Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	15 September 2023
Centre ID:	OSV-0007717
Fieldwork ID:	MON-0041489

About the designated centre

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

Deerpark Lodge is located in a small housing estate in County Cavan. The centre provides a residential service for up to five adults, both male and female. The house is a three storey detached property consisting of a large kitchen/dining area, a separate utility room, three communal areas, five bedrooms and an office. The garden to the back of the property is well maintained and provides outside furniture for residents to use. The objective of the service is to promote independence and to maximise the quality of life of residents living there. Residents are supported by a team of direct support workers, team leaders and the person in charge. Allied health supports including community nurses, behaviour specialists, occupational therapists, speech and language therapists and a dietician form part of the services provided to residents where required. Residents are supported to engage in activities in line with their preferences and can access some day services if they choose to. Transport is provided should residents wish to avail of activities located far away from the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 15 September 2023	08:20hrs to 15:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was a risk-based inspection based on the number, frequency and types of notifications submitted to the Health Information and Quality Authority (HIQA) over the last six months and the receipt of unsolicited information received by the Health Information and Quality Authority relating to the quality of care being provided in the centre.

At the time of this inspection, there were four residents living in the centre and the inspector met and spoke with three of them. The inspection focused on key regulations to include governance and management, protection, staffing, positive behaviour support, complaints, admissions, and risk management. The inspector found that some improvements were required in all of the regulations and risk management required significant improvements.

The inspector met with three residents, the house manager, a team leader, the person in charge, an area director and reviewed records pertaining to the care and support being provided.

When the inspector arrived in the centre, one of the residents was in bed, another was preparing to have breakfast, another was in their bedroom and the other resident was visiting relatives. The inspector met with the house manager to go through some questions about the inspection and the quality and safety of care being provided. During this time the other staff informed the residents about the inspection and why the inspector was visiting.

The house was large spacious and decorated to a high standard and clean. Each resident had their own bedroom and there was adequate communal areas. To the back of the property there was a garden which one resident showed to the inspector.

The staff team were observed to be very respectful to the residents and from speaking to the house manager and a team leader, they had a very good knowledge of the needs of the residents. However, some improvements were required to staff training to ensure that staff had the necessary skills to support a resident with their mental health.

The inspector observed a number of interactions between staff and residents and staff were observed to be kind patient and following the care and support needs of the residents. For example; in order to manage a residents' anxieties, regular check in meetings were held with the resident and a staff member in a private area to discuss and allay any anxieties the resident may be having. The inspector observed from the residents' personal plan that this was a recommendation from an allied health professional. Another resident was in the process of renovating a property they owned and was supported by staff to visit the property, discuss issues with the builder and communicate the residents preferences to the builder. The resident

themselves spoke to the inspector about some of these plans.

This resident reported that they were very happy living in the centre, liked the people they shared their home with and liked the staff team. It was also evident from observing interactions with the resident and staff members, that the resident was comfortable in the presence of staff.

Another resident showed the inspector their room and spoke about some plans they had for the weekend to go shopping. This resident also said they were happy in the centre, liked the staff team and the people they shared their home with. The resident also spoke about keeping in touch with family and how they liked to visit their family members for short stays. The residents room was spacious, homely and decorated to a high standard and the resident told the inspector they had chosen the paint colour themselves. They also said that they would like to attend some sort of a day service as they were not attending one at present. The inspector agreed to inform the person in charge about this. The person in charge outlined that the resident had been offered a day service before and declined it but would support the resident to look at this again.

The other resident spoke to the inspector about some of their interests and family members but was not really interested in talking about the quality of care provided. The resident did say that they liked their bedroom. The inspector observed interactions with this resident and staff and they appeared to get on well with staff and staff supported the resident in a timely manner. The staff informed the inspector that the resident was due to start a course soon and staff were also supporting the resident to maintain links with their family members.

However, on the day of the inspection the inspector observed a situation where one resident wanted to go out for a walk which required the support of one staff. When the inspector enquired how this could be facilitated if there were only one staff present, the inspector was informed that it would have to be explained to the resident that they would have to wait or be offered an alternative activity in the centre. The inspector was not assured from reading this residents' personal plan as this could increase the person's anxiety, and needed to be reviewed to ensure that the staffing levels in the centre could support the residents' needs in the centre.

Residents were supported to raise concerns about the quality of care in the centre. They were also informed about issues going on in the centre through residents meetings and at individual weekly meetings they had with key staff members. At residents meetings some education was also provided to residents about staying safe, fire safety and how to make a complaint.

At the time of the inspection there were a number of complaints recorded in the centre from external people and residents about the quality and safety of care being provided. Measures required for improvement in response to a number of similar complaints from external people were not implemented in a timely manner by the registered provider. This required improvements to ensure that it did not impact on the quality of life of residents in the centre. This was discussed with the person in charge, the area director and the house manager.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a house manger a team leader, an assistant director of care and a director of care.

