind, warm

and person centred in their interactions with the residents.

Written feedback viewed by the inspector from 10 family representatives was found to be positive and complimentary. For example, they said they were happy with the respite service provided, happy with the accommodation, happy with the menu options available to the residents, happy that the rights of the residents were respected and happy with the social activities provided. One family member reported that their relative loved going to the centre while another said their relative would love to spend more time there.

Feedback from family representatives on the staff team was also very positive. For example, family members reported that staff were extremely helpful, do a great job and they were lovely to deal with. Of the feedback reviewed from family members, none had any complaints and one reported that overall, everything was excellent.

Written feedback from four residents was also reviewed by the inspector. Overall these four residents seemed happy with the service as a whole, happy with their rooms, menu options and recreational activities on offer. For example, some liked just relaxing in the house, others liked to go for drives, go to the local town, have a foot spa, cook or have a movie night in. They also reported that they were happy with the staff team.

However, a number of issues were identified in this inspection. For example, the process of risk management and positive behavioural support required review. Additionally, there was inadequate multi-disciplinary support in place for some residents availing of this service. More minor issues were also identified with the premises, infection prevention control, individual plans, records and staffing rosters.

Notwithstanding these issues, feedback on the service from a number of residents and family representatives viewed by the inspector was positive and on the day of this inspection, one resident informed the inspector they loved their breaks in the house.

The following two sections of this report discuss the above in more detail.

Capacity and capability

At the time of this inspection, the organisation had recently appointed a new and experienced person in charge who was supported in their role by a new and recently appointed registered provider representative. The inspector observed that both were responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations). The inspector was also satisfied that at the time of this inspection, the centre had a clearly defined management structure in place with clear lines of

authority and accountability.

A number of issues were identified with regard to the managerial oversight of this service over the previous 12 months, resulting in some non-compliance with the regulations as detailed in this report. However, the inspector was assured that the new management team had commenced plans to address these issues as found on the day of this inspection.

For example, issues were found with the process of risk management and the premises. The provider representative explained to the inspector that prior to this inspection, they had identified these issue for themselves and had commenced a complete review of the risk management process for the entire service. They also reported that they had secured some capital funding to upgrade the premises.

The person in charge had recently updated the statement of purpose. The inspector reviewed this document and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge also ensured that resources were used appropriately so as to meet the needs of the residents. For example, they explained that the staffing arrangements were at all times based on the assessed need of the residents and where nursing care was required, it was provided for. The centre had two full-time and two part-time nurses working as part of the wider team. However, some issues were identified with the upkeep and maintenance of some of the staff rosters.

From a small sample of files viewed, the inspector observed that staff were trained, so as they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, first aid, safe administration of medication and infection prevention control. From speaking with one staff member over the course of this inspection, the inspector was assured they had a good working knowledge of the assessed needs of the residents in their care.

The centre was also being monitored and audited as required by the regulations. The annual review of the quality and safety of care had been completed for 2020 and six monthly audits were conducted. In part, these audits were ensuring the service remained responsive to the regulations. For example, the last six monthly audit carried out on September 08, 2021 identified that the fire equipment required servicing. This issued was actioned and addressed at the time of this inspection.

However, the auditing process required review as some of the issues identified had not been addressed or, no time-frame was provided as to when they would be addressed. For example, issues related to person centred planning documentation were identified with an action plan in place for this to be addressed by September 17, 2021. This issued had not been adequately addressed at the time of this inspection. Similarly, issues were identified with the upkeep of the premises and while this was actioned, no time frame was provided as to when this issue would be addressed.

Registration Regulation 5: Application for registration or renewal of registration
The service sent in a complete application for the renewal of registration of the centre in a timely manner
Judgment: Compliant
Regulation 14: Persons in charge
The inspector found that the recently appointed person in charge was an experienced, qualified professional, aware of their legal remit to the regulations and responsive to the inspection process.
Judgment: Compliant
Regulation 15: Staffing
On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents and in line with the Statement of Purpose. However, the staffing rosters required review so as to ensure it was maintained as required by the regulations.
Judgment: Substantially compliant
Regulation 16: Training and staff development
From a small sample of files viewed, the inspector also observed that staff were trained, so as they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, first aid, safe administration of medication and infection prevention control.
Judgment: Compliant
Regulation 21: Records

Some documentation relating to residents person centred plans required review and/or updating.

