Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0042014

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hours a day, seven days a week care and support for up to 17 residents in a rural location in Co. Kildare. The designated centre consists of eight residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents, aged 18 and over with intellectual disabilities. Residents are supported by a team of social care workers, assistant support workers and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 January 2024	09:30hrs to 17:00hrs	Marie Byrne	Lead
Tuesday 23 January 2024	10:00hrs to 17:00hrs	Michael Keating	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were engaging in activities they enjoyed and a number of improvements had been made to their living environments since previous inspections and more were planned. This unannounced risk-based inspection was completed following receipt of both solicited and unsolicited information by the Chief Inspector of Social Services relating to this designated centre. The solicited information related to notifications submitted by the registered provider of allegations or suspicions of abuse. The two pieces of unsolicited information raised concerns in relation to areas such as safeguarding, residents' personal care, healthcare, medicines management, staffing numbers and the turnover of staff in the centre. The findings of this inspection were that the provider was self-identifying that improvements were required in these, and in other areas such as the premises. They had taken a number of responsive steps to address some of these areas, and required further time to implement some of the actions to bring about the required improvements.

The designated centre consists of seven premises on a large site in rural area of Co. Kildare. The provider had also made an application to vary the conditions of registration of the designated centre to add an 8th premises to the footprint of the designated centre. There is a working farm on site, a number of day service buildings, other buildings and accommodation is also provided for live-in volunteers on site. 24/7 residential services are provided for up to 17 residents with an intellectual disability.

The inspectors of social services had an opportunity to visit and speak with seven residents either in their homes, or as they were coming and going to day services. There was a warm and welcoming atmosphere is each of the houses. Residents were supported to stay in contact with the important people in their lives and were visiting and being visited by them regularly. For the most part, residents told inspectors that they were happy and felt safe in their homes. They said they were aware of who to go to if they had any worries or concerns. During the inspection, a number of residents spoke with an inspector and the person in charge about their worries and concerns some of which related to finances, safeguarding and staffing supports. The person in charge took the time to listen to these and to respond and to reassure residents. They gave their commitment to follow up on residents' concerns. Overall, inspectors found that residents were aware of the complaints process and utilising it as required.

Residents can choose to attend day services on a sessional basis or to take part in the day-to-day running of the farm. Residents told inspectors about some of the activities offered such as weaving, cooking and baking, candle making, and basketry. Activities on the farm include caring for the animals and making sure the farm is clean and tidy. Residents also had the opportunity to take part in gardening and there was a walled vegetable garden with vegetables, and fruit trees and flowers on the grounds. Residents can get involved in sowing, weeding, planting and

harvesting fruit and vegetables. Fruit and vegetables grown on site are used during daily cooking and baking in residents' homes. Residents also told inspectors other activities they enjoyed regularly such as going shopping and going to restaurant's, taking part in drama groups, going to events such as musicals and taking music lessons. They were also attending external social clubs.

Throughout the inspection residents were observed chatting with staff, using gestures to communicate their wishes, and to use visual schedules to plan their day. Regular staff were observed to be very familiar with their communication preferences and to pick up and respond to their verbal and non-verbal cues. Kind, caring, warm and respectful interactions were observed between residents and staff. Staff took every opportunity to speak with inspectors about residents' talents and how they liked to spend their time. Inspectors reviewed a sample of residents' communication profiles which were comprehensive in nature. Language in these plans was person-first and positively described residents needs, likes, dislikes and preferences. They also described what residents may be communicating through their behaviour.

Residents were observed spending their time in their homes relaxing or engaging with staff. They were spending time in communal areas of their home or in their bedrooms listening to music or watching television. Some were enjoying snack and their favourite refreshments. A number of residents spoke about past and upcoming holidays. Some spoke about how much they loved their home with one resident describing it as ''a lovely home''. They spoke about the ''kind'' staff who support them and ''put us first''.

A number of maintenance works and repairs had been completed since the last inspection and more were planned. The works that had been completed had contributed to residents' homes appearing more homely and comfortable. However, as mentioned in the last inspection report the provider had commissioned the services of an engineering consultant who produced a report with recommendations on the required works in two of the premises. The provider had reviewed this as part of their service operational plan for 2024 and it formed part of their future plans to make enhancements to this designated centre.

One inspector had an opportunity to be briefly introduced to a residents' family member. Residents and their representatives views were sought by the provider on an ongoing basis and their views were captured as part of the provider's annual and six monthly reviews in the centre. There was information on display in the houses about the complaints process, including pictures of the local complaints officer. There was also information on display about the availability of independent advocacy services and the confidential recipient.

