



Office of the Chief Inspector

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

Name of designated centre:	Woodlands/Crossroads
Name of provider:	St Aidan's Day Care Centre Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	25 June 2019
Centre ID:	OSV-0001858
Fieldwork ID:	MON-0026098

About the designated centre

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

The service provides long-term residential care to twelve residents, both male and female who have a primary diagnosis of moderate to severe intellectual disability, secondary mental health diagnoses and behaviours that challenge. The numbers of staff and skill-mix is pertinent to the residents' needs for full-time nursing support. The centre comprises two interlinked buildings which accommodate six residents in each house. The residents have their own individual bedrooms. Rooms are spacious and fitted with all the necessary equipment and assistive devices needed for the residents. The buildings which make up the centre are homely, bright and comfortable. There are suitable gardens and the centre is located on the grounds of a busy garden centre and day services managed by the provider. The day-services offer varied levels of support, training and age appropriate activities for the residents. It is within easy access of all local facilities and services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 2015 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
25 June 2019	09:30hrs to 18:30hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with five of the residents and spoke with three. Other residents allowed the inspector to observe some of their daily routines, including breakfast and communicated in their preferred manner with staff assistance as they wished.

The residents said they enjoyed their training centres and their various social activities and liked coming back home in the evenings. A number of residents told the inspector of their plans for the summer months and how they were going out shopping. They said they felt safe in the centre and liked living there but that on occasions there were "big disturbances" from other residents which they did not like. They said the alarms used when these incidents occurred were frightening for them. The inspector observed some of this disruption and residents were impacted on by this and by staff having to change duties quickly to respond to behaviours that challenged. They were aware that the provider was trying to make other arrangements and that staff supported them during these incidents.

The inspector observed that the staff and residents communicated warmly. The residents appeared to be content and well physically cared for and staff were supporting them with going about their individual activities. However, the living /communal area were crowded and noisy when the residents returned in the evening and during meal times. This was obviously a source of anxiety for some residents despite the best efforts of staff to mitigate this.

Capacity and capability

This inspection was undertaken to assess the provider's continued compliance and actions agreed since the previous inspection in August 2018. At that time, the centre had been subject to escalatory procedures, initiated by HIQA, for significant non compliance. This inspection found that the provider had continued to implement the changes necessary to improve the level of care and support to the residents. These changes included the appointment of a suitably qualified and experienced quality and compliance manager and additional expertise on the governing board. The role of the person in charge was also clearly defined and protected hours were available for this.

In the intervening period, the provider had forwarded monthly updates to HIQA as to the progress being made. There was evidence of improved reporting and accountability evident. Systems for monitoring were effective with good oversight by the compliance manager and evidence of effective communication with the person in charge. This facilitated better oversight of residents' care and direction of staff

practices. The quality and safety management systems had been improved with unannounced visits and audits undertaken. These audits included medicines, resident finances, and safeguarding incidents and residents' personal plans. The unannounced drop-in visits on behalf of the provider were effective and included observation of residents' activities and interaction, personal care and possessions and this took account of the residents' views. There were actions identified following these visits. There was improved access to multidisciplinary assessments and reviews of residents' care evident.

However, the substantive matter of appropriate placements and compatibility of the residents, which impacted on their welfare and safety remained unresolved and had in fact deteriorated. These have resulted in continued failings to meet the required standard to ensure the safety of the residents. These failings are detailed in the quality and safety section of this report.

The inspector saw evidence of consistent efforts by the provider, in consultation with the funding body, residents and families to resolve this matter and in so doing adhere to the conditions attached to the registration of the centre. These included seeking suitable alternative placements for a resident based on their assessed needs and preferences. There were also interventions being made to address the issues in the interim while a suitable alternative was being sourced. These included changes to staff rosters and individualised day-care arrangements which supported residents' care and access to activities. Staff advised inspectors that these changes to the structures provided more effective support and guidance to them in practice. However, staff and managers also acknowledged that the ongoing safeguarding risks and behaviours that challenged impacted on their ability to provide the level of support other residents may need. The provider was very aware that this arrangement is not meeting individual residents' need for care and support and had at the time of this inspection, formally issued notice of termination to the Health Service Executive (HSE). This matter has been ongoing since March 2018.

Training records demonstrated a commitment to mandatory staff training and ongoing training in behaviour supports was continuing. From a review of a sample of personnel files, the inspector saw that recruitment procedures were carried out satisfactorily; good quality staff supervision was taking place and evidence of good induction was available. Systems for satisfactorily and transparently managing complaints were also evident.

