



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

Issued by the Chief Inspector

Name of designated centre:	Cabra Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	27 September 2023
Centre ID:	OSV-0003059
Fieldwork ID:	MON-0041302

About the designated centre

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

Cabra road is a community based residential home in Co. Dublin providing care and support for up to five ladies, over 18, with an intellectual disability. The centre is located in a quiet residential area and the house consists of six bedrooms, one of which has an ensuite bathroom, and the other which is a staff sleepover room/office. There is also a large kitchen, a separate dining room, and a large living room. There is a large front garden with a drive way and a side and back garden. There was also a storage shed/laundry room in the back garden. The house is close to a variety of local amenities such as a pharmacy, shops, pubs, churches and parks. There are good local transport links close to the centre. Residents are supported on a 24 hour basis by a staff team consisting of a clinical nurse manager, staff nurses, social care workers and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 September 2023	09:20hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This announced inspection was completed following an application by the registered provider to renew the registration of this designated centre. Overall the findings of this inspection were that this was a well-run centre where residents were in receipt of person-centred care and support. The provider was aware of areas where improvements were required; however, there were some outstanding actions from the providers own audits and reviews and a requirement for increased monitoring through audits in the centre. The provider was aware that the staffing vacancies need to be filled due to the impact on continuity of care and support for residents. The provider also had plans to complete further works to the premises and garden, to review some documentation in the centre in relation to risk management and to ensure that staff were accessing the required training and refresher trainings.

The designated centre consists of one building in County Dublin, close to a number of shops and other amenities. It is home to five ladies with high support needs. The house has six bedrooms, one of which has an ensuite, and one which is a staff sleepover room. The provider had completed significant renovation works and built an extension to the house in 2022 and residents had temporarily moved to another designated centre while the works were completed. The works had resulted in residents having access to additional larger communal spaces. and in their home being more accessible. They now had two large living rooms, one of which contained a dining area. They also had a kitchen with a seating area and counter tops which were at the right level to support them to prepare and cook meals if they wished to.

Further improvements had been made to the premises since the last inspection in May 2023. That inspection was completed to assess the providers the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services, Health Information and Quality Authority 2018 (HIQA). Some of the improvements included works to the shed such as the addition of shelving. a review of what was stored in the shed, the installation of a new floor, and new cleaning equipment was now in place. In addition to works relating to infection prevention and control, a new patio area with a table and chairs had been created in the back garden, a number of areas in the house had been painted, and the communal areas of the house now contained more furniture, pictures, lamps, candles, and soft furnishings which made the house appear more homely and comfortable. The inspector of social services was informed that plans were approved and funding secured to put a decking area at the side of the house and for the two main bathrooms in the house to be refurbished.

The inspector had the opportunity to meet and engage with each of the five residents a number of times during the inspection. They spent time speaking with residents, observing their routines and speaking with staff. Each resident told the inspector they were happy and felt safe living in the centre. They spoke fondly

about the other residents and the staff who supported them. They also spoke about activities they enjoyed on a regular basis. Some residents spoke about how important it was to them to keep in touch with the important people in their lives, both on the phone and in person.

Residents were observed watching television, using their laptop computers, going to days services, choosing what they wanted for dinner and contributing to the shopping list. A number of times during the inspection, residents were observed chatting to each other, and chatting, laughing and singing with staff. The kitchen was always busy with many cups of tea and coffee, snacks and meals enjoyed during the inspection.

A number of residents told the inspector that they would feel comfortable going to any of the staff if they had any worries, concerns or complaints. One resident told the inspector how they would evacuate their home in the event of an emergency and spoke about times they had practiced this with staff. There was information available and on display in relation to the availability of independent advocacy services and the confidential recipient. Residents could access information in an easy-to-read format on areas such as complaints, safeguarding, rights, Internet safety and infection prevention and control. Residents were meeting with their keyworkers regularly.

Residents and their representatives views were capture as part of the providers annual review of care and support in the centre. Examples of comments included by residents were "I am happy with my life and home", and there "is not enough space in my room". There was evidence that residents' input in the annual review was bringing about positive changes. For example, in relation to the lack of space in their room mentioned by one resident, since the annual review new furniture and a bed had been purchased and their room had been reorganised to free up more floor space. Another concern raised by a resident was recorded as a complaint and was in the process of being followed up on at the time of the inspection.

Three residents completed a questionnaire on aspects of care and support in the centre prior to the inspection, and one resident completed their questionnaire after the inspection and it was sent to the inspector. Residents indicated they had been living in the centre between 6 months and 15 years. They indicated in the questionnaires that they were happy with their bedrooms, food and mealtimes, visiting arrangements, the complaints process, and their access to activities. They also indicated they were happy with the support they received from staff and gave examples such as, staff always asking what they want to eat, and staff help to plan the day, and its always their choice what they do. Examples of comments included in residents' questionnaires were, "I am very happy living in my house", "I like my new chest of drawers", "I am happy", and "I am really happy" living in the centre. Residents included activities they liked to take part in in their questionnaires and these included, bingo, knitting, meeting friends for coffee, watching television, going to bingo club, going to the shopping centre, attending retirement group, going to knitting club, doing arts and crafts, and swimming.