In summary, residents were keeping busy and had things to look forward to. They were supported to spend time with their family and friends. There were a number of committed and motivated staff supporting residents; however, staffing vacancies were having an impact on continuity of care and support for residents. The provider was aware of the areas where improvements were required in relation to the compatibility fo residents sharing their homes, safeguarding, documentation relating

to residents' personal care, and staffing. They had taken the required actions to bring about some of these improvements. They had a plan for 2024 to bring about the remaining improvements and to make enhancements to further improve the quality and safety of care and support for residents.

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

Capacity and capability

Overall, the findings of this inspection were that the provider was self-identifying areas for improvement and implementing actions to bring about improvements in relation to residents' care and support and in relation to their homes. However, there were not sufficient numbers of staff employed in the centre on a full-time basis to meet the number and needs of residents living in the centre. The provider had identified that work was required in a number of the premises. They had also identified compatibility issues relating to residents experiencing difficulties sharing their homes.

The provider has systems to monitor the quality and safety of service provided for residents. They had developed policies, procedures and guidelines to guide staff practice, and had systems to capture residents' views relating to the quality of care and support. These included audits, unannounced provider audits every six months, and an annual review by the provider. During the six-monthly and annual reviews residents views are captured and recorded.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. Staff had specific roles and responsibilities. The person in charge was supported by a number of team members and house co-ordinators. They were supported by a person participating in the management of the centre who is a regional manager.

Staff who spoke with inspectors were highly motivated to ensure residents were happy and safe in their homes. They spoke about the supports that were in place to ensure they were carrying out their roles and responsibilities to the best of their abilities, such as supervision with their managers, training, and opportunities to discuss issues and share learning at team meetings. They also spoke about how accommodating and supportive other members of staff in the centre were.

The provider had run a number of recruitment drives and successfully recruited staff. However, two staff had moved to another centre operated by the provider and a number of staff had resigned or left during the probation period. This was found to be impacting on the continuity of care and support for residents and on staff's ability to focus on quality improvement initiatives they had planned. A number of residents spoke about the impact of sharing staff between houses, with one

residents saying "we don't like it, its not ideal". They spoke about preferring "permanent staff". In team meetings and staff supervision records staff were identifying challenges relating to the impact for staff and residents relating to the difficulties recruiting staff and a dependence on agency staff covering the required shifts as a result of vacancies. They also referred to the difficulties getting the skill mix right to support residents in line with their assessed and changing needs.

Registration Regulation 8 (1)

The provider submitted an application to vary Condition 1 of the registration of the designated centre. The provider had applied to add part of a premises to the footprint of the designated centre in order to provide an individualised living arrangement for a resident. The provider submitted the required information with this application to vary. The required works had been completed to the premises, including a number of additional fire safety works. The living space was self-contained with a large bedroom, sitting room and sensory room, office and staff sleepover. There was also a dining area. The kitchen facilities were contained in another area of the premises. The provider had identified a more suitable area for the kitchen and once works were completed this would be more accessible to the resident. Arrangements were being made to support the resident to personalise their living space as part of their transition plan.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications, skills and experience. They were available in the centre 5 days a week and formed part of the provider's on-call team on a rotational basis. They were knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, felt safe, and were engaging in activities they enjoyed on a regular basis. Residents were very familiar with them and complimentary towards the support they provided.

Judgment: Compliant

Regulation 15: Staffing

There were 6.5 whole time equivalent staffing vacancies in the centre at the time of the inspection. The provider had successfully recruited a number of staff since previous inspections, but a two staff had transferred to other services run by the

provide and some had resigned their posts or left during their probation period.

While it was evident that the provider was attempting to ensure continuity of care and support for residents while recruiting to fill vacancies, there was a high volume of shifts covered by agency staff. For example in October and November 2023 on average over 200 hours per week were covered by agency staff. Inspectors acknowledge that regular staff and day service staff were completing additional hours, and where possible the same agency staff were completing shifts; however, these vacancies were found to be impacting on continuity of care and support for residents. For example, a number for residents talked about their dissatisfaction with sometimes having to share staff between two houses and sometimes having agency staff supporting them. On the day of the inspection, a resident who required 1:1 staffing support did not have that in place for a period of time. They voiced their dissatisfaction with this and the person in charge made immediate arrangements for them to have 1:1 staffing support in place. In addition, the minutes of meetings and staff supervision records, reported the impact of staff vacancies on residents and the core staff team.