The person in charge was employed on a full-time basis with the organisation, was a qualified professional and had a number of years experience of working in and managing disability service. The person in charge was interviewed at an earlier date prior to this inspection to assess their compliance with the regulations. At that time and over the course of this inspection, they demonstrated a good knowledge of the residents' needs and were aware of their responsibilities under the regulations. The person in charge was also responsible for another designated centre under this provider and a house manager was employed on a full time supernumerary basis Monday to Friday to support the person in charge managing this centre.

The registered provider had a schedule of audits that were conducted in the centre to ensure the safety and quality of care provided. However, improvements were required in some review systems to ensure that the centre was suitable to meet the needs of one resident.

There was a planned and actual rota maintained in the centre. A review of a sample of rosters since January 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as outlined in the statement of purpose for the centre. Consistent staff were employed and contingency plans were in place to manage planned and unplanned leave.

However, the inspector was not assured that the staffing ratios in the centre, particularly at weekends and in the evening time enabled flexibility to respond to residents' changing needs and the way they wish to live their lives. For example, on the day of the inspection the inspector observed a situation where one resident wanted to go out for a walk which required the support of one staff. When the inspector enquired how this could be facilitated if there were only one staff present, the inspector was informed that it would have to be explained to the resident that they would have to wait or offer an alternative activity in the centre. The inspector was not assured from reading this residents' personal plan as this may increase the person's anxiety and needed to be reviewed.

Notwithstanding, staff spoken with were knowledgeable around the needs of the residents and had been provided with training to ensure they had the skills necessary to support the residents needs in terms of complaints, safeguarding

vulnerable adults and positive behaviour support. However, no training had been provided on mental health to support one resident.

The registered provider had a policy in place outlining how a resident was admitted to the centre. However, a recommendation from the centre where one resident was transferring from, to do with the residents' assessed needs had not been implemented and there were no reasons recorded about why this recommendation was not implemented on the resident's personal plan.

The registered provider had a complaints procedure outlining how complaints were managed in the centre. At the time of the inspection a number of complaints in the centre had been recorded from external people and residents about the quality and safety of care being provided. Records were available to demonstrate actions that had been taken to address the issues for residents. However, the registered provider had outlined a number of actions in response to a number of similar complaints which had not all been implemented in a timely manner. This required improvements to ensure that it did not impact on the quality of life of residents in the centre.

Regulation 15: Staffing

There was a planned and actual rota maintained in the centre. A review of a sample of rosters since January 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as outlined in the statement of purpose for the centre. Consistent staff were employed and contingency plans were in place to manage planned and unplanned leave. Staff spoken with were knowledgeable around the needs of the residents and had been provided with training to ensure they had the skills necessary to support the residents needs in terms of complaints, safeguarding vulnerable adults and positive behaviour support. However, no training had been provided on mental health to support one resident.

The inspector was not assured that the staffing ratios in the centre, particularly at weekends and in the evening time enabled flexibility to respond to residents' changing needs and the way they wish to live their lives. For example, on the day of the inspection the inspector observed a situation where one resident wanted to go out for a walk which required the support of one staff. When the inspector enquired how this could be facilitated if there were only one staff present, the inspector was informed that it would have to be explained to the resident that they would have to wait or offer an alternative activity in the centre. The inspector was not assured from reading this residents' personal plan that this may increase the person's anxiety and needed to be reviewed.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was defined management structure in place that demonstrated reporting procedures and clear lines of accountability.

The registered provider had a number of audits and reviews in place to assure that the service were safe and met the needs of the residents. The inspector found that improvements were required in the reviews to ensure that the centre was appropriate to meet the residents needs in the centre. For example; the registered provider had a policy that included conducting an assessment of need for a resident annually or sooner if required. The inspector found that despite the fact that a number of incidents had occurred in the centre since one resident's assessment of need in November 2022 that a further assessment had not been conducted despite the fact that the registered provider was considering a different placement for this resident.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had a policy in place outlining how a resident was admitted to the centre. Some of the arrangements in this policy included an assessment of need being conducted, the resident and their representatives visiting the centre and developing a transition plan that supported a safe planned admission to the centre for a resident. From reviewing one residents admission to the centre, the records indicated that all of these arrangements had been implemented for the resident. However, a recommendation from the centre where one resident was transferring from, to do with the residents' assessed needs had not been implemented and there were no reasons recorded about why this recommendation was not implemented on the resident's personal plan.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose which outlined the care and support being provided in the centre. This had been updated and reviewed as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure outlining how complaints were managed in the centre. Easy read information and education was provided to residents about their right to make a complaint and how to make a complaint.