Judgment: Substantially compliant

Regulation 22: Insurance

The service submitted a copy of their insurance as required for the renewal of registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

At the time of this inspection, the organisation had recently appointed a new and experienced person in charge who was supported in their role by a new and recently appointed registered provider representative. The inspector observed that both were responsive to the inspection process and aware of their legal remit to the Regulations. However, a number of issues were identified with regard to the governance and managerial oversight of this service over the last 12 months, resulting in some non-compliance with the regulations on the day of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The person in charge had recently updated the statement of purpose as required by the regulations. The inspector reviewed this document and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was also aware of their legal remit to notify the chief inspector

of any adverse incident occurring in the centre.

Judgment: Compliant

Quality and safety

Residents were supported to enjoy activities of their choosing when availing of their short respite breaks in the service and feedback from six residents and 10 family representatives on the quality of care was positive and complimentary. However, issues were found with the process of risk management and positive behavioural support. Minor issues were also identified with regard to the upkeep of the premises and infection prevention control.

While on their short respite breaks in this house, residents chose their own daily routines and social activities to engage in. For example, some residents liked to relax for their two or three day stay over, watching movies and having a take-away. Other residents liked to go shopping, go for a drive and have a coffee or meal out. In house activities were also provided for such as table-top activities and foot massage. On the day of this inspection the inspector met two residents who were planning an evening out in town with staff and said they were really looking forward to that activity. One also said that they really looked forward to their breaks in the respite facility. However, it was observed that some of the individual personal plans and paperwork in place required review and updating.

The person in charge explained to the inspector that in general, residents healthcare needs were provided for by their families and through their various day service placements. However, the centre kept a record of the assessed medical needs of each resident and where required, care plans were in place to guide practice. The service also kept a record of the contact details of each residents' general practitioner (GP) and if required, had access to a doctor on call. The person in charge also reported that nursing staff were at all times available to residents with more complex medical needs who availed of respite in the house.

However, the service did not have adequate access to multi-disciplinary support for the management of challenging behaviour. For example, on rare occasions some residents could present with significant behaviours of concern including self-injurious behaviour and hitting out at staff. The inspector observed that in some instances, there was no input from a behavioural specialist to support staff with managing these behaviours or to write and update positive behavioural support plans. Where behavioural support plans were in place, they contained minimal information and were not adequate in guiding staff on how to manage behaviours of concern. Additionally, the arrangements in place to investigate and learn from such incidents was not adequate and required review.

Systems were in place to safeguard the residents however, there were no safeguarding issues open at the time of this inspection. Written feedback from

family representatives viewed by the inspector, informed they were satisfied with the quality of care provided in the house. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults and open disclosure. One resident also reported to the inspector that they looked forward to their breaks in the house. A staff member explained to the inspector that the admissions process was always carefully considered so as to ensure no compatibility issues would arise between residents.

There were systems in place to manage and mitigate risk in the centre and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. However, the process of risk management required review. For example, it was observed that one resident had a fall in May 2021. Following that incident, a falls risk assessment was carried out which recommended that the resident be reviewed by a physiotherapist and an occupational therapist. At the time of this inspection these reviews had not been facilitated. It was also observed that one of the ways in which to manage risk associated with the medical needs of some residents, was to have a nurse on duty during their stay in the respite facility. While this control measure was explicitly stated in some residents individual risk assessments, it wasn't in others. Additionally, and as identified above, the arrangements in place to investigate and learn from adverse incidents required review.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge said there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. The inspector also observed there were adequate hand washing facilities and hand sanitising gels available throughout the house. However, some furniture was worn and damaged in part (to include couches) and this had not been identified as a possible infection control risk. While the premises were functional and laid out to meet the needs of the residents, some parts required updating and painting.

Adequate fire fighting equipment was provided for to include a fire alarm panel, fire extinguishers, emergency lighting and fire signage. Such equipment was also being serviced as required. Very regular fire drills were taking place and each resident had a personal emergency evacuation plan in place.

Overall, while non-compliance's were found in risk management and positive behavioural support, (and more minor issues identified with the premises and infection prevention control), residents appeared happy and content on their respite breaks in this house. They chose their own routines and social activities to engage in and staff were supportive of each residents individual choice and preference. Systems were also in place to ensure residents could provide feedback on the service provided. Additionally, feedback from a number of family representatives on the quality of care provided was found to be complimentary and positive.

