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:	A2
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	27 July 2023
Centre ID:	OSV-0005387
Fieldwork ID:	MON-0031289

About the designated centre

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

The designated centre is comprised of three individual units and is located on a shared campus setting in West County Dublin. It provides 24-hour residential support services to persons with intellectual disabilities and at the time of inspection was supporting 13 individuals. The three units of the centre had similar layouts and included an entrance hallway, a living and dining room, a small kitchen area, accessible bathrooms and individual bedrooms for residents. The staff team was comprised of a person in charge, a social care leader, staff nurses, carers, an activity coordinator and household staff members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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
Thursday 27 July 2023	10:00hrs to 18:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centres' registration. Overall, the findings of this inspection were that steps taken by the provider since the last inspection had improved the levels of compliance with the regulations. For example, an urgent action in relation to fire precautions had been issued during the inspection in February 2023, the inspector found improvements in the safe evacuation of residents from the centre, in a time frame that was identified as suitable for a safe escape. There was also an improvement in residents access to activities in accordance with their interests, capacities and developmental needs. However, improvements were required in relation to regulation 15 staffing, the inspector found that the provider continued to have an over-reliance on relief and agency staff to meet the assessed needs of residents in the centre.

The centre comprised of three bungalows located on a large campus in West Co. Dublin. The inspector of social services visited two of the three houses that make up this designated centre during the inspection. The inspector did not visit one house within the centre due to an identified need in residents care at the time of inspection, an inspector had visited this house during the course of the inspection in February 2023. The centre had regular access to transport made available by the provider and there was a bus route within walking distance of the centre. The houses visited by the inspector were found to be clean, homely and decorated in line with each residents personal preferences. Interior work was required in one house within the centre in line with residents expressed wishes, this will be discussed further in the report. Residents had access to newly furnished garden area complete with a garden swing and seating area. There was also a number of flower beds which residents had fitted and maintained with the assistance of staff.

The inspector had the opportunity to meet seven of the 10 residents living there, due to their communication needs and preferences some residents did not verbalise their opinions on care and support in the centre. The inspector had the opportunity to observe interactions between residents and staff within the centre. It was observed that residents appeared relaxed, comfortable and enjoyed being in the company of staff members. The care provided in the centre was found to be person centered and it was noted that staff were very familiar with residents' needs and preferences. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the residents' quality of life.

Residents had access to an easy read timetable for a day service on the campus and could choose from a variety of scheduled activities including pottery, arts and crafts and cooking, the schedule was reviewed at the beginning of each week with residents reporting to the inspector that they had the option to change their mind. Residents told the inspector that when they did change their mind additional

activities were offered. The resident discussed a number of alternatives such as going shopping, cinema, afternoon tea and for trips to the coffee shop.

On the day of the inspection a number of residents were attending their day service, on return the inspector had the opportunity to discuss the day service with residents. One resident told the inspector that they loved to meet the staff in the day service and that there is always something that they enjoy doing on the schedule. The resident also told the inspector that going to the day service was a great way to meet up with residents who had moved from their house to another house in the previous months and years.

One resident told the inspector that they loved living in their home. That staff were very kind and "always lovely to me". Resident told the inspector that they get to go out for nice trips when they want to and they also get to relax at home if they do not feel like they have the energy to go to the day service or out in the community. The resident told the inspector that "some days I just want to relax in my home" and that staff will always respect their decision.

One resident told the inspector about their recent holiday with friends in the centre. The resident had greatly enjoyed their time away and had a number of pictures taken which had been placed into a picture collage with help from staff. Resident also told the inspector about a recent bereavement and went through pictures of their loved one. Staff spoke of the family member with the resident and inspector and it was clear that bereavement support and an open environment to discuss feelings around grief had been in place to help the resident come to terms with their recent loss.

One resident spoke to the inspector about the their wish to move bedrooms. The resident told the inspector that the staff team and the person in charge had assisted them to make a complaint as they are waiting what they felt was a long time for paint work and plastering of walls to be completed. The resident showed the inspector their current bedroom and they discussed that the room is very small with very little storage or room to make jewellery or do arts and crafts in the evening time. The resident showed the inspector the vacant bedroom and discussed the colour scheme they had chosen and how staff had helped them to look at new items for the bedroom. The resident discussed with the inspector their frustration around the wait, that they had to make two separate complaints with no time frame as to when the bedroom would be ready to move into.

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall there were mixed findings in respect of governance and oversight arrangements in the centre. The was a person in charge employed in a full time capacity, who had the necessary experience and qualification to effectively manage the service. The person in charge was supported on site by a deputy clinical nurse manager. The inspector found a high level of local management systems in place. For example, the person in charge had completed several audits within the centre to promote shared learning and enhance residents overall quality of life experience.

However, there were gaps identified within the monitoring system of the quality of care by the provider. While the provider had completed six monthly unannounced visits to the centre and had identified areas for improvements, the inspector found that actions in relation to staffing remained outstanding from visits carried out in December 2022 and had been moved to July 2023. Furthermore, outstanding work in relation to the premises on the day of inspection did not demonstrate evidence of escalation to appropriate departments for the completion of work. In addition, the unannounced visit to the centre by the registered provider completed in July 2023 did not identify some of the areas of substantial compliance found during this inspection in relation to complaints made by residents in the centre.