All of the managers and staff spoken with had good knowledge of the care and support needs of the residents and their own responsibilities to them.

The inspector was satisfied from a review of the incident reports that the provider and the person in charge were forwarding the required notifications to the Chief Inspector.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for the post. The role was also clearly defined and protected hours were available for this.

Judgment: Compliant

Regulation 15: Staffing

The numbers of staff and skill mix is pertinent to the residents' need for full-time nursing support and care assistant staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records demonstrated a commitment to mandatory staff training and ongoing training in behaviour supports was continuing. From a review of a sample of personnel files, the inspector saw that recruitment procedures were carried out satisfactorily; good quality staff supervision was taking place and evidence of good induction was available.

Judgment: Compliant

Regulation 23: Governance and management

Despite the best efforts the provider is unable to ensure that the centre is safe and appropriate to the residents' needs.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose meets the regularity requirements, is current and the care and support offered is congruent with this

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied, from a review of the incident report,s that the provider and the person in charge were forwarding the required notifications to the Chief Inspector.

Judgment: Compliant

Quality and safety

The number of residents with greatly different needs remained unchanged in the centre. Therefore, the substantive issue of compatibility of needs and its impact on the residents' lives remained. Therefore, the findings of this inspection demonstrate that safeguarding and risk management remained of concern in this centre despite the other positive changes the provider has made. There was evidence from notifications and accident and incident reports that safeguarding of residents from peer-to-peer incidents was not effective. Residents were still impacted, both directly and indirectly, by the behaviours of others. This included direct threats and witnessing of very aggressive incidents. There was evidence of much improved reporting and review of such incidents. Nonetheless, while safeguarding plans were devised the details in them did not provide sufficient guidance to staff as to how to protect the more vulnerable residents in the current environment.

There were clinical supports for behaviours that challenged available to staff. The behaviour support plans, reviewed by the inspector, were very specific and offered proactive guidance to staff to prevent incidents as well manage them. It is acknowledged however, that the implementation of the behaviour support plans is highly influenced by the environment which does not support this. Therefore, the plans cannot help to alleviate the causes of the behaviours.

It is acknowledged that this situation is extremely complex, deteriorating, and is influenced by a number of factors including the location, physical lay-out of the environment and the different needs of the residents. Despite the best efforts of all concerned the current measures are interim only and there is evidence that they are not fully effective.

Residents had pertinent risk assessments and management plans implemented for their individual needs. A number of high risk incidents were seen to have been managed very well by the staff. The provider has escalated the risks involved to the admission and funding body. Nonetheless, there were specific risks presented which the provider cannot fully mitigate for in the environment. For example, access to

the busy road directly outside of the centre, which has necessitated the calling of An Garda Síochána on occasions. This however, does leave the resident at significant risk of harm.

The Health Service Executive (HSE) had undertaken a specific health and safety review in the centre just prior to the inspection and this acknowledged the unsustainability of the current environment, location and lack of ability to make it safe based on the resident behaviours.

The staffing levels remained high which ensured residents had access to good levels of individual support, participated in the activities they enjoyed and spent a lot of time outside of the centre if they wished. The residents attended a number of day services based on their preferences and age. They had good access to the local community and attended local events, went shopping with staff, and individual trips were being planned for the summer. However, some changes were necessary to ensure that the residents support plans for developing basic life-skills, for example, helping to make their own breakfast, were being implemented. The inspector observed and staff confirmed that these programmes are not consistently implemented which impacted on the residents' development and self-care. This was not a consistent finding though.

In all other matters the residents had good access to relevant supports. There was frequent review by a range of clinicians including speech and language, physiotherapy, dietitians and neurology. The residents' healthcare needs continued to be well managed and the person in charge provided good oversight and clinical review of these. Access to pertinent health screening was made available to the residents. Additional assessments had been undertaken and falls management plans had been implemented as this need arose.

Detailed personal support plans were implemented as needs changed, for instance, with the onset of dementia and the support plans were also amended to include changes to the residents' routines and more rest time. There was evidence of consultation with the residents and their representative regarding these plans.

Comprehensive multidisciplinary reviews of the residents' care and needs had taken place. On this occasion, there was evidence that the reviews addressed the residents' needs holistically, including their need for different accommodation, age-related changes and showed evidence of forward planning for their lives.

