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:	The Ranch
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	05 March 2025
Centre ID:	OSV-0008321
Fieldwork ID:	MON-0037791

About the designated centre

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

The Ranch is a designated centre operated by Talbot Care Unlimited Company. The Ranch provides a respite service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours which challenge. The objective of the service is to promote independence and to maximise quality of life through interventions and supports in line with the model of person-centred care and support. The Ranch aims to encourage and support the service users to participate in the community and avail of the amenities and recreational activities. The Ranch is a two-story community house with two apartments. There are six individual bedrooms for service users (three en-suite) two of which are self-contained apartments with en-suite and kitchen/living area. The house is also equipped with a domestic kitchen. There is one sitting room and two living rooms in the house. There is a large sun room and relaxation room. The Ranch is surrounded by a large garden that is accessible to residents. The centre is staffed by social care workers, staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 5 March 2025	09:00hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet the residents using this house for short respite breaks on the day of inspection. The inspector also met with one resident who had been living in the house full-time since the start of 2025. The inspector also met with family and staff members, and reviewed documentary evidence of support plans as part of evidence indicating the support structures and experiences of people using this designated centre. The inspector observed residents to be comfortable and happy in the house and supported to pursue their own preferred routines.

On arrival, one resident was out of the centre as they had started a new work experience placement that day which had been organised by another service. The staff in this centre had supported the resident to get to this job and on return the resident and their support staff commented that it had went well and they enjoyed it. Another resident went swimming during the day. One resident was watching a film in the centre, and chatted to the inspector for a while about their experiences in the centre. This resident had a job for which they interviewed and were paid by the provider, to be a green ambassador for the designated centre, ensuring that bottles were being recycled, that waste was properly divided, and that lights were not left on in empty rooms or windows open while the heating was on.

Residents commented either directly or with staff support about what they liked in this service. One resident commented that they had been coming to the house for years and they "wouldn't change a thing". They commented that they got along with the staff and most of the other residents, but if they didn't get along with someone there was plenty of space in the house to be away from them. Another resident was supported by staff to tell the inspector what they had done during their break, and talked about their news, friends and holiday plans. The resident commented that they had favourite staff in the centre, and had made friends with some of the other residents. The inspector observed some members of the staff team demonstrating a good knowledge of the resident's experiences and interests and in supporting and prompting the resident to use their words, and the resident gave a smile and high-five when the inspector asked if they were happy staying in the house.

The inspector was provided written feedback on this designated centre from four family members before this inspection, and spoke with a family member during the visit. In the main this commentary was positive, citing the approachability of the person in charge, and that concerns raised had been addressed effectively. Families commented positively on the professionalism of staff, though expressed a wish for there to be more continuity of familiar staff and where possible, to know who was going to be on duty during the planned respite. Families also expressed a wish for more access to weekend respite breaks. Families commented that the size of the house facilitated privacy and multiple choices of where residents could spend their time.

Staff had competed online training in a human rights based approach to social care, and some staff gave examples to the inspector of how they were implementing learning from these courses into their care and support duties. Staff discussed the right of residents to refuse supports and to be alone per their preferences. Staff members gave examples of where suitable alternatives would be offered at times that the resident made a request which could not be accommodated. The inspector observed residents being encouraged to engage in fun activities in the house and to go on excursions into the community.

One resident told the inspector they were staying in this house for now but were looking forward to when they would be living in their own apartment after this. The management provided information on the status of arranging a long-term accommodation for them. Front-line staff provided information on how they were using this resident's time in this centre to support them in developing their skills and promoting their personal independence. Goals were being monitored by staff related to independent daily activities such as dressing and washing, as well as learning to cook. Staff demonstrated a good knowledge of how to speak with this resident to reassure them on these future changes, and goals were pending to visit a new apartment when the process was further along.

The inspector read the annual report dated October 2024, which contained photos of residents potting plants, making gingerbread houses, enjoying bubbles and stickers, building jigsaws, and decorating the house for St Patrick's Day and Halloween. Photos were also taken of residents going out for a burger, bowling, trampolining, walking on a beach, and meeting Santa Claus in the community. The annual report reflected on commentary raised by residents in regular house meetings, such as what they wanted to do more of during their respite breaks, and commentary gathered from family surveys, as well as actions and learning following complaints. Actions for the year ahead included ensuring that staff implemented training in assisted decision making and the human rights of people with disabilities into their roles and duties. Staff supervision meetings also set objectives for staff to become more familiar with personal plans and to build positive and personal rapport with residents, to enhance the quality of support beyond task-oriented care for residents during their stays.

