



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

## Issued by the Chief Inspector

Name of designated centre:	Idella Bower
Name of provider:	GALRO Unlimited Company
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	14 April 2025
Centre ID:	OSV-0007768
Fieldwork ID:	MON-0046187

## About the designated centre

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

Idella Bower is designated centre operated by GALRO Unlimited Company and is located a few kilometres from a village in Co. Offaly. The centre can provide residential care for up to three male and female residents, who are under the age of 18 years and who have a disability. The centre comprises of one bungalow dwelling and a separate standalone apartment, which was adjacent to a staff office and laundry room. There is a secure garden area to the front and rear of the premises containing play and recreational areas, and is available to residents to use, as they wish. Staff are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Monday 14 April 2025	09:30hrs to 15:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations. The day was facilitated by the person in charge, the team leader, and a member of the compliance team was also in attendance. The inspector also got to briefly meet with all three residents, one of whom spoke with the inspector for a few minutes. There were also a number of staff on duty on the day of this inspection.

Overall, there were many good examples found of where care and support was being delivered to a high standard, particularly in relation to the quality of social care these residents received. However, there were some areas that did require the attention of the provider to review, which primarily related to aspects of risk management, medication management, and behaviour support. This will be discussed in further detail later on in this report.

Three residents lived full-time at this centre, and were all under 18 years. They had lived together for quite a while, and got on well. They were of school-going age, with two attending school in their surrounding area, while one was being supported by this designated centre in relation to their education. All three residents were well at the time of this inspection, and had minimal health care needs. They primarily required care and support in relation to their social care, and positive behaviour support was a fundamental assessed need for all three. They all were assessed as requiring a certain level of staff support each day, with a two-to-one staffing ratio in place for each of them, which was consistently provided. This designated centre comprised of two separate premises, which were located on the same grounds. One of these residents lived in a standalone apartment, while the other two residents lived together in the bungalow.

Upon the inspector's arrival, all three residents were at home for their Easter break. There was a very calm and friendly atmosphere, with residents taking their time with their morning routines. The inspector first visited the apartment, which was home to one resident, who had their own en-suite bedroom, kitchen and utility, living area, and staff office. This resident did require a lot of care and support in relation to their behavioural support needs, were supported by two staff during the day, and also had regular input from the behaviour support specialist. Although at the time of this inspection, this apartment was in a good state of repair, there were a number of behavioural related incidents which had occurred, which had warranted very frequent maintenance and repair works to be addressed, some of which was being attended to on the morning of this inspection. Due to this resident's assessed behaviour support needs, their apartment area was minimally furnished so as to mitigate against property damage, particularly in relation to the fire doors. In an effort to mitigate against this, the provider was in the early stages of trialling a fake door in this resident's living area, to see if it would be effective in positively responding to this resident's behavioural support needs. In addition to these aforementioned incidents, further incidents often occurred which warranted staff intervention to support the resident to return to baseline. However, this inspection did find that

some review of these incidents was required to ensure no potential threat to staff personal safety was posed when doing so. This will be discussed in more detail later on in this report. This resident also had their own outdoor space to the rear of their apartment, and had their own transport. Due to their assessed communication needs, they didn't engage directly with the inspector, and were in the process of getting ready to head out that afternoon with their supporting staff.

The bungalow was also visited by the inspector, which was home to two residents who had lived together for a number of years. Both of these residents were also being supported by two-to-one staff, and again there was good familiarity found between staff and residents in this house. They each had their own bedroom, shared bathroom, and communal use of a sitting room, and kitchen and dining area. This house was well-maintained and comfortably furnished. One of the residents was having sausages and toast for breakfast, and liked to play music on a portable device which they carried around with them a lot of the time, which had a positive impact on their behaviour support needs. The provision of a swing was made to their bedroom, as they liked the motion of the swing to self-soothe. Furthermore, in response to behavioural incidents which had occurred, the walls of this resident's bedroom had padding in place, to reduce the likelihood of injury, should they engage in self-injurious behaviour. The second resident was in the sitting room watching a film with a staff member, which was dressed with black out blinds, as this resident often liked to use this room to watch various films. There was also a large tent in this room, which the same resident liked to spend time in from time to time. This resident briefly chatted with the inspector and told of their plans for Easter, and of how they liked to watch films and dress up in costume. There was nice and friendly banter between this resident and staff members, who was also planning to head out later than afternoon. There were also external grounds available to the two residents who lived in the bungalow, which comprised of a large green area for them to play in, and a garden area that had a swing and trampoline.