The provider had completed an annual review of the quality and safety of the centre, however there was no evidence of consultation with residents, their representation or staff. The annual review was completed by management outside of the designated centre and without the input of the person in charge.

There were a number of staff vacancies in the designated centre. Relief and agency staff were employed to fill these vacancies alongside two other types of absences. However, on review of the roster system the inspector found a number of occasions where a shift was left unfilled resulting in the centre operating with a lower staffing ratio than outlined in the centre statement of purpose. While the provider was in the process of recruiting staff for the identified vacancies, there was no evidence that the provider had completed a review of the required staffing levels within the designated centre as identified in the compliance plan submitted following an unannounced inspection on the 15th of February 2023.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. The provider had ensured that relief or agency staff who worked in the centre were suitably trained. There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team as per provider policy.

The inspector found that since the last inspection, improvements had been made in

the oversight and auditing of documentation in the centre. Records were in place and made available to the inspector for review. Records were found to be accurate and up to date. The person in charge had put a review system in place to ensure that there was no duplication of records or inconsistencies which could lead to a risk for residents. For example, in relation to residents' assessment of need the inspector found that for each identified assessed need there was an associated support plan.

The centre's statement of purpose was reviewed. It was found to have been recently updated and contained all of the information as required by Schedule 1 of the regulations.

During the inspection, the inspector reviewed the centres complaints log. At the time of the inspection the centre had two open complaints made by residents. From review of the log it was evident that this was the second time the complaints had been logged by residents. The complaint had initially been closed off in March 2023 with the assurance that identified work to the interior of the centre would be completed. However, the work had not been completed by the provider and no time frame had been identified for the outstanding work, the complaint was reopened by two residents in April 2023. Residents spoke to the inspector and discussed their frustration that the work remained outstanding. Residents were clear that they knew how to make a complaint and that the staff team and person in charge had been supporting them to highlight their complaint through the complaints policy.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had carried out an assessment of need for residents which included a review of staffing requirements in April 2023. However, the results of this review were not yet available. The inspector found that the centre was reliant on a high number of relief staff and agency on a weekly basis to cover staff vacancies. This did not support continuity of care for residents in line with their assessed needs. For example, in the month of June the centre roster had documented 29 separate agency or relief staff working across the centre. At the time of the inspection there was an identified staff vacancy of 2.5 whole time equivalent staff.

The inspector also found documented risk assessment with identified control

measure that a staff allocated to floating between houses in the centre to assist all residents as required during day time hours was being utilised in one house to assist resident with identified support of two staff. A falls risk had been identified in one house as resident requiring 24 hour supervision in the centre. The risk assessment identified a control measure of the floating staff to base in bungalow at all times to support resident. The provider had failed to completed a staffing review in line with the identified changing needs of the resident.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff by the person in charge and deputy manager of the centre.

Judgment: Compliant

Regulation 21: Records

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up-to-date. The person in charge had implemented a local auditing system to ensure continuity of information and to ensure information was not duplicated or pertain inaccurate information that could lead to a risk to residents.

Judgment: Compliant

Regulation 22: Insurance

he provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre that ensured the service provided was safe and effectively managed. However the systems in place did not ensure that the service was appropriately resourced to meet the residents' needs at all times. For example, the provider had not ensured that the centre was adequately resourced. On the day of the inspection there were two and half staff vacancies in the centre, leading to a high reliance on relief and agency staff. The provider had failed to complete a review of the required staffing levels within the designated centre as identified in the compliance plan submitted following an unannounced inspection on the 15th of February 2023.

While the provider had completed unannounced visits to the centre the inspector found that a number of items had not been actioned accordingly or completed in the allocated time frame. Furthermore, on the day of the inspection there was no documented evidence of formal supervision meetings between the person in charge and PPIM.

The provider had completed an annual review of the quality and safety of the centre, however there was no evidence of consultation with residents, their representation or staff.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints policy for the centre. An easy-to-read version of the complaints procedure was located in an accessible place.The complaints policy and procedure included information for residents on how to access advocacy services. Residents spoken with were aware of the complaints procedure and knew how to make a complaint. However, there were a number of open complaints logged within the centre made by residents which had been closed at

one point but as the provider had not resolved the issue the complaints were reopened again by residents with the assistance of the person in charge and staff team. The opened complaints were in relation to the decorating of premises and the size and accessibility of residents bedrooms and were originally made in March of 2023. The inspector found no that no time frame was in place for the completion of the work.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Overall, the inspector found that the day-to-day practice within this centre ensured that residents were safe and were receiving a good quality and person-centred service. The inspector observed that the provider was implementing measures in order to come into compliance since the last inspection. However, some improvements was required with regard to premises.