There were very person-centred documents outlining the residents' preferences for all aspects of their lives which provided good information for the staff or in the event of an admission to acute services. However, there was still no adequate support plans devised for residents who could not communicate verbally, or whose communication style caused disruption to others and frustration for themselves. This may also impact on the residents' own social interactions outside of the centre.

The use of restrictive practices was minimal, monitored and psychotropic medicines used for this purpose were minimal, correctly prescribed. Medicines management systems were also safe and frequently monitored and staff were trained in their

administration .

Residents were protected by the fire safety systems implemented. Drills had been undertaken regularly with the residents. The inspector saw that all of the fire safety management equipment continued to be serviced and monitored as necessary.

Regulation 10: Communication

While staff were seen to be very familiar with the meaning of residents communication styles there were still no adequate support plans devised for residents who could not communicate verbally, or whose communications style caused disruption to others and frustration for themselves. This may also impact on the residents own social interactions outside of the centre.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Despite the good access to the community and recreation, some changes were necessary to ensure that the residents need for developing basic life-skills, for example, helping to make their own breakfast, were being implemented. The inspector observed and staff confirmed that these programmes are not consistently implemented which impacted on the residents' development and self-care.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents had pertinent risk assessments and management plans implemented for their individual needs. A number of high risk incidents were seen to have been managed very well by the staff. Nonetheless, there were specific risks presented which the provider cannot fully mitigate for in the environment and this presents an ongoing risk to the resident concerned.

Judgment: Not compliant

Regulation 28: Fire precautions

Residents were protected by the fire safety systems implemented. Drills had been undertaken regularly with the residents. The inspector saw that all of the fire safety management equipment continued to be serviced and monitored as necessary.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management systems were safe, frequently monitored and staff were trained in their administration.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had access to a range of pertinent multidisciplinary assessments including speech and language, physiotherapy, dietitians and neurology. Detailed personal support plans were implemented and comprehensive multidisciplinary reviews of the residents care were held. Nonetheless, the centre is not suitable to meet the needs of all of the residents.

Judgment: Not compliant

Regulation 6: Health care

The residents' healthcare needs continued to be well managed and the person in charge provided good oversight and clinical review of these. Access to pertinent health screening was made available to the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were clinical supports for behaviours that challenged available to staff. The behaviour support plans, reviewed by the inspector, were very specific and offered proactive guidance to staff to prevent incidents as well manage them. None the less, the implementation of the behaviour support plans was highly influenced by the environment which does not support this and therefore the interventions cannot support the alleviation of the causes the behaviours

Judgment: Substantially compliant

Regulation 8: Protection

There was evidence from notifications and accident and incident reports that safeguarding of residents from peer to-peer-incidents was not effective. Residents were still impacted, both directly and indirectly, by the behaviours of others. While safeguarding plans were devised the details in them did not provide sufficient guidance to staff as to how to protect the more vulnerable residents in the current environment.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Woodlands/Crossroads OSV-0001858

Inspection ID: MON-0026098

Date of inspection: 25/06/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider nominee and a board member met with relevant HSE personal 1st July 2019.</p> <p>1. There was a proposed joint interim plan for July to October 2019 agreed between both parties:-</p> <ul style="list-style-type: none"> • The Disability Manager was to confirm with WRIDS for a day service. • An external agency would be sourced to transport the identified service user to her day service. • The HSE would look at a 28 day respite service for the month of September. • The HSE were to confirm a psychiatric appointment. • The HSE advised that a residential placement will be available for the identified service user week beginning October or sooner. • A monthly update/visit with the HSE personnel was to take the identified service user place. • St. Aidan’s to submit costings to automate the gate. • St. Aidan’s to contact the road engineer in relation to road signage • St. Aidan’s to gain consent from the identified service user to attend a day service • St. Aidan’s to contact the insurance company to update them in relation to the health & safety concerns in relation to the identified service user. • St. Aidan’s to update the family of the identified service user. • The proposed plan was discussed at length with Board members. <p>2. Actions that were requested in the proposed plan for St. Aidan’s were actioned on immediately.</p> <p>3. The Service Provider Nominee emailed the HSE on a number of occasions requesting</p>	

an update on the proposed plan.

4. In light of no response the Service Provider wrote to relevant HSE personell advising them that if action was not taken that the identified service user would be seriously or fatally injured.

5. In response to this correspondence to all stakeholders HSE on 1st August the Disability Manager emailed the provider nominee and she confirmed that the cost for a private Psychiatric appointment would be funded through disability services and there was also the approval for the cost of the automated gates of €5,940.00.