All three residents led relatively active lifestyles, and outside of school-time hours, often liked to get out and about with staff. One resident in particular liked to go for walks and picnics, and responded well to the sounds of nature around them. Due to the behaviour support needs of this resident, the behaviour support specialist for the service had observed and monitored for this resident's response to these walks, which they were reported to be much happier in themselves since the introduction of this activity. Others enjoyed going shopping and to engage in other activities of interest to them. Due to the adequacy of the staff and transport arrangements that the provider had in place, this meant that these residents had multiple opportunities to get out and about, as they wished.

Given the assessed behavioural support needs of all three residents, the provider was cognisant of the importance of ensuring they each received continuity of care through their staff support. Most of the staff who worked in this centre had supported these residents for quite a long time, and were very familiar with their assessed needs, and of the specific supports they required. There was also good input from the behaviour support therapist, which maintained very regular contact with the centre in relation to how these residents were getting on.

Overall, there was a very pleasant atmosphere in this centre on the day of this inspection. The centre was busy with various fire upgrade works being completed, maintenance being attended to, along with staff and residents coming and going. Although as earlier mentioned, there were some very good care and support arrangements in place for these residents, this inspection did identify where some areas of improvement were required.

The specific findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

Overall, this was a well-managed centre that ensured residents received the care and support that they required. Given the assessed needs of these residents, the provider had placed significant emphasis on ensuring continuity of care was provided to them, and there was good oversight to ensure this was being maintained and working effectively. For the most part, the provider was found to be in compliance with the regulations they were inspected against. However, improvements were found to be required to aspects of risk management, medication management and positive behaviour support, which will be addressed under the quality and safety section of this report.

Each resident was assessed as requiring a two-to-one staff support during the day, and this was being provided for them. These staffing levels changed slightly at night, with a mix of waking and sleepover staff in place to support residents during these hours. This centre was well resourced with regards to staffing, and rarely required additional support to cover shifts. This had a positive impact on the operations of this service, and also for the residents who lived there, as it meant they were always supported by staff members who were familiar to them. There was also good oversight maintained of staff training needs, with refresher training scheduled for them, as and when required.

There was a very clear management structure in place for this service, and the regular presence of members of management at this centre, meant that there was always good oversight maintained of the specific care and support being delivered. The person in charge was only appointed to their role a few weeks prior to this inspection and had taken the time to familiarise themselves with their new staff team, the assessed needs of the three residents, and the various operations relating to the service delivered to them. There were scheduled staff meetings occurring, and the person in charge had taken the opportunity to have a meeting with all staff soon after their appointment. Six monthly provider-led visits were occurring; however, this system was under review at the time of this inspection, as the provider had identified that it required some revision so as to better monitor for improvement in this centre.

## Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly at the centre to meet with staff and residents. They were new to the role, having been appointed earlier in the year, and had become familiar with the assessed needs of the residents, and with the operational needs of the service delivered to them. They were supported in their role by their line manager, team leader and staff team. They did have responsibility for another designated centre operated by this provider and current governance arrangements, gave them the capacity to effectively manage this centre.

Judgment: Compliant

## Regulation 15: Staffing

The staffing arrangement for this centre was maintained under very regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support the assessed needs of these residents. Although at the time of this inspection, this centre did not require relief staff, where additional staffing resources were required, the provider had arrangements in place for this. There was also a well-maintained staff roster, that gave the full names of staff and their start and finish times worked.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured all staff received the training that they required to carry out their role. Where refresher training was required, this was scheduled accordingly. Each staff member was also subject to regular supervision from their line manager.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had suitable persons appointed to manage and oversee the running of this centre. They had also ensured that the centre was adequately resourced to meet the assessed needs of all residents. Staff team meetings were occurring on a

regular basis, and the person in charge maintained regular contact with the team leader in between their own visits to the centre. The person in charge also maintained frequent contact with their line manager about all operational matters.

The monitoring of the quality and safety of care in this centre was largely attributed to the full-time presence of members of local management. In addition to this, a number of internal audits along with the provider's own six monthly visits were also occurring. The report from the last visit was reviewed by the inspector and although it was found to identify areas of improvement, the provider themselves had identified that it could be improved upon to ensure it was focusing on, and monitoring more relevant areas of care and support delivered in this centre. At the time of this inspection, the provider was in the process of reviewing this monitoring system, with the view to rolling out a revised system ahead of this centre's next scheduled visit.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place, which ensured all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

### Quality and safety

This was very much a resident-led service, that encouraged residents to choose how they wanted to spend their time. These residents required a lot of support from staff in relation to their behavioural assessed needs, which were re-assessed for, as and when required. These residents received good quality social care, which was greatly enabled by the number of staff support available to them, as well as the availability of suitable transport.

