



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group R
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0005643
Fieldwork ID:	MON-0033472

About the designated centre

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

St. Anne's Residential Services Group R is a designated centre that provides community residential services to five adults with a disability. The centre is located on the outskirts of a town in Co. Tipperary. The centre is a detached two-storey house which comprises five individual resident bedrooms, entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. Staff support is provided by a clinical nurse manager and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 6 February 2024	09:30hrs to 16:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform the registration renewal decision in relation to this designated centre. The inspection was completed over a one-day period by one inspector. Overall, the findings indicated that a number of improvements were required to ensure that residents were in receipt of a quality driven service that met all their required needs. Improvements were required to premises condition and resources such as staffing and access to vehicles. These areas of improvement had been identified by the provider and some actions had been implemented. However, further improvements were required to ensure that the standard of regulations were met and residents were in receipt of a service that met all of their needs.

The designated centre has capacity to accommodate five individuals. On the day of inspection, four residents were living in the centre. The inspector had the opportunity to meet with all four residents. In addition, the inspector met with staff members, members of the management team and reviewed key documentation in relation to care and support needs, to gather a sense of what it was like to live in the centre.

The centre comprises a large detached two-storey home near a town in Co. Tipperary. Downstairs, there was a kitchen/dining area, utility room and a sitting room. Two residents' bedrooms were located on the ground floor. Both of these rooms were en-suite. One bedroom was very sparse in presentation with a radio and some sensory toys located on a very high shelf that could not be reached. The en-suite bathroom had been identified as needing renovation works. The second bedroom was personalised and the resident had preferred items and pictures on display. They had their own exit to the garden which had been fitted with a specific door handle that the resident could use with staff support. There was a ramp located at this exit which meant that a wheelchair could be used if required during an evacuation. However, the front of the property was limited in terms of its accessibility as there was a step up to the front door. This is discussed in further details in the relevant section of the report. Upstairs there were two resident bedrooms, again both were en-suite, an empty bedroom, a staff office and a main bathroom. For the most part, this part of the premises was well presented and kept well. Outside residents could access a large well maintained garden area.

On arrival at the centre the inspector met with the residents that were present. Three residents were in the kitchen area. Two residents were up and ready for the day and the third resident was eating their breakfast with staff supervision. The fourth resident was in the sitting room and was listening to the radio. The majority of residents in this home primarily used non-verbal means to communicate their immediate needs. They seemed comfortable in the home and were seen to approach staff if they wanted support or interaction. They looked towards staff when they spoken too and followed directions.

Three staff were present to support the residents on the morning of the inspection. Two staff were allocated to one resident as this was the staffing requirement for access to the community. This resident received a bespoke day service program in line with assessed needs and specific preferences. In order to facilitate community access two staff were assigned to this resident once a week. The three other residents attended day service five days a week. In the morning day service staff came to collect the three residents. The fourth resident completed their morning routine in the home and later left with the two staff to attend a local library and go out for their lunch.

Staff interactions at this time was responsive and in line with residents' specific needs. Staff were seen to help residents with their morning routines, use objects of reference to indicate when routines were commencing and check in on residents as required. All residents appeared comfortable and content when the inspector was present. One resident approached the inspector and used some vocalisations. The staff explained that this resident was always interested in new people and was eager to take part in routines that occurred around the home. Some residents within this home were assessed as needing close supervision. On the day of inspection staff were observed to be in the vicinity of residents at all time and they also provided details on the level of supervision each resident required.

The staff team that met with the inspector were caring in their interactions with residents. They spoke about their needs in a respectful manner and seemed knowledgeable about the residents' likes and dislikes. However, resources within the centre required improvement to ensure residents were afforded opportunities to access the community on a more regular basis. Due to staffing numbers and access to vehicles, unplanned community access for residents was not possible.

Residents, with the support of the staff team, filled out questionnaires in relation to the care and support they received prior to the inspection. In the questionnaire, residents rated areas of care and support related to the home, food, choices and decisions, staff and people they live with. All answers in the questionnaire indicated that the residents were happy with the majority of aspects of care and support. It was indicated on these documents that there were barriers to accessing some activities in the community due to the aforementioned resource difficulties.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall there were management systems in place to ensure the service provided was safe and met the majority of residents' assessed needs. However, a improvements were required in staffing and access to resources to ensure that

residents specific assessed needs could be met on a consistent basis.