There was one vehicle in the centre to support residents to access their community

and the provider was in the process of sourcing a more suitable vehicle to meet residents' changing needs. One resident was attending day services two days per week and work was ongoing to support her to access an additional day in line with her wishes. One resident was regularly attending a retirement group. Two residents were meeting with a group of their peers to take part in different activities regularly and talked to the inspector about the last time they met and about how much they were looking forward to the next upcoming event. The other residents were choosing not to engage with day services or retirement groups. Works was ongoing with one resident to source a day service that met their needs, as the placement they wished to engage with was not deemed suitable to meet their needs.

Staff spoke with the inspector about residents likes, dislikes and support needs, as well as safeguarding and human rights at different times during the inspection. They spoke about what they would do if an allegation or suspicion of abuse came to their attention. They also spoke about safeguarding plans in the centre and the steps they were taking to make sure that each resident was protected from abuse. Staff also spoke about the steps they took every day to support residents to be as independent as possible and to make choices and decisions in their day-to-day lives.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that the provider and the local management team were aware of areas where improvements were required, and focused on ensuring that each resident was happy and felt safe living in the centre. There were action plans in place; however, some actions were not progressing in a timely manner. For example, some of the actions from the providers annual review for 2022 had not progressed at the time of the inspection and there were four actions open and five actions in progress from the provider's six monthly review which was completed in April 2023. The provider was attempting to fill staff vacancies at the time of the inspection, but the vacancies were found to be impacting on continuity of care for residents. As previously mentioned more works were planned to the premises and gardens and work was ongoing to ensure that documentation relating to risk was reflective of the presenting risks in the centre, and to ensure that staff were accessing the required training and refresher trainings.

The person in charge had started working in this centre in May 2023. They had the qualifications, skills and experience required by the regulations. They were found to be knowledgeable in relation to residents' care and support needs and they were identifying areas for improvement in the centre and implementing action plans. They were working with residents to identify their goals and to access day services and activities in line with their wishes.

While there were systems in place for the day-to-day management of this centre, some improvements were required in this area. For example, some area specific audits were not being completed regularly and there was limited oversight of the ones that were being completed. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection; however, as previously mentioned, some of these actions were not progressing in a timely fashion or bringing about the required improvements. The provider had recognised that one resident was presenting with changing needs. They were in the process of completing a number of assessments and implementing a number of actions to support this resident. They were also monitoring for any impact on other residents living in the centre, and monitoring to ensure that this residents' needs could be met in this centre.

A number of staff told the inspector they were well supported in their role, and were aware of who to escalate any concerns they may have in relation to residents' care and support. Warm, kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff spoke with the inspector about supporting residents to develop their goals and about how important it was to them that residents were spending their time engaging in activities they enjoyed and found meaningful. Throughout the inspection staff were observed to be aware of residents' communication preferences and to spend time listening to them and chatting about things like activities, meals choices and upcoming events. Residents were complimentary towards the staff team when speaking with the inspector, and in their questionnaires, with one resident including a comment of "I like the staff". There were 1.5 staff vacancies at the time of the inspection and a review of a sample of staff rosters showed that this was negatively impacting on the continuity of care and support for residents. This will be discussed further under Regulation 15.

Staff could access to training and refresher training in line with the organisation's policy and residents' assessed needs. However, some staff needed to complete training and refresher training at the time of the inspection. Examples of this are included under Regulation 16. There was a supervision schedule in place to ensure that each staff had at least two formal supervisions in 2023.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They were also identified as person in charge of another designated centre. They were found to have systems in place to ensure the effective governance, operational management and administration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a 0.5 whole time equivalent (WTE) vacancy for a social care worker, and one WTE vacancy for a healthcare assistant at the time of the inspection. In addition, planned and unplanned leave was being covered by relief and agency staff. This was found to be impacting on the continuity of care and support for residents. For example, over a four week period 25 different relief and agency staff covered shifts in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

There were a number of staff who required training/refresher training in areas such as managing behaviour that is challenging, food safety, first aid/basic life support, and the safe administration of medicines. There was a training plan in place and the inspector was shown evidence that most staff were booked onto the training/refreshers they required.

Staff had received formal supervision at least once in 2023, and plans were in place to ensure they had another one before the end of the year.

Regular staff meetings were occurring in the centre. They were well attended and agenda items were found to be resident focused. Staff also had an opportunity to add to the agenda for these meetings.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents. It was also insured against risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and with their responsibilities in relation to the regulations.

The provider had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six-monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and the actions on foot of these audits and reviews were resulting in improvements in relation to residents' care and support and in relation to their homes. However, some actions had not been completed in a timely manner. In addition, there was an absence audits in some areas and of oversight of audits which were being completed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the Regulations were

available in the centre; however, two of these had not been reviewed in line with the required timeframe.

Judgment: Not compliant

Quality and safety

Overall residents lived in a nice home, and were making choices about how spent their time. Work was ongoing with residents to ensure they were developing and reaching their goals, and engaging in activities they enjoyed in their local community. Residents were actively supported and encouraged to connect with their family and friends.