Due to the behaviour support needs of these residents, this centre did encounter frequent behaviour related incidents. Some of these incidents related to self-injurious behaviours, and the provider was responsive to this, whereby, at the time of this inspection, they had sought MDT input in the provision of protective equipment, in an attempt to reduce the likelihood of injury to the resident involved. Although all incidents were subject to review by local management, this inspection found that some incidents required further review, to identify any potential threat posed to staff personal safety that warranted action by the provider to mitigate against this risk. For example, a number of these incidents had resulted in staff

being hit out at by residents, when they had been in close enough proximity to enable the resident to do so. However, upon review of behaviour support plans of the residents' involved, these guided that staff were not to put themselves in the residents' immediate space, when a behaviour of concern was being exhibited by the resident. In addition to this, in recent weeks, a chemical restraint was administered in response to one of the aforementioned incidents. However, upon review of this incident by the inspector, it was unclear if all alternative de-escalation measures had been appropriately implemented and found ineffective, so to warrant administration. In addition to this, the protocol guiding the administration of this restraint, also required some review to afford clearer guidance in relation to the administration of this restraint.

Residents needs were re-assessed for on an on-going basis and there were clear personal plans in place to guide on their specific aspects of care and support. There was also a clear emphasis placed on developing residents' personal goals, with most of them wishing to promote their own independence by up-skilling in basic daily activities. Some had moved towards learning how to take out the bins, helping with their laundry, and with washing dishes. Others had wanted to lose weight and were supported to successfully do so.

Many of the other regulations inspected against were found to be held to a good standard, and these included, fire safety, safeguarding, up-keep and maintenance of the premises and residents' rights. Medication management was also reviewed as part of this inspection, with one area of improvement requiring the attention of the provider. But overall, this was a centre that was found to cater for the needs of the residents that they had, and endeavoured to support and enhance their capabilities.

### Regulation 13: General welfare and development

The provider had ensured these residents had access to facilities for recreation. They each had opportunities to participate in activities in accordance with their interests, capacities and developmental needs, and staff supported them to also maintain personal relationships with family and peers. Residents had areas within and outside their home for play, if they so wished.

Each resident had opportunities for education, however, for some residents who at the time of this inspection, were being full-time supported by the designated centre in relation to their education, there was no education plan in place, to guide on the specific education attainment targets that staff were to support this resident with, and to outline how they planned to do so. However, following this being brought to their attention, the provider was putting arrangements in place for this to be developed subsequent to this inspection.

Judgment: Compliant

## Regulation 17: Premises

The designated centre comprised of two separate buildings, which were located on the same grounds. Both premises were well-maintained, and provided residents with their own bedrooms, some of which were en-suite, shared bathrooms, sitting rooms, and kitchen and dining areas. There were external grounds which had swings, a trampoline, and a large green area for play. The provider also had a system in place for any maintenance works to be requested, and these were attended to in a timely manner.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of this in this centre. However, some aspects of this required review to ensure potential risks were being quickly identified and responded to.

There was a consistent culture of incident reporting in this centre, and due to the care and support needs of these residents, many of the incidents that did occur were in relation to behavioural support. Some of the more recent incidents reported were reviewed by the inspector, which highlighted concern in relation to the personal safety of staff members, when they were in the proximity of some residents when they displayed certain behaviours. Although no injury had occurred to a staff member, the number of incidents being reported of this nature, collectively indicated a potential threat to the personal safety of staff members, which warranted review and response by the provider. In addition, the risk-rating of these incidents also required review, to ensure the rating calculated was considerate of the context of the incident that was reported to have occurred.

There were a number of risk assessments in place relating to identified resident risk, and these were maintained up-to-date. However, some of these would benefit from minor review, to ensure the specific control measures being implemented by staff, were included in these assessments. In addition, the oversight of organisational risks was maintained through the use of the centre's risk register. Again, there also was evidence that the register was being reviewed on an on-going basis; however, some of the risks that local management were responding to and actively managing, would benefit from being incorporated within the register. These primarily relate to risks pertaining to the provision of education, specific fire containment risks, oversight of restrictive practices and potential for staff injury.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, fire detection and containment arrangements, there was emergency lighting throughout, fire exits were maintained clear, all staff had up-to-date training in fire safety, and there was also regular fire safety checks being carried out by staff. Each resident had a personal evacuation plan outlining the supports they required to evacuate, and there were a number of fire drills being undertaken, with the records of these demonstrating that staff could support all three residents to evacuate in a timely manner.