Judgment: Not compliant

Regulation 16: Training and staff development

Significant efforts had been made to support staff to attend both mandatory trainings and other trainings. 20 staff had completed two online modules of training on applying a human rights based approach in health and social care services. More training was planned in this area including bespoke training by the provider.

A number of staff spoke with inspectors about the supports that were in place to ensure they were carrying out their roles and responsibilities to the best of their abilities. These included the support of the local management team and other staff in the centre, the training provided to them, regular house and management meetings, the support of clinical support officers, and regular formal supervision.

From a sample of supervision records reviewed it was clear that staff strengths were discussed and celebrated, their training and competencies were discussed, and where necessary areas where they required additional support were identified and supports put in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective systems for oversight and monitoring in this centre. They

were completing audits and reviews which were identifying areas of good practice, and areas where improvements could be made. In response to a trend of incidents of a safeguarding nature, the provider had taken some immediate steps to mitigate some presenting risks and had identified a number of steps to address compatibility issues between residents. Inspectors were shown the provider's service operational plan for 2024 which outlined a number of steps they planned to take to ensure residents living in this designated centre were supported to enjoy a good quality and safe service in line with their wishes and preferences.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre and it contained the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a system for recording incidents in the centre; however, a number of notifications were not submitted to the Chief Inspector, and some had not been notified within the timeframe specified in the regulations. For example, an unexplained absence of a resident had not been notified, some environmental restrictions for one quarter in 2023 had not been notified, and there had been a number of notifications which were due to be submitted within 3 days that had not been submitted within that timeframe.

Judgment: Not compliant

Quality and safety

Residents were being supported to engage in activities they enjoyed on a regular basis and to maintain relationships with their family and friends. A number of actions had been taken by the provider since the last inspection which had brought about improvements in relation to their care and support, and their home. However, some further actions were required to ensure they were in receipt of a good-quality and safe service. These actions related to the premises and safeguarding and protection.

The provider was recognising that some of the premises required some work to ensure they were suitable and meeting residents' needs, particularly those who were presenting with changing needs. They had developed a plan relating to the premises which required further time to implement. In the interim, they were completing some maintenance works and repairs and records of these were maintained in the centre.

Residents were protected by the policies, procedures and practices relating to fire safety in the centre. Fire upgrade works completed in one premises included the construction of fire resistant internal walls, the installation of fire doors, the removal of a kitchenette as it formed part of an escape route, upgrading the fire detection and alarm system, upgrading emergency lighting systems, the installation of automatic opening vents in the existing stair structure and upgrading the stairs enclosure.

The provider was aware that a holistic approach needed to be taken to ensure that residents living in the centre can live their lives in an environment that meets there needs and where they are free from harm. They had responded to a trend of allegations of abuse and implemented a number of control measures; however, these measures had not proved fully successful. They had developed a plan to reduce and mitigate the risks and these plans required additional time to implement. This will be discussed further under regulation 8.

Regulation 17: Premises

As previously mentioned the provider was aware that significant works were required to some of the premises and this formed part of their service operational plan for 2024. In the interim they were completing some maintenance works and repairs works. The premises which the provider had applied to add to the footprint of the designated centre via and application to vary had just had significant works including fire upgrade works.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide available in the centre which contained the required information.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented suitable fire prevention and oversight measures. They had sought the advice of a competent person when required. For example, when completing fire upgrade works in one premises they sought such advice and guidance. Staff had completed training in fire prevention and emergency procedures and residents were supported to become aware of fire safety procedures. Arrangements were in place to ensure that fire equipment and building services were maintained and records of this were available in the centre. Fire safety checks were completed regularly and this was recorded.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse or allegations of abuse. Staff who spoke with inspectors were aware of their responsibilities should there be an allegation or suspicion of abuse. The provider had renewed their focus on ensuring that there was an open culture of reporting. Incidents, allegations and suspicions of abuse were being reported and followed up on in line with the provider's and national policy.

