



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group P
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	24 August 2021
Centre ID:	OSV-0005574
Fieldwork ID:	MON-0034019

About the designated centre

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

The designated centre provided accommodation for four adults with high support needs. The designated centre is open seven days a week and is managed by a team of staff nurses, care staff and household staff who in turn are managed by the service manager and nurse management team. The centre is a dormer bungalow with an adjoining apartment which provides accommodation for one adult within a self-contained unit. The bungalow provides accommodation for three adults with intellectual disability and or autism. The centre supports adults both male and female. It is located on its own site in a quiet cul-de-sac in a city suburb. It was warm, bright, spacious and accessible and there were no shared bedrooms. Residents had access to a patio area and secure garden. Bedrooms had been personally decorated by residents.

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 - 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
Tuesday 24 August 2021	9:00 am to 4:00 pm	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with three residents who resided in the centre. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. The Person in Charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

Two residents remained at home on the morning of inspection and interacted with the inspector somewhat as the residents verbal capacity was limited. However the residents used vocalisations and gestures to indicate wishes and preferences. The inspector met the other resident on return from day service. The residents were very pleasant and welcoming and they seemed very proud of their home. One resident was happy to show the inspector their bedroom and it was decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home.

The inspector observed the residents on the day and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff were kind to them. The staff present were very knowledgeable about the residents' needs and preferences as indicated by the residents' vocalisations and taking the staff members hand to indicate where they wanted to go. They were active on a video conferencing system during the pandemic, engaging with family and friends which residents were said to have enjoyed. Residents were noted to go out to day service and enjoyed regular walks with staff and also went out for coffee and lunch. Residents enjoyed TV and music and were also engaged in setting up a memory garden with staff.

Residents were encouraged and supported around active decision-making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and

given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents indicated that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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 to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a good standard and was safe. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. However, the provider had not ensured that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The inspector reviewed the actual and planned rota which indicated continuity of care from a core team of staff known to the residents. However, the provider had not ensured that staff numbers at the centre were in line with the assessed needs of the residents. While the staff compliment was in line with the statement of purpose, the increasing needs of the resident group indicated that the provider had not ensured that the number of staff was appropriate to assessed needs of the residents. One resident had been diagnosed with dementia and required a lot more staff support than previously and other residents behaviour that challenge had increased. On the day of inspection it was observed that one staff member was alone with three residents while the other staff member had to drive a resident and day staff to day service as they day service staff member did not drive. Also, at lunchtime staff had to support one another to take lunch which meant staff were again alone with residents who required significant support. It was also evident from

the administrative work that staff did not have the opportunity to complete, review and update plans of care as they did not have the time built into the rota. The areas for improvement in the administrative work were indicative of low staff numbers. It was recognised by the provider that residents needs were changing and increasing and they were committed to reviewing the staffing numbers.

The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example; they were very aware of the residents change in presentation in relation to dementia and the strategies to support the resident.

The person in charge had a training matrix for review and the inspector noted that mandatory training had been completed however some staff required refresher training. There was significant training completed by staff in relation to protection against infection such as hand hygiene training and infection prevention control, (IPC) training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in 2021 and 2020 and a review of the quality and safety of service was also carried out in 2020. However, this audit did not include family views, the annual review did state that the staff had offered support to families throughout the pandemic but it did not show that the provider had sought the views and opinions of the family members. The annual report did review staffing, quality and safety, safeguarding and a review of adverse events or incidents. In areas highlighted for improvements it was noted that the provider had a plan to review staff in the centre. This would ensure the staff would have more time to support residents and also allow time for administrative duties and the person in charge would have greater oversight and monitoring of the centre in terms of plans of care and risk management plans. Also, some staff continue to require refresher training in mandatory courses that were affected by the COVID pandemic. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or were actively being addressed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated

centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

While the staff compliment was in line with the statement of purpose, the increasing needs of the resident group indicated that the provider had not ensured that the number of staff was appropriate assessed needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had mandatory training however, some staff required refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. Annual and bi-monthly audits had been completed. However, the provider had not ensured that the centre was resourced to ensure the effective delivery of care and support

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The person in charge had ensured that an assessment of need of health, personal

and social care needs had been completed for all residents. This included support plans to supplement this assessment of need. The inspector viewed support plans in areas of behaviours that challenge and and medical diagnosis such as dementia. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a resident may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for dementia was detailed and outlined the residents changing and increasing needs, this was created by the the clinical nurse specialist, staff and consultant. Staff spoken with acknowledged that the support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations. However, some documents had not been reviewed within the providers required time frame and also dated information had not been archived which caused some confusion among staff. The person in charge and team were committed to addressing these areas and staffing numbers were being reviewed in the centre to allow staff members to have more time for administrative duties.

In relation to regulation 6 Healthcare the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. An example of a health care support plan noted by the inspectors was in relation to issues with mobility experienced by one resident. A plan of care was in place which indicated that a falls risk assessment had been completed and the mobility supports required for the resident such as grab rails in the shower. This provided guidance to staff on how to support the resident with mobility issues to maintain the health and safety of the resident.