Regulation 17: Premises

While the premises were functional and laid out to meet the needs of the residents, some parts of them required updating and painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The process of risk management required review across the service.

Judgment: Not compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. However, some furniture was worn and damaged in part (to include couches) and this had not been identified as a possible infection control risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was provided for to include a fire alarm panel, fire extinguishers, emergency lighting and fire signage. Such equipment was also being serviced as required. Very regular fire drills were taking place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While on their short respite breaks in this house, residents chose their own daily routines and social activities to engage in and reported that they really looked

forward to their breaks in the respite facility. It was observed however, that some of the individual plans/paperwork in place for the residents required review.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge explained to the inspector that in general, residents healthcare needs were provided for by their families and through their various day service placements. However, the centre kept a record of the assessed medical needs of each resident and where required, care plans were in place to guide practice. The service also kept a record of the contact details of each residents GP and if required, had access to a doctor on call. The person in charge also reported that nursing staff was always available to residents who availed of respite with more complex medical needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The service did not have adequate access to multi-disciplinary support for the management of challenging behaviour. For example, on rare occasions some residents could present with significant behaviours of concern including self-injurious behaviour and hitting out at staff. The inspector observed that in some instances, there was no input from a behavioural specialist to support staff with managing these behaviours or to review/update the positive behavioural support plans in place. It was also observed that some positive behavioural support plans contained minimal information and were not adequate in guiding staff on how to manage behaviours of concern.

Judgment: Not compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding issues open at the time of this inspection. Written feedback from family representatives viewed by the inspector, informed they were satisfied with the quality of care provided in the house. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults and open disclosure and residents reported to the

inspector on the day of this inspection they looked forward to their breaks in the house. A shift leader also explained to the inspector that admissions were always carefully considered so as to ensure no compatibility issues arose between residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents chose their own routines and social activities to engage in while on their breaks in this house and staff were supportive of each residents individual choice and preference. Systems were also in place to ensure residents could provide feedback on the service provided.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	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 procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Steadfast House Respite Service OSV-0001632

Inspection ID: MON-0026797

Date of inspection: 01/12/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Roster is prepared on clients assessed needs. Statement of Purpose to be updated to reflect this.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All Residents accessing Respite Service will have an up-dated Person Centred Plan (PCP) prior to arrival. Residents will be identified from the Monthly Planner for immediate up-dating. The PCP will be further quality proofed during the Resident’s stay in service.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Monthly governance schedule now in place between PPIM and PIC. A robust communication and collaborative approach to quality improvement plan will be in place, this will be reviewed at the following Board meeting each month. Monthly team meetings will be held with staff and PIC to include overview of Residents, incidents and any	

safeguarding concerns and any potential risk pertaining to Resident’s care or support by extension these will be escalated to the Board as outlined in the Health and Safety Plan.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A Schedule of improvements to the Premises have been identified and costed for implementation in 2022. Internal Fixtures and Fittings will receive immediate attention in January 2022	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Full review of risk management policies, new risk management committee has been set up. Risk management to be added to agenda of CEO, PIC governance meetings Registered provider has drawn up a more detailed risk management policy which will be more detailed to ensure all staff within the center have full knowledge and understanding of the process of incident documenting and reporting which will include categories of risk, risk management principles and risk definitions. In house training has been provided by the registered provider around risk management and implementation of new risk management policy. This is further quality proofed by proposed governance structure as outlined in regulation 23 of this document.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Internal Fixtures and Fittings will receive immediate attention in January 2022	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: An immediate review of Person Centred Plans based on Residents accessing services each month. These will be further quality improved with support from Community Nursing, Multi-Disciplinary Teams, Family Members and Key workers as required but at a minimum once per year.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Revised Risk Policy and Incident Management Framework Policy rolled out to all Respite Staff 20-12-2021.</p> <p>We have engaged the support of a Behavioural Support Specialist. Training for all staff by Behavioural Support Specialist planned for the third week in January '22. Behavioural Support plans for all residents to be reviewed prior to admission.</p> <p>Comprehensive Needs assessment for all Residents attending Respite services.</p> <p>Input from circle of support for each individual prior to accessing service.</p>	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	18/02/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	17/01/2022

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.	Substantially Compliant	Yellow	16/12/2021
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	16/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	16/12/2021

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.	Substantially Compliant	Yellow	12/01/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	12/01/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the	Not Compliant	Orange	15/01/2022

	shortest duration necessary, is used.			
--	--	--	--	--