The next two sections of the report 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 delivered.

Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), follow up on solicited and unsolicited information received by the Chief

Inspector of Social Services, and to inform a decision to grant an application to renew this centre's registration. In the main, the inspector found this service to be appropriately resourced, with suitable supervision arrangements to ensure oversight and accountability of the performance and quality of the staff team. Some areas of oversight and timely updating of records and documentary evidence required attention, however this had not resulted in evidence indicating risk to the safety of residents.

Staff demonstrated a good knowledge of their roles and of the interests and personalities of residents. The provider had taken action to protect the continuity of care and support by the staff team during absences and leave periods. Local and provider-level audits indicated areas in which the service required action to improve adherence to regulation, standard of care, best practice and provider policy. The team was led by an experienced person in charge who was suitably supported by deputies at a local level and by provider level management.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre, with required supporting documents, within the requisite timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector met the person in charge on this inspection and reviewed information submitted to the Chief Inspector. The person in charge worked full-time in their role between this designated centre and one other, typically working three days a week based in this centre. The person in charge held a management qualification, and the inspector was provided evidence of their experience in management and leadership roles in health and social care services. The person in charge demonstrated a good awareness of regulatory requirements and the responsibilities of their role.

Judgment: Compliant

Regulation 15: Staffing

This inspector was provided the worked rosters for the centre for February 2025, in which it was recorded that staff absences required 18 shifts to be covered by staff deployed from other designated centres. However, this had also been identified by

the provider, and shortly prior to this inspection, one staff member from another centre had been reassigned to this centre to cover absent staff as an interim measure to improve continuity of personnel providing resident support. The centre was appropriately staffed for the number and support needs of residents, with staff who spoke with the inspector demonstrating knowledge of residents' support needs. Residents and family members commented that front-line staff were professional and approachable, with some residents naming their favourite team members.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector was provided a policy on supervision and performance management of staff dated December 2023, which detailed the frequency and purpose of meetings with line management. The inspector reviewed minutes of supervision meetings for two new front-line staff who were in their six-month probationary period, and for four staff who were subject to routine annual supervision a minimum of four times in a calendar year.

In the main, these meetings were happening in line with the frequency set out in policy, and the content of these meetings was specific and meaningful to the performance and goals of each staff member. Topics discussed included staff education and areas in which the team members were required to demonstrate competency before their probation could be signed off. Minutes included discussions and improvement plans for staff who were required to familiarise themselves with support plans and guidance, and where management identified improvement required in staff spending time speaking with residents and getting to know them to develop trust and rapport. Actions were observed to be followed up in subsequent meetings.

The provider maintained a tracking tool of staff attendance at mandatory training. The provider had conducted an audit in February 2025 which had identified that eight staff members had not been trained to use percutaneous endoscopic gastrostomy (PEG) equipment which was used by some residents. The inspector was provided evidence that this training was already booked for the beginning of April 2025.

Judgment: Compliant

Regulation 21: Records

Records used to contribute to findings on this inspection were available for review. In the main, staff could retrieve documentary evidence and were aware of where

records were kept. However, there were a number of examples observed on this inspection of records which contained gaps, had not been created, or contained inaccurate or out-of-date information. Examples of these are referenced elsewhere in this report, and included but were not limited to the following examples:

- Care and support plans based on assessments of need,
- Guidance on how to use resident equipment,
- Gaps in records of feeding intake and suctioning per support plan instruction,
- Risk controls which had not been updated as required,
- Gaps in restrictive practice risk assessment and review,
- Inaccuracies due to information being copied over.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had composed an annual report for this designated centre dated October 2024. This report summarised the actions and learning arising from resident consultation, adverse incidents, safeguarding matters, complaints and risks arising in the centre over the preceding year. The report highlighted achievements and challenges in 2024, and quality improvement initiatives which would be given focus in 2025. This report reflected on commentary made by respite residents as well as their families and representatives.

There was a clear reporting and accountability structure in this centre, and the person in charge met regularly with the assistant director of service to ensure the provider was apprised of matters arising in the centre. The person in charge supported and supervised their front-line team through team meetings and one-to-one performance appraisals, and minutes of these meetings demonstrated a good oversight of staff competencies, challenges and objectives for professional and skills development in their roles.

