



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

Issued by the Chief Inspector

Name of designated centre:	Stoneywood House
Name of provider:	MMC Children's Services Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	04 April 2023
Centre ID:	OSV-0005521
Fieldwork ID:	MON-0030195

About the designated centre

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

This is a service providing full-time residential care and support to four people with disabilities. It is located in Co. Louth in a rural setting and within a short drive to a local village where residents can access a range of community-based facilities. Systems are in place to meet the medical, physical, and emotional needs of each person living in this centre. It comprises a large house with five double bedrooms, three communal restrooms, a fully equipped kitchen/dining room, a spacious sitting room, a conservatory, a recreational room, two offices, and a large double garage. There is a large, well-maintained garden area to the front of the house, along with adequate parking to the front and rear of the property. The centre is staffed on a twenty-four-hour basis by a full-time qualified person in charge, a team of shift team managers, a team of residential support workers, and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 4 April 2023	10:30hrs to 16:30hrs	Eoin O'Byrne	Lead
Tuesday 4 April 2023	10:30hrs to 16:30hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

A staff member greeted the inspectors on their arrival at the residents' home. The staff member completed some symptom checks with the inspectors and asked if they were displaying any flu-like symptoms as per the provider's policies and procedures for infection control.

One of the residents was having breakfast when inspectors arrived at the centre. The resident appeared in good form and was chatting with staff. During the inspection, the resident informed an inspector that they were due to go on an Easter egg hunt that day. The resident also expressed that they were happy living in their home.

Inspectors were introduced to two other residents during the day. One of the residents communicated in a non-verbal manner. The inspectors observed the resident appear happy, engaging in different tasks and also being at ease in their interactions with the staff team. An inspector briefly chatted with one of the other residents on their return from completing a course. The resident again appeared happy in their surroundings and interacted with staff members in a cheerful manner.

Residents received one-to-one support each day. This resulted in a significant staff presence supporting the residents. A review of residents' information demonstrated that they were supported to engage in activities they chose as much as possible. Residents attended activities such as horse riding, swimming, beauty salons going on day trips, and also recently attended the St Patrick's day parade.

Inspectors found that the residents' rights were promoted and respected by those supporting them. The residents' views were captured via weekly meetings and natural conversations with the staff team. A range of key working sessions were completed with the residents around activities such as going shopping to places they liked, and going out for lunch with their peers. Residents had also been supported to purchase gifts for friends with the support of staff. The inspector found that key working sessions had also been carried out with residents regarding their educational placement and seeking their input regarding potential changes and how this would impact them. Evidence also showed that residents, if they wished to do so, could spend time with family members.

Residents had completed questionnaires regarding the service they were receiving prior to the inspection. The residents expressed they were happy in their home and also with the support they were receiving. Inspectors found that the service was well-resourced, with residents having their own individual transport that had been modified to suit their needs. The residents' home had also been modified to cater to the needs of the residents.

While the overall findings from the inspection were positive, the inspectors did find that, some areas required improvement. There were aspects of the resident's home

that needed updating and repair. Some of the required works also posed an Infection Prevention and Control (IPC) risk. There were issues with fire containment measures and also the review of restrictive practices and the management of records. The impact of these issues will be discussed in more detail in the following sections of this report.

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

Capacity and capability

The inspection found that there were robust governance and management systems. A review of the provider's policies and procedures also showed that they had developed these in line with the regulations and were reviewed as prescribed.

The provider had ensured that there were clear lines of authority and an effective management team in place who were responsible for ensuring that the residents received the best possible services. The management team was led by a person in charge who was supported by a deputy manager. The person in charge was not in the centre on the day of inspection and the inspection was facilitated by the deputy manager who was fully aware of the reporting structure and the systems in place to monitor and improve the service provided. Inspectors found that while some areas required improvement, the service provided to the group of residents was to a high standard.

A monthly governance report was completed that reviewed the service provided. An inspector reviewed a sample of these, found them to be detailed, and identified most areas that needed improvement. Inspectors did note that the monthly reports had not recognised some required improvements but that, overall, it was an effective tool in ensuring the service was monitored.

A review of staff rosters demonstrated that the provider maintained safe staffing levels. The skill mix of the staff team was appropriate to meet the needs of the residents. Overall, there was a consistent staff team supporting the residents. The provider was relying upon some on-call staff members and an agency staff. However, there was a recruitment drive taking place to support the service to cover a deficit of two staff members. The inspector also reviewed a sample of the staff teams' records and found that the person in charge had ensured that the relevant information had been sourced as per the regulations.