A behaviour support plan was reviewed by the inspector. However, the behaviour support plan had not been reviewed and updated as necessary and as such was not effective as indicated by an increase in the resident's behaviours of concern. Staff demonstrated some knowledge of how to support residents to manage their behaviour and were familiar with the needs of the residents however there was no evidence of incident review and analysis or learning post incident.

As part of the person centred planning process the person in charge had outlined goals that had been decided upon with the resident. However, there was no evidence of achievement and there was no progress tracking. On review the inspector noted that the goals from previous years had been carried forward and one of the goals was not specific to the resident but to the residents as a group. Goals decided in consultation with the resident are required to be meaningful and individualised.

The person in charge had ensured that the residents were assisted and supported to communicate however; more visuals and methods such as LAMH were required for one resident as the resident indicated an interest and need for these. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular video calls.

The provider had ensured that the residents had access to facilities for occupation

and recreation and opportunities to participate in activities in accordance with their interests and capacities. The residents were active in their community. They utilised local shops, local amenities such as parks, went for walks and drives, utilised the internet and video chats. On the day of inspection the residents were at day service.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. PPE in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and IPC were completed. Supplies of alcohol based hand sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national IPC guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19.

The provider ensured that there was an effective fire management system in place. The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 60 seconds. One resident required verbal prompt to evacuate however, this was identified and formed part of the resident egress plan. No other issues were highlighted as part of the evacuation drill. Personal egress plans were in place for the residents. Fire doors were in place and automatic magnetic closers were on all doors.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. There was adequate communal and private space for residents. The centre was decorated to the residents personal taste. However, the centre required painting, garden cut and broken electrical items in the garage needed to be removed. The staff office and en-suite needed to be addressed as there was a lot of archive material both in cupboards and the en-suite bathroom. There was also personally identifiable material that required archiving or shredding.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There was a safeguarding plan in place in the centre. Staff spoken with indicated that they were fully aware of the measures in place to protect all residents. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for

the COVID - 19 and flu vaccine.

Regulation 10: Communication

The person in charge had ensured that the residents were assisted and supported to communicate however, more visuals and methods such as LAMH were required for one resident as the resident indicated an interest and need for these.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

Regulation 17: Premises

Some improvements were required to the garden and the office cleared of archive material.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. However, some documents had not been reviewed within the providers required time frame and also dated information had not been archived

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a behaviour support plan in place however, it had not been reviewed and updated as necessary.

Judgment: Not compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

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 - 2015 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group P OSV-0005574

Inspection ID: MON-0034019

Date of inspection: 24/08/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Additional staffing resources have been allocated to the center since the inspection date. These additional staffing resources support the residents in both their daily lives and supporting needs around activation. Staff are also supported through these additional resources with the required for administrative duties and paperwork.</p> <p>Assessment of need has been completed for 3 Residents in the center, with full multi-disciplinary team input.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Refresher training in the Management of Challenging behavior course has been scheduled as necessary for staff 10/10/2021. The Person in Charge will review dates frequently and schedule all staff training and refresher dates as required. Staff will be supported to be released to attend scheduled trainings by the provider.</p>	
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>The provider has reviewed staffing resources. Additional staffing resources have been allocated to the center since the inspection date. These additional staffing resources support the residents in both their daily lives and supporting needs around activation. Staff are also supported through these additional resources with the required for administrative duties and paperwork.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The Person in Charge has requested the supports of the speech and language team. Two sessions of LAMH Training have been completed by the speech and language therapist with staff on 6/10/2021 and on 14/10/2021.</p> <p>All visual schedules and Communication Passports have been reviewed by Speech and Language Therapist and the staff team since inspection and are now all up to date. These will be reviewed as indicated by the key worker for each resident and support of speech and language therapist requested as necessary.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has a painting schedule for all centers to be completed. This center is included and will be painted prior to the end of the year.</p> <p>The person in charge and staff team have collated all documentation for archiving and this has been removed and is for central and secure storage by the provider.</p> <p>Memory /Memorial Garden has been relocated to the front of the house for easy access for all, and the residents with support of the staff will maintain same. The maintenance team will assist the center and maintaining this to a high standard.</p> <p>The person in charge has made a referral to the maintenance team to remove any unnecessary items from the garage area. Same completed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Assessment of need has been completed and MEIP has been reviewed by the Psychology and Nursing Team and is being forwarded to the MDT for approval. Each residents personal plan and goals will be reviewed by the assigned key worker and, updates will be noted and new review dates will be set. The Person in charge and Person Participating in Management will review and audit these, as will the provider through six monthly and annual audits.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The person in charge and Person participating in management have linked with the psychology department. The Psychology Team has commenced assessments and Observations to support residents and review behavior support plans as required. The assessment and observations by psychology are currently in progress and a report will follow. The Person in Charge will arrange a meeting with psychologist and staff team to share updates and ensure all staff aware of support plan recommendations and guidance.</p>	

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	31/10/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	21/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	20/10/2021

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/10/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	19/11/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour	Not Compliant	Orange	05/11/2021

	necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
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