The provider had carried out unannounced inspections of the quality and safety of care provided in the centre, and the reports from these identified actions to address any concerns and to bring the service into compliance with regulatory requirements, standards and provider policy. These inspections were carried out in May 2024 and

February 2025 and scored 83% and 84% respectively; improvement was required to ensure these inspections took place at least once every six months as required under this regulation. Local audits had also been carried out by the person in charge including topics related to risk management, infection control, fire safety and premises. Some improvement was required in oversight of care plans and risk assessments to ensure that daily tasks were being recorded in full and risk assessments and care plans were developed or revised as required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider submitted a statement of purpose as a supporting document to the application to renew the centre's registration, dated January 2025. This statement of purpose contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found evidence from staff, residents, their families or representatives, as well as observing support that the residents were safe in this house and were supported in their choices, routines and independence levels. The inspector was provided information which indicated that residents enjoyed social and recreational opportunities in the centre and community as well as being supported to continue their jobs and interests. One resident living in the centre full-time was happy staying here while permanent accommodation was being arranged and was using their time in this house to prepare for independence in daily living.

There was a limited amount of restrictive practice in use in this centre and this was applied to control risks related to specific residents. Some development was required to ensure that relevant risk assessments and reviews were in place. In spite of documentary gaps referenced earlier, where plans had been developed they were respectfully written and contained evidence-based and person-centred information on matters such as intimate care, communication, food and nutrition, and recreational opportunities. Staff demonstrated good examples of how they were protecting residents' rights and ensuring that their choices and feedback contributed to the running of this respite service. Maximising the use of the complaints process, resident commentary and house meetings to capture valuable information to provide enjoyable and fulfilling respite stays was a priority set out for the year ahead.

Regulation 10: Communication

The inspector reviewed communication support plans for a sample of three residents who required support to be understood and to communicate their needs and choices. In two of these examples, staff were provided guidance on what sounds, gestures and words meant to each resident, with examples of known communication methods used including electronic supports described for staff to reference. In one support plan for a resident observed to require support to express themselves, the reader was advised to refer to a communication plan for information, however no such plan had been created. This is included in the earlier reference under Regulation 21 Records. Staff demonstrated their own knowledge of how the resident was supported to communicate.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector observed examples of residents who had jobs being supported to attend them during their respite stays. Some residents used their time in respite to develop their skills, take ownership of duties in the centre, and pursue recreational activities per their preferences and interests.

The inspector reviewed a sample of recreational support plans for three residents including one resident who was staying in the centre on a full-time basis at the time of inspection. While the inspector and person in charge discussed the level of detail to indicate where the resident went or what they did while out in the community with staff, in the main residents were being supported to go for walks, go swimming, meet up with friends and engage in sensory play.

Judgment: Compliant

Regulation 17: Premises

The premises of this designated centre was spacious, clean and in a good state of maintenance. Residents were observed using multiple communal spaces available to them, and residents commented on their ability to spend time alone if they wished. There were suitable kitchen, bathroom and garden spaces available to residents. Suitable space and features were available on ground level to facilitate residents who used wheelchairs to safely navigate the house.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector reviewed staff guidance related to residents who used an alternative means for nutrition or hydration such as percutaneous endoscopic gastrostomy (PEG) systems. The care staff who spoke with the inspector about these supports demonstrated good knowledge of their needs, and could retrieve person-specific guidance on how to use this equipment, and how to identify and respond to instances in which it was not working correctly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that the registered provider had effective measures in place for the safe storage, administration and recording of medicines within the centre. The inspector observed that the provider had identified through an assessment tool what level of support each resident required when taking their medicine.

Medication management was reviewed as part of the provider's inspection in February 2025, and an action from this was for medicines to be subject to further audit to ensure good practice. The director of nursing completed this audit, also in February 2025, and identified where improvements were required in recording, labelling and administration protocols.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the positive behaviour support plans for a sample of four residents whose assessment of need identified a risk of harm to themselves or others based on how they responded to anxiety or distress. Support plans listed strategies to maintain a low-arousal environment and guided staff on how to identify and de-escalate antecedent behaviours which may precede a risk incident. Some of these risk controls described triggers and responses collectively for multiple types of behaviours with limited functional analysis on what types were more likely. When speaking with staff, there was some discrepancy between details of strategies described by staff based on their own knowledge against what was detailed in the support plan. For example, staff explained how one resident could demonstrate what was upsetting them, which was not reflected by the plan, and strategies for responding to risk behaviour which contradicted each other, such as whether to respond with sensory touch or stay at a distance. One resident's risk control

measures reviewed contained notes related to a different resident.