The staff team had also been provided with appropriate training to support the residents. The group's training needs were under regular review, and there was evidence of upcoming training scheduled for staff members. The staff team also received supervision monthly, and there was a clear emphasis on staff members'

development.

Residents had been provided with information regarding the complaints procedure. Information regarding how to make a complaint was on the notice board. Residents' input regarding the service was also sought during weekly resident meetings. An inspector reviewed the complaints records and found no complaints had been lodged in 2022 or 2023.

Regulation 14: Persons in charge

The provider ensured that the arrangements regarding the person in charge complied with the regulations. The person in charge was employed full-time and had the qualifications and required experience to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

An inspector reviewed the staffing arrangements. Current and previous staff rosters showed that safe staffing levels were maintained. The team comprised a person in charge, deputy manager, four team leaders, social care workers and care assistants. At the time of the inspection, there were two staffing deficits. The provider was utilising four regular on-call staff, and one agency staff member was used to maintain safe staffing levels. The inspectors were informed that a new staff member was starting in the days following the inspection, and this was listed on the roster. The provider was also in the process of filling the other vacancy.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate measures were in place to support the development and performance of the staff team. Supervision was provided to staff monthly. A sample of staff members' supervision records was reviewed, supervision was focused on developing staff and improving the service provided to the group of residents.

The training needs of the staff team were reviewed monthly by the deputy manager and members of the provider's human resource team. Staff members had received the required training to support the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. A deputy manager supported the person in charge. The person in charge was responsible for overseeing one other service. The deputy manager was based full-time in this service and was responsible for the day-to-day running of the service. The inspection found that, for the most part, adequate systems were in place to monitor and ensure that the best possible service was provided to each resident. However, as noted above, some areas were not compliant with the regulations, including enhancements required to the residents' home, fire containment, and IPC measures. Improvements were required to ensure that these issues were identified and addressed.

The provider had a system in place where a monthly governance report was completed. The review of these showed that the care and support needs of the residents were under close review. Actions arose from the reviews, and there was evidence of the staff team responding to them. An improved monthly audit tool was introduced in March. This increased the focus on staff supervision, training needs and the tracking of restrictive practices.

The provider had completed an annual review for 2022 as per the regulations. There is also a requirement that the provider nominates a person to complete an unannounced visit to the service at least once every six months to review the safety and the quality and care and support provided to the residents. The inspector requested to review these and found that only one had been completed in 2022. The last unannounced visit was completed on 03.05.22. The inspector notes that this review was detailed and to a high standard. However, the provider had not completed a second unannounced visit as per the regulations.

This was discussed with the provider, who informed the inspector that a new system had been introduced where two announced and two unannounced visits would be completed by a nominated person to the service. There was evidence of an announced visit to the service taking place on the 31.03.23 and a report being furnished following the visit.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement

of purpose accurately reflected the service being provided to the group of residents.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge and the deputy manager were submitting the required notifications as per the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
An inspector reviewed the complaints procedure and found that this was effective. The complaints process was also displayed on the notice board for residents' review. Residents were asked as part of their weekly meetings if they had any concerns. The complaints logs for 2022 and 2023 were reviewed, and it was found that no complaints had been lodged.
Judgment: Compliant
Regulation 4: Written policies and procedures
The provider had prepared in writing and implemented policies and procedures on the matters from Schedule 5 of the regulations. The policies had also been reviewed within the prescribed timeframe.
Judgment: Compliant
Regulation 21: Records
An inspector found that the storage of records relating to residents and past residents required improvement. During the walk through the service, it was found that current and past residents' information was stored in a press in a staff sleepover room. Files were on the floor and on the shelving. This was alerted to the deputy manager and the provider, who identified that this would be promptly addressed.

Judgment: Substantially compliant

Quality and safety

As noted earlier in the report, there were some enhancements required regarding fire containment measures. Following the activation of the fire alarm detection systems, inspectors checked a number of doors in the residents' home to ensure that they had closed. Self-closing mechanisms were in place, but inspectors found that one of the resident's bedroom doors did not fully close. It was also found that two other doors had been propped open by a door stopper and a table. Neither door could close. This meant the fire containment measures were ineffective and posed a risk to residents and staff members.

Inspectors also noted that there were some decoration and repair works required. Parts of the residents' home needed decoration and painting, including the sitting room, hallway and skirting boards. Also, there were tiles broken in the utility room that required repair. The broken tiles posed an IPC risk as the staff team could not appropriately clean the areas despite their best efforts. Chopping boards used to prepare food needed to be replaced as there was damage to the surface due to regular usage. The damage again meant that the surface could not be appropriately cleaned. Inspectors found that apart from these issues, the provider had implemented appropriate IPC monitoring and control measures and that the efforts were safeguarding residents from potential healthcare-related infections.