6. Another service were requested to provide urgent day/respice service for the identified service user.

7. A meeting is scheduled for 20th August to review the identified service user. The Board of Directors, Senior Management & HSE to be present.

Update re above:-

1. An appointment has been confirmed for the identified service user with , Consultant Psychiatrist on 12th September 2019.

2. The automated gates are almost installed.

3. the identified service user commenced her day service with Stepping Stones 8th August. This will be for two days a week 16 hours at another location.

4. When the identified service user relocates to her new home in October 2019, the provider has an interim plan in relation to the compatibility of its residents and to reduce the number of residents in each residential home. The service continues its plans for provision of two new residential homes and are in regular contact with the builder and Wexford County Council.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
The PIC will ensure ongoing good communication between residential and day service staff.

- Staff have been directed to update themselves on the resident's PCP, e.g. basic life skills, short term and long term goals are supported and achieved. This will be supported by a Signature Bank which will evidence that staff have familiarised themselves with residents PCP's.
 - Unannounced inspections and audits will be carried out by the PPIM and PIC.
 - The PIC will continue to have weekly meetings with the Day Service Co-Ordinator.
- Each resident will have a more detailed communication passport and support plans which will identify "How I communicate", especially for those residents who use tone, non-verbal, body language and body movement to express themselves and communicate their support needs.

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>To ensure that programmes are consistently implemented and impact positively on the residents' development and self-care the support plans for developing life skills will be regularly updated, reviewed and monitored by the PIC and social care leaders.</p> <p>Regular audits will be carried out by the PIC and PPIM to ensure that all staff are supporting residents with their life goals. This will also be monitored during unannounced inspections</p> <p>The PIC will hold weekly meetings with the day service coordinator, to update regarding changes and increased needs of the residents.</p> <p>The PIC has directed the SCL's to meet with keyworkers for regular updates on development of all goals. The PIC will then audit the outcomes to ensure consistency in development and self-care of all residents.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The specific risks that have been presented for which the provider nominee cannot fully mitigate for have been highlighted and discussed at length with a number of HSE Stakeholders.</p> <p>The Service Provider Nominee and the Board of Directors have been assured by the HSE that a full time residential placement will be available first week October for the identified service user.</p> <p>Approval for funding to install automated gates has been received and the work has commenced.</p> <p>A psychiatric appointment for 12th September has been confirmed for the identified service user.</p> <p>A two day service a week i.e. 16 hours has been approved by the HSE and commenced on 8th August 2018 with another agencies at one of their services..</p>	

<p>On 20th August there is a scheduled review meeting with Head of Services HSE.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Service Provider has been assured that the identified service user will have an appropriate residential home to meet her needs October 2019.</p> <p>When this individual has relocated to the new service the provider has an interim plan in relation to the compatibility of its residents. The designated centres will be reconfigured based on an assessment of compatibility and needs. It is planned to reduce the number of service users in this designated home.</p> <p>The service continues its plans for provision of two new residential homes.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The inspector has indicated that the behaviour support plans in place to support the residents are very specific and offer proactive guidance to staff to prevent and manage incidents. It is acknowledged however, that the implementation of the behaviour support plans is highly influenced by the environment which does not support this. It has been acknowledged that this situation is extremely complex, deteriorating, and is influenced by a number of factors including the location, physical lay-out of the environment and the different needs of the residents. When the identified service user is relocated to her new residential home there will be an opportunity to develop a quiet room within this home to support and alleviate behaviours.</p> <p>The provider has an interim plan in relation to the compatibility of its residents. The designated centres will be reconfigured based on an assessment of compatibility and needs. It is planned to reduce the number of service users in this designated home.</p>	

The service continues its plans for provision of two new residential homes and the provider is in regular contact with the builder and Wexford County Council.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC has advised staff of the need for more detail in safe-guarding plans for all residents. The updated plans will provide more detail and sufficient guidance to staff on protecting and supporting residents from peer to peer abuse.

The PIC will ensure that the Behavioral Support Specialist is contacted in relation to reviewing all standing operating procedures and PBSP for all residents in this designated center.

There is a proposed joint interim plan in place to support the identified resident in this designated centre to relocate to an appropriate service to meet her needs. The timeframe for this relocation is October 2019 or sooner. This was confirmed by the HSE at a meeting on 1st July 2019.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/08/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Not Compliant	Orange	31/12/2019

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	31/10/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2019
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	31/10/2019
Regulation 08(2)	The registered provider shall protect residents	Not Compliant	Orange	31/10/2019

	from all forms of abuse.			
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