Some residents' risk controls included the use of physical or environmental restrictive practices such as single separation, door locks and travel harnesses. The use of these restrictions was applied to a limited number of residents, and the inspector was advised of residents for whom these restrictions were no longer used. In one of these examples, the use of restraints were still included as a control measures in the most recent risk review despite being removed, and in another example a risk assessment for aggression towards others made no mention of restraint applied despite that being the reason for its use. The provider had identified the risk associated with the implementation of a restrictive practices, however this risk assessment was generic in reference to the whole centre, and while this document made reference to individual risk assessments being carried out per specific person, this was not done. For the sample reviewed, there were no reduction plans in place, and while some of the care plans on restrictive practices referenced six-monthly review, there was no evidence to indicate how the provider was overseeing the use of restraint, to be assured the restrictions remained the least restrictive option to control an identified risk.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector was provided evidence that staff members had attended training in supporting the human rights of people with disabilities. The inspector spoke with front-line staff about how they had incorporated this training into their duties and support delivery, and examples were described by these staff. The inspector observed examples of residents' choices being facilitated during the day, and how residents were being supported to participate in their community, work on their life skills and contribute to the running of the house. The inspector observed patient, friendly and respectful interactions during the day between staff and residents.

The inspector observed examples of resident feedback being sought and acted upon. The person in charge discussed an identified quality improvement goal for 2025 to ensure that feedback raised in house meetings, verbal and written complaints, and general commentary from residents and their families or representatives was being used to enhance the lived experience of people availing of respite breaks in this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Ranch OSV-0008321

Inspection ID: MON-0037791

Date of inspection: 05/03/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Person in Charge will undergo a full review of all person-centered plans to ensure the information in the plans aligns with current assessed needs. The Person in Charge has obtained guidance documents on how to use service user equipment and made these available in the centre. Recording practices will be discussed during the monthly Governance Audits and sample audits completed by the Assistant Director of Service. The Person in Charge has begun a weekly review of records of feeding and suctioning to ensure records are maintained in accordance with support plan guidelines. The Person in Charge will complete a full review of all risk assessments to ensure the information is reflective of the individual, the review has commenced. Monthly Governance audits will identify risk assessment reviews required each month. The Person in Charge has completed a full review of the restrictive practice risk assessments to ensure the information contained provides clarity regarding the rationale for the restrictive practice and any measures being implemented to reduce restriction.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Chief Operating Officer has completed a full review of the schedule of unannounced six-monthly Provider Led audits to ensure they are completed within the prescribed six-monthly timeframes. A Director of Service has been assigned responsibility for oversight of the timely completion of these audits and generation of the written report. Any actions identified during the six-monthly unannounced inspections will be monitored and implemented by the Assistant Director of Service during monthly governance with the PIC.	

The Assistant Director of Service has identified care plans and risk assessments to be reviewed by the Person in Charge monthly.

The Person in Charge has begun reviewing care plans and risk assessments. Care plans and risk assessments will be reviewed in line with their scheduled review dates or sooner if required and the effectiveness of these reviews will be monitored with the Assistant Director of Service during monthly governance.

Regulation 7: Positive behavioural support	Substantially Compliant

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

A review of individuals' Positive Behaviour Support Plans has been completed to ensure the behaviour support guidelines in place within the centre clearly identifies the triggers and response strategies for the different types of risk. The guidance derived from this will be disseminated to the staff team at the next team meeting.

The Person in Charge will complete a review of restrictive practices in place. This review has commenced and will continue as required in line with identified behavioural needs. Each review will consider the feasibility and appropriateness of the use of restraint reduction plans and will document the outcome clearly.

Restrictive practices are monitored organisationally and discussed quarterly at the Rights Review Committee. Restrictive practices within respite services are an agenda item on the next scheduled Rights Review Committee meeting agenda.

A Lunch & Learn session on Restrictive Practices was facilitated by the Chief Operating Officer for the organisation on the 29th of April 2025.

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	12/08/2025

	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.			
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	30/06/2025
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	31/05/2025