The health and social care needs of the residents were assessed. Placement plans were developed that guided staff on how best to support each resident. These plans were under regular review and were focused on promoting positive outcomes for the residents. An area that did require some improvement was ensuring that all restrictive practices employed in the residents' home were reviewed in a timely manner. An inspector found that one restrictive practice to ensure the safety of a resident had not been reviewed within the prescribed timelines.

The review of information showed that residents were supported to engage in activities of their choosing. The staff team promoted and respected their views and opinions, and they were, as much as possible, the decision-makers in their daily lives.

The provider ensured that the financial management practices employed to safeguard residents' finances were effective. Residents' finances were checked each day, and they had been supported to open savings accounts. Some were in the process of opening bank accounts. Inspectors also found that medication management practices were safe and under regular review.

Inspectors found that the provider had systems in place for the ongoing review and response to risk in the service. A risk register had been developed, and this was under regular review. Individual risk assessments had been designed for residents,

and these again were under regular review.

In summary, the inspectors found systems in place to promote the development and welfare of each resident. The residents' needs were assessed and met by the provider and the staff team, and residents appeared happy in their home. However, some improvements were required to ensure that all aspects of the service were compliant with the regulations.

Regulation 10: Communication

Residents were assisted and supported in communicating their needs and wishes. A visual aid systems had been developed to help one resident make choices. Residents were also communicated to in a manner that suited their needs.

Judgment: Compliant

Regulation 12: Personal possessions

Appropriate arrangements were in place to prevent the mismanagement of residents' finances. Their finances were under close scrutiny, with daily debit and credits tracked and receipts stored to corroborate spending. Residents had been supported to open saving accounts, and others were in the process of opening bank accounts following sourcing appropriate identification.

Judgment: Compliant

Regulation 13: General welfare and development

The review of information showed that the general welfare and development of each resident were prioritised by the provider and the staff team supporting them. As discussed in the opening part of the report, the residents were, as much as possible, the decision maker regarding their daily activities. Residents were supported to attend their day service or educational programmes. They were also provided with opportunities to participate in activities per their interests and needs.

The staff team were carrying out a piece of work with a resident-focused on developing the resident's life skills and preparing them for an upcoming transition to another service. The transition was at the request of the resident. The provider and the staff team were actively facilitating the resident's requests.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the residents' home to be clean and free from clutter. Enhancements had been made to allow easy entry and exit for residents with ramps at the front and back entrances. Equipment had also been sourced to support residents in mobilising and during transfers. There were also records of the equipment being serviced when required. Inspectors did observe that there were parts of the residents' home that needed decoration and repair. The sitting room, hallway and skirting boards in a number of areas required painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems for the assessment, management and ongoing risk review, including systems for responding to emergencies. Significant events were completed when required. Two residents had recently presented as unwell. The staff team had completed significant events following the incidents that tracked the reasons and how the incident was managed.

The provider had also developed a risk register that captured environmental and social risks. This register was under regular review by the deputy manager, and the control measures were found to be proportionate to the identified risks. Individual risk assessments were in place for residents, and these were under regular review.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors found IPC risks relating to surface damage. There were broken tiles in the utility room, and the surface of the chopping boards used to prepare meals were badly worn due to regular usage. The damage to the surfaces meant that the areas could not be appropriately cleaned and posed an IPC risk.

Inspectors did find that there were adequate supplies of PPE and hand sanitising stations throughout the service. Staff members had been provided with IPC training and had access to relevant information. Cleaning schedules were in place, and as mentioned earlier, the residents' home was clean. Staff were observed to follow

standard-based precautions and to wear appropriate PPE throughout the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

An inspector requested staff members to activate the fire alarm and evacuate the building. While residents and staff members could safely evacuate the building, issues were noted with the fire containment measures. The provider had ensured that fire doors were installed throughout the house and that self-closing mechanisms linked to the fire alarm were in place. If effective, closing the fire doors would act as a fire containment measure. However, a resident's bedroom door did not fully close when the self-closing mechanisms were activated. Inspectors also noted that doors with self-closing mechanisms had been propped open with door stoppers and a table. This meant that in the event of the alarm being activated, the doors could not close, and the fire containment measures were ineffective.