Due to the behavioural needs of a resident, the fire doors within their apartment required very regular maintenance. Local management were very cognisant of this and ensured this maintenance work was prioritised for completion. In the meantime, interim containment arrangements were being put in place which staff were aware to adhere to. In addition, at the time of this inspection, upgrade works were happening to the overall fire detection for this centre, and the person in charge had plans to update the fire procedure for this centre, once this new system was fully operational.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration of medicines in this centre. Suitable storage arrangements were in place for each resident's medicines, and where controlled medicines were prescribed, there was a two staff member sign in system in place, with a daily count of these medicines also conducted. Some residents' medicines were dispensed using a blister pack system; however upon review by the inspector and team leader, no information was provided to staff to allow them to identify each individual medicine dispensed using this system.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed for on a regular basis, and there were personal plans then developed to guide staff on the specific supports that they required. The maintenance and up-date of this system was overseen regularly by the person in charge and team leader. Personal goal setting was also in place for residents, with individual key working staff identified to support residents to work towards their

chosen goals.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs in this centre were minimal, and were re-assessed for on an on-going basis to identify any changes to this. The provider did have a team of multi-disciplinary professionals that were available to the service, should it be required. Nursing support was also available to this service, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Each resident was assessed as requiring positive behavioural support, at varying intervals, and this was well-known by all staff and local management. The provider had the support of a behaviour support specialist, who linked in regularly with the centre in relation to these residents, and also with regards to the review of their behaviour support plans.

As earlier mentioned, this centre did encounter a number of behavioural related incidents, which were reported and submitted each week for MDT review. From the guidelines provided within two of the behaviour support plans reviewed by the inspector, these instructed that when a behavioural incident occurred, staff were not to put themselves in residents' immediate space. However, from the information provided in incident reports, it was unclear if this guideline had been adhered to by staff, which required review by the provider. Furthermore, although for the most part, behaviour plans were clear on the specific behaviours that residents did display, some review of the reactive strategies required to be implemented by staff was required to ensure better clarity.

Due to the assessed needs of these residents, there were a number of environmental restrictions in place, to include, locked doors, window restrictors, protective helmets, lapbelts and a transport harness. In addition to this, two residents were prescribed an as-required chemical restraint. Recent to this inspection, one of these residents was administered a chemical restraint, and the incident report describing the lead up to this administration was reviewed by the inspector. Again, this was found to require to the review of the provider to ensure that in this instance, this restriction was given as a last resort. In addition, although there was a protocol to guide this administration, this also required review to afford better clarity.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had systems in place for the identification, and response to any concerns regarding the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and at the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

This centre was operated in a manner that put residents' rights at the forefront of daily routines. Residents were supported as much as possible to be involved in the daily decisions around their care, and were also supported to chose how they wanted to spend their time. The adequacy of staffing and transport arrangements made it possible for these residents to get out and about as much as they wished.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Idella Bower OSV-0007768

Inspection ID: MON-0046187

Date of inspection: 14/04/2025

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>We devised a risk assessment for staff safety in the context of proximity to residents who display behaviours of concern. Control measures listed aim to negate the risk of injury to staff.</p> <p>We reviewed the risk ratings, taking into consideration the context of incidents that have occurred.</p> <p>We reviewed the risk assessments in the centre to ensure all control measures in use are listed on the assessments.</p> <p>We incorporated risks pertaining to the provision of education, specific fire containment risks, oversight of restrictive practices and the potential for staff injury on to the risk register.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We introduced a narrative description of the medicines dispensed in the blister pack. Information sheets containing a description of each medication being administered is now in place and these will be updated if any new medications are prescribed for</p>	

residents.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Management and the clinical team met with the staff team to support them to better understand and adhere to the guidelines in the behaviour support plans. Additionally, the clinical team are developing incident report writing training for staff to ensure they accurately document the de-escalation and reactive strategies utilised during behavioural incidents.

In consultation with the Idella staff team the clinical team conducted a review of reactive strategies for each resident.

We reviewed the chemical restraint protocol to ensure it clearly describes the last resort stage that a chemical restraint can be administered.

We met with the staff team to discuss the chemical restraint protocol and the requirement to accurately record, in accordance with the protocol, the lead up to the administration of a chemical restraint.

## 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 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	16/05/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the	Substantially Compliant	Yellow	16/05/2025

	resident for whom it is prescribed and to no other resident.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/05/2025
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	16/05/2025