The provider had ensured that a comprehensive assessment of need had been carried out for all residents, and this assessment was updated at regular planned intervals. There were detailed and person centred support plans in place for all identified assessed needs. The inspector found that the resident took an integral role in the development of their personal plans, and that goals and meaningful activities were available in an accessible format that residents could review. The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

The inspector found that the provider had implemented measures, as set out in their compliance plan response, to enhance the choices and access to recreation for residents in line with assessed needs and individual wishes. A review of the activity weekly planner showed that residents had access to a variety of in-house, day service and community based opportunities for occupation and recreation. In- house activities included arts and crafts, pottery, gardening and listening to music. Residents also had access to community based activities including cinema, afternoon tea, holidays with friends, walks in local park and visiting family. The person in charge had implemented a meaningful activity report form, this provided detail pertaining to the activity completed and residents views on if they enjoyed the activity and if they would wish to avail of the activity in the future. There was an accessible picture plan that demonstrated the daily schedule for each resident which enhanced accessibility and supported residents to make choices, this plan was signed by residents and could be changed throughout the week.

The premises were found to be homely, clean and suitably decorated. Residents had

access to a garden area which was welcoming and equipped with table and chairs and a large garden swing chair for relaxation. There were sufficient bathrooms which were designed and equipped to meet residents' assessed needs. However, there were a number of outstanding premises work that required completion by the provider in relation to vacant bedrooms in the centre. The outstanding works had also lead to a number of complaints by residents in relation to the size and accessibility of bedrooms within the centre.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspectors found that the person in charge was promoting a restraint free environment within the centre. Staff spoken to on the day of inspection were found to have a good understanding and up-to-date knowledge and skills appropriate to their role and response to behaviour that is challenging. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The provider had implemented the actions from the previous inspection in relation to the safe evacuation of residents within a suitable time frame as identified by the provider. The person in charge had completed up-to-date personal emergency evacuation plans for each resident, which clearly identified the support requirements of each resident in the event of a fire. There was local guidance in place outlining to staff the process to follow in the event of a fire and support to be provided to the centre in the event of a fire from additional staffing on campus.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated a knowledge of these needs and could describe the supports that residents require. Individual communication requirements were documented in residents' personal plans and were reflected within practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents are provided with opportunities to participate in activities in accordance with their interests, capacities and assessed needs. Residents are provided with supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes. There was evidence of a variety of in-

house and community based activities which were offered to residents in a person-centred manner

Judgment: Compliant

Regulation 17: Premises

The inspectors found that centre provided for a comfortable, warm and homely environment for residents to live. There was suitable heating, lighting and ventilation, a separate kitchen with cooking facilities, and suitable facilities for laundry and waste management. However, there was a number of outstanding works in relation to the internal maintenance work and the size and accessibility of residents bedrooms in one of the houses in the designated centre. There was painting and plastering work required in two vacant bedrooms in the centre before residents could make planned internal bedroom moves, these moves would provide greater space and accessibility for residents. However, the inspector found that there was no time frame in place for the plan works to be completed by the provider.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there was a system in place for assessing residents' needs and for ensuring that comprehensive care plans were in place to meet those needs. On a review of residents' files, the inspector saw that support plans were in place for each assessed need and that these support plans were updated at least annually. There was evidence that care plans were created in a person-centred manner and included meaningful and individualised goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for A2 OSV-0005387

Inspection ID: MON-0031289

Date of inspection: 27/07/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has ongoing recruitment campaigns with open days and continual advertising for vacant positions, weekly interviews are being scheduled in conjunction with open days. There are 2 relief staff that are rostered into a line this provides consistency and familiar staff to the centre. There was a review completed by the HSE on behalf of the provider in April 2023 to assess the dependency levels for all residents which will identify the required staffing levels and skill mix. The outcome of this review is pending from the HSE. The PIC is completing a business case in relation to staffing requirements in one bungalow for submission to the HSE.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider engaged with the HSE to complete a dependency report on all residents that will identify required staffing levels and mix, this was completed on behalf of the provider in April 2023, awaiting report from the HSE. The current vacancies are under recruitment with ongoing recruitment open days, weekly interviews and advertising. The items requiring action from 6 monthly review will be reviewed and completed by the PIC. All annual reviews will include consultation with residents, their representatives and staff. The provider will be completing workshops with relevant staff relating to the audit process.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints	

procedure: Complaints will not be closed until the issue has been resolved and the complainant has agreed they are satisfied with the outcome. The decoration of the premises has now been completed, this was the open complaint, and the complaint has been closed with the complainant stating they are satisfied with the outcome. Residents have expressed their wish to move into the vacant bedrooms and are being facilitated by the PIC to do so.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The decoration of the premises has now been completed, this was the open complaint, and the complaint has been closed with the complainant stating they are satisfied with the outcome. Any other outstanding maintenance works are being followed up with the maintenance department to agree a timeframe.	

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	30/11/2023
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/12/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Not Compliant	Orange	30/11/2023

	circumstances where staff are employed on a less than full-time basis.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2023
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	31/12/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Orange	30/11/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Orange	30/11/2023
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/10/2023

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Orange	31/01/2024
Regulation 23(3)(a)	The registered provider shall ensure that effective	Substantially Compliant	Yellow	31/12/2023

	arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Orange	03/08/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Orange	03/08/2023
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints	Substantially Compliant	Orange	03/08/2023

	are appropriately responded to.			