Recent renovations in the house had led to the house being more accessible, safe, comfortable and homely for residents living there. As previously discussed, the provider had plans to make further improvements to the house and garden. Each resident had their own bedroom that which was personalised to suit their tastes. They had access to plenty of private and communal spaces in their home.

When required, residents had support plans in place in relation to food and nutrition. They could also access the support of allied health professionals and were involved in menu planning and could take part in shopping, preparing and cooking meals when they wished to.

The provider had a risk management policy which contained the required information. There were arrangements to identify, record, investigate and learn from incidents and learning following these reviews was shared across the team at handover and during staff meetings. There were arrangements to ensure risk control measures were relative to the risk identified; however these required review as the risk rating for some risks in the centre were not fully reflective of residents' assessments or incidents occurring in the centre. This will be discussed further under Regulation 16.

Residents were protected by the policies, procedures and practices in relation to infection prevention and control. They had risk assessments and contingency plans in place. There were cleaning schedules in place to ensure that each area of the house was cleaned regularly. Residents and staff had information available to them on how to keep themselves safe from infection. There were stocks of personal protective equipment available in the centre.

Residents were also protected by the policies, procedures and practices relating to medicines management. Records were maintained in relation to ordering, receipt, storage, administration and disposal of medicines. Medicine audits and reviews were occurring regularly in the centre.

Staff had completed safeguarding training and those who spoke with the inspector

were aware of their roles and responsibilities. Residents told the inspector that they were happy and felt safe living in the centre. They also indicated this in the questionnaires they completed prior to the inspection, and in provider's annual review. There was a safeguarding register in place and safeguarding plans were developed and reviewed as required. There had been a number of allegations of abuse in the months before the inspection and the inspector observed staff implementing some of the control measures in safeguarding plans during the inspection. The provider was monitoring the number of allegations of abuse closely and reviewing the control measures in safeguarding plans to ensure they were effective.

Regulation 10: Communication

Residents could access radios, televisions, social media, newspapers and the Internet in the centre. They were supported and assisted to communicate their needs and wishes. Staff were observed to be familiar with their communication preferences. Their individual communication requirements were documented in their personal plans.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the number and needs of residents in the centre. Works had been approved and were due to be completed just after the inspection to make the side garden more accessible for resident and to refurbish the two main bathrooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents who wished to could shop for ingredients, and prepare and cook their meals. The advice of allied health professionals was available in residents' plans and staff were familiar with residents' assessed needs and dietary requirements.

There were adequate amounts of food and drinks which were wholesome and nutritious available in the centre. Throughout the inspection residents were observed to be supported by staff choose when, and what they had to eat and drink while following the advice of allied health professionals as required.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the information required by the regulations. A copy was available in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register and general and individual risk assessments were developed and reviewed as required. However, some risks were not included on the risk register or log. For example, there had been 9 allegations of abuse since December 2022 and safeguarding was not included on the risk register or log. In addition, the risk rating in some documentation did not match the presenting risk. For example, while the risk register and log reflected the number of incidents in the centre, the risk rating did not.

There was a detailed emergency plan in place. There were systems to ensure vehicles were roadworthy and well maintained. Plans were in place to source a more suitable vehicle, one that met the changing needs of some residents in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to outbreaks of infection. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the house was regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of personal protective equipment (PPE) available in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies and practices relating to ordering, receipt, storage, disposal and administration of medicines. The inspector observed a number of occasions when staff prepared residents' medicines, prior to supporting them to take them with their preferred food/fluids. There were systems for out-of-date medicines to be stored separately from other medicines prior to be returned to the pharmacy. There were also systems in place for stock control.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with inspector were knowledgeable in relation to their roles and responsibilities. Residents told the inspector that they were happy and felt safe living in the centre.

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	Not compliant
Regulation 16: Training and staff development	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
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cabra Road - Community Residential Service OSV-0003059

Inspection ID: MON-0041302

Date of inspection: 27/09/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider continues to actively recruit to fill vacancies with a recruitment campaign held on 25/10/2023 and further interviews are planned for November 20th 2023. In order to promote continuity of care one relief staff has been assigned to the designated Centre. The provider will endeavor to use regular relief staff to ensure continuity care. A roster review will be completed in the designated center to promote continuity of care by the PIC.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has ensured that a training matrix is in place and will ensure that a training needs analysis will be completed. A training plan is in place to ensure all staff have completed mandatory training.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that management systems are in place to effectively manage and monitor the service provided.</p> <p>An audit schedule has been put in place. A schedule of regular audits has been introduced and any areas which have identified actions will have a clear plan to address this in a timely manner. This will be overseen by the PIC.</p>	
<p>Regulation 4: Written policies and procedures</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies and procedures have been reviewed and updated in accordance with Avista policies.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC will review the risk register and log to ensure that all risks are identified and a risk assessment is in place with an appropriate risk rating and corresponding action plans</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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/01/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/01/2024

	training, including refresher training, as part of a continuous professional development programme.			
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	31/01/2024
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.	Substantially Compliant	Yellow	31/01/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Not Compliant	Orange	10/11/2023

	in accordance with best practice.			
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