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge had remit over two designated centres and had been recently assigned a third centre that was going through the registration process. The person in charge demonstrated a good knowledge of the residents and their needs. There was evidence of regular quality assurance audits taking place to ensure the service provide was safe and effectively monitored and appropriate to residents' needs. These audits included the annual report, six monthly unannounced provider audits and a suite of local audits. Some of the provider-led audits, such as the annual review had identified areas of improvements as identified on inspection.

The person in charge maintained a planned and actual roster. From a review of the rosters, the inspector found that staffing levels required further review to ensure staffing levels were appropriate to the needs of residents. The provider self-identified improvements required in staffing levels to meet the assessed needs of residents. While, there was evidence that the provider had made an applications to the provider's funder regarding increasing staffing levels, it was not demonstrated that the current staffing arrangements in place were appropriate to meet residents' needs at all times. In addition, resources such as vehicles where not available to all residents at all times.

There were systems for the training and development of the staff team. The inspector reviewed a sample of staff training records and found that, for the most part, the staff team were up-to-date in mandatory training. However, of the records reviewed, some members of the staff team required refresher training in areas including de-escalation and intervention techniques, fire safety and safe administration of medication This meant that they did not have up-to-date training to meet the needs of the residents. This had been self-identified by the provider and refresher training had been scheduled where necessary.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted all relevant information to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the residents were supported by a

consistent staff team. Sick leave and staff's annual leave was covered by a relief staff member or agency staff. From a review of the names on the roster, it demonstrated continuity of care with the same staff, as much as possible, supporting the residents as needed. The roster was well maintained with staff members' full names and relevant roles listed on the document.

However, the provider had identified through their own audits and reviews of residents' care needs that the staff in place was not sufficient to meet all residents' needs at all time. For example, one resident required two-to-one support to access many aspects of the community. For the majority of the week and weekend there were two staff rostered to care for the four residents. Therefore community access for residents was not always possible as care and supervision needs were prioritised to ensure that residents were safe.

The provider had submitted an application to their funder to increase the staffing requirements of the centre and at the time of inspection no decision had been made in relation to this.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. However, some members of the staff team required refresher training in de-escalation and intervention techniques, fire safety, the safe administration of medicine, epilepsy, feeding eating drinking and swallowing training, and manual handling. For the most part, staff were booked onto this training in the coming weeks.

Staff spoken with stated that they were well supported in their roles and knew who to contact for support if it was required. Staff were also able to bring concerns up around care and support in local and provider-level audits. A supervision schedule was in place for 2024. A sample of supervision forms were reviewed and it was found that the support provided facilitated the staff to complete their roles effectively.

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the registration renewal process, the registered provider demonstrated that they were adequately insured in the event of an incident or accident occurring in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported directly into the Clinical Nurse Manager (CNM3).

There was evidence of quality assurance audits taking place, both at local and provider level. On review of the most recent provider led audits which included the annual review and provider unannounced six monthly audit, both identified the need for additional staffing, additional resources in terms of vehicles, and the requirement of the provider to meet all the assessed needs of residents. For example, the annual review dated the 28 September 2023 it stated 'The reviewer was not assured that this centre provides a safe and quality service due to the complex needs, level of staffing and ongoing safeguarding'. The provider had taken measures in relation to this and there had been a reduction in incidents from October 2023 onwards. However, the inherent findings around staffing and vehicles remained on the day of inspection and is discussed accordingly under the relevant regulations.

In addition, the inspector was not assured that the provider had responded to the identified issues in a timely manner. For example in Individual Needs Assessment completed in 2022 identified that a resident required premises adaptations and access to a vehicle. This had not been addressed at the time of inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

As per the requirements of the renewal process, the provider had submitted an up-to-date statement of purpose which clearly outlined the service that was to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications, which the provider must submit to the Chief Inspector under the regulation, were reviewed during this inspection. Such notifications are important in order to provide information around the running of a

designated centre and matters which could impact residents. All notifications had been submitted as required.