Safeguarding plans were developed and reviewed regularly. However, there had been a trend of incidents of a safeguarding nature between peers and the provider had identified compatibility issues between a number of residents. While they were taking responsive steps to address some of these concerns they have identified that the risk of reoccurring incidents remains in a number of areas due to residents continuing to share their homes. Some of these actions could be implemented in a timely manner; however, some required more time and funding to implement them fully. They had communicated this ongoing risk with the funder and the management team.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0042014

Date of inspection: 23/01/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • Recruitment remains problematic in the social care sector. We are continuing to advertise and recruit via Occupop. • All applications received are reviewed every morning with HR with a view to expediting applications and to onboard as soon as practicable. • There are two college open days coming up in March in Dublin and Carlow that will be attended with a view to recruiting those who are graduating in May. • An external recruitment agency has also been contracted to assist attracting staff to the community. • Rota's have been reviewed and the required number of staffing per house as per assessed needs is in place throughout the community. Rosters are also reviewed by the PIC on a daily basis and any issues are brought to the ASM for consultation with a view to resolving these issues. • There are currently 2 staff onboarding with one further interview scheduled. • All agency staff are compliant with the full schedule 2 documentation prior to starting in Camphill. • Regular agency staff are used in Dunshane to assist with the provision of consistency and continuity of support.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • There are quarterly calls scheduled between the PIC, CSO, ASM to ensure full triangulation between trackers, incidents, and accidents, etc. to ensure all notifications are reported within the regulatory timeframe. • The ASM will conduct final checks prior to the deadline of all quarterly notifications. • All PICS within Camphill will be provided with refresher training regarding notifications and regulatory timeframes. This will be allocated to the quality department. • Oversight on incident notifications form a part of the 6 monthly audits.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • There are weekly maintenance/premises meetings to monitor and track all works	

needed.
• Following a stock condition survey in March 2023 CCoI sent a proposal including costings to the funder for consideration. The funder responded that there was no capital to meet the costs of the required works.
• CCoI are committed to reducing the capacity of the designated centre by devising a de-congregation plan which will reflect more personalised living arrangements based on CMSNs will, preference and needs.
• CCoI will be conducting a review to explore capacity both internally and externally for living arrangements/vacant properties that is suitable to CMSNs needs.
• CCoI will be conducting a range of preferred living assessments and supported living assessments with CMSNs to establish will and preference.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Operational
A high number of safeguarding concerns in various community houses are due to the changing needs of residents, resulting in compatibility issues among residents sharing the same home. Despite MDT input to address the underlying issues with residents identified in safeguarding screening as Person Allegedly Causing Concern (PACC), the safeguarding concerns remain, and the trend of peer-to-peer safeguarding incidents developed. Addressing the safeguarding trend that developed, a compatibility assessment was completed by CCoI concerning the residents and identifying residents who would benefit from sole occupancy. Furthermore, Issues regarding peer-to-peer safeguarding incidents and peer compatibility issues will be addressed under the operational plan which has commenced in February 2024.
・ CCoI is working toward reducing the capacity of residents in the community.
・ Review meetings has commenced with the funder and a business case is to be submitted for one CMSN by the 27th of February 2024. One business case has been submitted on the 23rd of November 2023 for another CMSN.
・ One CMSN has secured personalised living arrangements, which has reduced a presenting safeguarding risk.

Training
Staff will continue to be trained on safeguarding through external training providers and, and CCoI Applied Safeguarding Training, which is delivered monthly per region. CCoI promotes Zero tolerance for all types of abuse and an open safeguarding culture.
Compliance
Dunshane will continue to screen all safeguarding concerns in line with HSE safeguarding national Policy, 2014 and will adhere to the timeline of all notifications to the statutory bodies. All plans are reviewed in time with the PIC, staff team, and CCoI safeguarding lead to ensure that outstanding issues are addressed and that sufficient and safe plans are in place to protect the residents living in the community. Safeguarding plans are consistently implemented across all houses in the community.
National Oversight
Weekly calls will occur between the CCoI Areas Service Manager (ASM)/PIC and the CCoI Regional Safeguarding Lead (RSL) to discuss safeguarding issues, new concerns and plan reviews. A clear pathway to escalate concerns to CCoI senior management is in place. Where warranted, discussions will take place with the head of service and the CEO.
To enhance quality assurance, the Safeguarding Lead completes quarterly safeguarding audits, and actions are issued with a clear timeline and monitoring schedule in place.

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MDT input

CCoI has a supportive and effective collaboration with HSE safeguarding and protection team.

Complex cases see input from CCoI Clinical Support Officers (CSO) regarding behaviours of concerns and medical issues. Other MDTs include psychiatrists, OT, public health nurse etc.

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.	Not Compliant	Orange	30/08/2024
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.	Substantially Compliant	Yellow	28/02/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	28/02/2024

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	28/02/2024
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	23/02/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Not Compliant	Orange	23/02/2024

	incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	23/02/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	23/02/2024