The staff team had been provided with appropriate training regarding fire safety and evacuation. The provider also ensured that suitable firefighting equipment was available to the staff team. The provider had recently had the service's fire detection and containment measures reviewed by appropriate professionals on the 24.03.23. Some recommendations were made, and the deputy manager was in the process of arranging for these to be carried out.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Personal emergency evacuation plans were also on file for each resident.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that there were appropriate and suitable practices relating to ordering, receipt, storing, disposal and administration of medication.

Inspectors found that robust medication management systems were in place. Staff members had been provided with appropriate training regarding medication management. Administration and storage of medication were reviewed frequently, and medication audits were completed monthly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An appraisal of a sample of residents' information showed that comprehensive assessments of the residents' social and health needs had been completed. Placement plans and corresponding support plans had been devised for the residents. These plans captured the areas resident required support with, their strengths and how best to support them. The plans were under regular review and contained clear guidance on how staff members could maximise each resident's personal development in accordance with their wishes.

As mentioned earlier, key working sessions were completed regularly. These sessions were carried out using a person-centred approach where the input and decision-making of residents was prioritised as much as possible

Judgment: Compliant

Regulation 6: Health care

As mentioned above, the health needs of the residents were assessed. There was evidence of the staff team responding to the changing needs of residents when required and supporting residents to access medical input. There was a system in place where detailed notes were taken following medical appointments so that the information could be easily shared with others. Residents were supported to attend planned appointments, and there was evidence of the staff team acting on behalf of the residents when seeking advice from allied healthcare professionals and also ensuring that follow-up appointments were occurring as planned.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that a number of restrictive practices were utilised to maintain the safety and well-being of residents. Some restrictive practices were also in place to maintain the residents' positioning. An inspector found that a long-standing restrictive practice that had been introduced to maintain the safety of a resident had last been reviewed in early 2017. The last review identified that the practice should be assessed on a six-monthly basis. This had not occurred. The deputy manager provided an inspector with evidence that they had been requesting an occupational therapist's review of the practice, but this had yet to occur.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents ensured that the rights of each resident were being upheld and promoted. There was evidence of staff members acting on behalf of residents and seeking the best possible outcomes for the residents.

As discussed in earlier parts of the report, the staff team were observed to respond to residents in a caring and respectful manner. Staff members also supported residents in identifying and engaging in activities they enjoyed.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Stoneywood House OSV-0005521

Inspection ID: MON-0030195

Date of inspection: 04/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>With regards Fire Safety, the adequate testing and recording of findings in relation to the function of Fire Doors will be noted when recording monthly Fire Drills in the Fire Safety book.</p> <p>An SOP will also be drawn up to outline exactly what areas the PIC and/or Deputy Manager will need to take into consideration when doing a walk around the centre to assess the standard of the premises and potential IPC issues.</p> <p>Two announced and two unannounced visits will take place yearly to review the safety and quality of care and support provided to the residents.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Any records belonging to past residents will be removed from the centre and adequately archived. Records belonging to current residents will be appropriately stored in an organised and secure manner within the centre.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Arrangements are being made to have the necessary work carried out on the premises to address any issues with its decoration or presentation. These are to include painting the sitting room, the hallway and the skirting boards in the downstairs area.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: As part of the plans to address the premises and IPC measures, arrangements are being made to have the tiles in the utility room replaced. Also relating to IPC, the chopping boards in the kitchen have now been replaced as ones in use during inspection were found to be worn.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Masterfire have been contacted in relation to assessing and fixing the fire doors in the centre. They have provided a costing plan where doors will be assessed and fixed, whilst going forward Masterfire will review the fire doors every 6 months. They will schedule a date for the month of May to have the work completed.</p> <p>All door stoppers have been removed from the centre and disposed of. The staff team will also be advised that they are never to prop a door open and will be reminded of their Fire Safety training. This will be noted in their supervision folders.</p> <p>Checking of Fire Doors during a fire drill will be clearly evidenced in the Fire Drill record on a monthly basis.</p>	
Regulation 7: Positive behavioural	Substantially Compliant

support	
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Staff to contact R4's OT and local disability nurse in relation to having R4's bed assessed to ensure it's suitability and provide an updated restrictive practice rationale following this assessment.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2023
Regulation 21(6)	Notwithstanding paragraphs (3) and (5) of this regulation, records related to children in care shall be kept in perpetuity and transferred to the Executive not later than 7 years from the date on which the child ceased to reside in the designated centre.	Substantially Compliant	Yellow	24/04/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	30/06/2023

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/05/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/05/2023