Judgment: Compliant

Quality and safety

Although residents appeared comfortable and content on the day of inspection and the provider had taken measures to ensure all residents' were safe. Improvements were required in accessibility to the premises, meeting the assessed needs of residents and maintenance works to bathrooms to ensure the premises met infection prevention and control (IPC) standards.

The inspector completed a walk through of the centre accompanied by the person in charge and found that the centre was overall decorated in a homely manner. The designated centre consisted of five resident bedrooms (one bedroom was vacant at the time of inspection), entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. The majority of bedrooms were personalised and had items and pictures on display. A resident's en-suite required upgrading to ensure it met their assessed needs and also was in a condition that enabled the area to be cleaned in an effective manner. This remained outstanding on the day of inspection. In addition, although there were ramps installed to the side and rear of the home. There was no ramp at the front door. A resident was assessed to require a wheelchair at times and their bedroom was located at this exit.

The inspector reviewed a sample of residents' personal plans. Each resident had an up-to-date assessment of need which identified the residents' health and social care needs and informed the resident's personal support plans. The personal plans were up-to-date and guided the staff team in supporting the resident with their assessed needs. However, it was not evident that the current arrangements in place in the designated centre were suitable for the purposes of meeting each residents' assessed needs. For example, a resident who was deemed not to be compatible to live with the other residents required a number of adjustments to their living space to ensure their needs could be met. For example, the resident required space, needed adaptations to their en-suite and could only travel in a vehicle with staff and no other residents. At the time of the inspection these measures had not been put in place.

Regulation 17: Premises

For the most part the premises was well maintained. Residents had access to a dining/kitchen area and a sitting room downstairs. There was a large garden area to

the rear of the property. Each resident had their own en-suite bathroom. A number of en-suite bathrooms had been up-graded and new flooring had been installed. One resident's en-suite bathroom required upgrading which is discussed further under Regulation 27.

Although, residents were overall mobile, two residents were assessed to require wheelchairs for certain activities in the community and for evacuation purposes. One resident had a ramp located outside their bedroom which allowed easy access and egress to this part of the building. However, the second resident, whose bedroom was located at the front of the premises had limited accessibility in and out of the front door as there was no ramp present. This meant that they were wheeled to this area in their wheelchair but had to get out of the chair when leaving or entering the premises. Although, the provider had identified the need for the ramp at the front door, this work had not commenced nor any funding approved.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had devised a guide for residents that contained all the required information as set out by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were a number of risk management systems in place in the centre with evidence of good oversight of ongoing risks. A centre-specific risk register was in place which identified a number of specific risks and had been reviewed on a regular basis. There were also individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. The provider had identified the risks in relation to the staffing deficits and access to vehicles and had risk rated this appropriately.

The centre had an up-to-date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was infection control guidance and there were protocols in place in the centre. The inspector observed that the centre was clean. There was sufficient access to hand-sanitising gels and hand-washing facilities observed throughout the centre.

However, an en-suite bathroom required upgrading works to ensure that standards in relation to IPC measures could be adhered to at all times. For example, the slatted shower tray in place had visible dirt underneath it and this could not be cleaned effectively, the shower door was in poor condition and accessibility equipment was rusted.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. On a review of a sample of the drills that occurred over the last twelve months, residents were found to be evacuating in a prompt and efficient manner with no difficulties noted other than the lack of a ramp to the front door. This has been addressed under regulation 17. Individual fire risk assessments were comprehensive. Individual personal evacuation plans were in place and reviewed on a regular basis.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need had been carried out for each resident and was available on their individual files. However, the arrangements in place to meet the needs of each resident required improvement. For example, the current staffing levels at the designated centre were not appropriate to meet the identified needs of the residents. One resident required two-to-one staffing to access the community and a second resident in the centre required frequent supervision when in the presence of other residents. The staffing numbers in place did not provide assurances that this level of supervision was consistently available to the residents.

In addition premises works were required and access to vehicles was also not appropriate for residents. For example, one resident was assessed to have sole access to a vehicle and could not travel with any other resident. As there was only

one vehicle allocated to the centre residents could not access the community unless it was well planned in advance.

Judgment: Not compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans developed from these assessments. There was evidence that residents were facilitated to access medical treatment when required, including national screenings. The inspector noted there was nursing care provided and the residents had access to and there was input from various health and social care professionals, such as occupational therapists and speech and language therapists and physiotherapists.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and the staff on duty spoke with inspectors about their roles and responsibilities should there be an allegation or suspicion of abuse.

A review of allegations of abuse in the centre over the last year demonstrated that staff had reported and followed up on them in line with the provider's and national policy. When necessary the provider had initiated an investigation and implemented a number of control measures including onward referrals to behaviour support.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group R OSV-0005643

Inspection ID: MON-0033472

Date of inspection: 06/02/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has submitted business cases to the HSE requesting enhanced funding following the identification of staffing deficits within the designated Centre. Business cases include enhanced staffing for 1 resident within the designated Centre and in addition business cases to enhance overall staffing for all residents within the designated Centre.</p> <p>The service manager will raise deficits identified in staffing with the ACEO, and request submission to go to the executive management team for interim staffing approval.</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: The person in charge has undertaken a review of staff training records. Staff team members who require refresher training in de-escalation and intervention techniques, fire safety, the safe administration of medicine, epilepsy, feeding eating drinking and swallowing training, and manual handling, have been booked in to attend refresher training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has submitted business cases to the HSE requesting enhanced funding following the identification of staffing deficits within the designated Centre. Business cases include enhanced staffing for 1 resident within the designated Centre and in addition business cases to enhance overall staffing for all residents within the designated Centre. The service manager will raise deficits identified in staffing with the ACEO, and request submission to go to the executive management team for interim</p>	

<p>staffing approval, to meet the assessed needs of residents within the designated Centre.</p> <p>The registered provider will develop a costed plan in relation to the provision of a second vehicle for the designated Centre. A second vehicle for this designated Centre will be prioritised for purchase in 2024. In the interim a wheelchair accessible taxi can be utilised to enhance transport provision for residents.</p> <p>Identified shower room adaptations to one resident's premises have been completed since inspection.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has sought quotations and will continue with the application for an adaptation grant to the local county council for installation of a ramp at the front door of the designated centre. The progress of this application will be monitored with a view to seeking an alternative solution if the grant is not approved. The registered provider will continue to commit to risk funding a waking night staff in addition to a sleepover staff to support with fire evacuation.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Identified shower room adaptations to one resident's premises have been completed since inspection.</p> <p>The person in charge will apply for an adaptation grant to the local county council, to upgrade remaining en-suite bathroom to ensure that standards in relation to IPC measures are met including the replacement of slatted shower tray, shower doors and replacement of rusted accessibility equipment.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The registered provider has submitted business cases to the HSE requesting enhanced funding following the identification of staffing deficits within the designated Centre. Business cases include enhanced staffing for 1 resident within the designated Centre and in addition business cases to enhance overall staffing for all residents within the designated Centre. The service manager will raise deficits identified in staffing with the ACEO, and request submission to go to the executive management team for interim staffing approval, to meet the assessed needs of residents within the designated Centre.</p> <p>The registered provider will develop a costed plan in relation to the provision of a second vehicle for the designated Centre. A second vehicle for this designated Centre will be prioritised for purchase in 2024. In the interim a wheelchair accessible taxi can be utilised to enhance transport provision for residents.</p> <p>The person in charge will apply for an adaptation grant to the local county council, to</p>	

upgrade remaining en-suite bathroom to ensure that standards in relation to IPC measures are met including the replacement of slatted shower tray, shower doors and replacement of rusted accessibility equipment.

The registered provider has sought quotations and will continue with the application for an adaptation grant to the local county council for installation of a ramp at the front door of the designated centre. The progress of this application will be monitored with a view to seeking an alternative solution if the grant is not approved. The registered provider will continue to commit to risk funding a waking night staff in addition to a sleepover staff to support with fire evacuation.

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 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.	Substantially Compliant	Yellow	14/06/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/04/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best	Substantially Compliant	Yellow	14/06/2024

	practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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	14/06/2024
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	14/06/2024

Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	14/06/2024
------------------	--	---------------	--------	------------