At the time of the inspection a number of complaints in the centre had been recorded in the centre from external people and residents about the quality and safety of care being provided. Records were available to demonstrate actions that had been taken to address the issues for residents. However, the registered provider had outlined a number of actions in response to a number of similar complaints which had not all been implemented in a timely manner. This required improvements to ensure that it did not impact on the quality of life of residents in the centre.

Judgment: Substantially compliant

Quality and safety

The inspector found that while residents reported that they were happy living in the centre, improvements were required in positive behaviour support, risk management and safeguarding concerns.

The registered provider had a policy in place to manage risk and where incidents occurred they were reported to senior managers and relevant allied health professionals. However, significant improvements were required to the risk management systems to assure a safe quality service to the residents. For example as discussed earlier, the front door of the centre was locked due to a risk identified for one resident. However, the side gate to the property was unlocked which meant that the risk was not fully mitigated as the resident could leave the property this way. This had not been reviewed following an incident to see if further actions (if any) were required to mitigate the identified risk. While the inspector was assured that all staff were aware of this risk, it needed to be reviewed as staff were required to supervise the resident more which potentially restricted the resident accessing areas of the centre independently.

The registered provider had a policy in place to safeguard residents from abuse. There were a number of safeguarding concerns in the centre at the time of the inspection. All of the incidents were related to the impact of some residents behaviours of concern on other residents. The inspector found that the staff and person in charge reported these concerns and developed safeguarding plans to

ensure that residents were safe. Staff were aware of these plans. However, these plans were not reviewed to ensure that the measures in place were effective or whether further actions were warranted to ensure that residents were safe. This required review particularly given that there was a re occurrence of these types of incidents (peer to peer) in the centre.

The registered provider had arrangements in place to support residents with behaviours of concern and their mental health. Residents had on-going access to community nurses, psychiatry and psychology. However, the inspector found that the care and support of one resident who had been admitted to the centre since the last inspection had not been comprehensively reviewed by appropriate allied health professionals to inform the care and support the resident required. For example; it was unclear at the time of the inspection whether the resident had a definitive mental health diagnosis. Improvements were also required to the positive behaviour support plan to guide staff practice.

Regulation 26: Risk management procedures

The management of risk required significant review. Risk assessments were not reviewed in line with recommendations from other reviews. For example; some safeguarding plans indicated that risk assessments should be updated for residents. However, this had not been completed for all residents.

When incidents occurred in the centre, they were recorded, reported to a senior manager or relevant allied health professionals. They were then reviewed by the person in charge, house manager and the assistant director of care. However, this review was not comprehensive and did not include whether further actions were required to mitigate the risk or whether the existing control measures in place were effective. For example; an incident that occurred in the centre recently which was risk rated at a moderate risk had not been reviewed effectively. The reviewers had recorded existing control measures in place, but had not recorded whether any further actions were required to mitigate the risk. This incident had been escalated to senior managers and allied health professionals however there were no further records to indicate whether senior managers were satisfied with the controls in place or whether allied health professionals had any further recommendations that needed to be included in the risk assessment. For example; one incident required the support of additional personnel other than the staff on duty at the time. However, no review had been undertaken to assure that there were sufficient skilled staff on duty in the centre to support the resident.

In addition, when risk assessments were reviewed and updated there was no record to indicate what informed this review or changes made to the risk assessment. For example; a risk assessment conducted in relation to one resident had been reviewed in September 2023. When the inspector enquired what this review consisted of or what changes if any had been made to the risk assessment, the person in charge stated that this would only be informed by comparing the old risk assessment with

the new risk assessment. This was not an effective method of informing risk management.

Controls listed in one residents risk assessment stated that staff should understand the residents mental health condition and seek a review with the multidisciplinary team if required. However, as discussed earlier in the report staff had not been provided with training in this.

Other risk assessments in place did not guide staff practice. For example; a resident had a risk assessment in place around declining medicines which did not clearly outline what staff should do if there was prolonged periods where the resident refused medicines.

The inspector also observed that some controls had not been implemented in a timely manner. For example a resident required an assessment on road safety, while a referral had been made it had not been completed at the time of this inspection.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The registered provider had arrangements in place to support residents with behaviours of concern and their mental health. Staff had been provided with training in how to support a resident with behaviours of concern. Residents had on-going access to community nurses, psychiatry and psychology. However, the inspector found that the care and support of one resident who had been admitted to the centre since the last inspection had not been comprehensively reviewed by appropriate allied health professionals to inform the care and support the resident required. For example; it was unclear at the time of the inspection whether the resident had a definitive mental health diagnosis.

A positive behaviour support plan was in place to guide staff practice which was being reviewed by a behaviour support specialist. However recommendations from these reviews were not updated on the positive behaviour support plan to guide staff practice.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had a policy in place to safeguard residents from abuse. There were a number of safeguarding concerns in the centre at the time of the inspection. All of the incidents were related to the impact of some residents behaviours of concern on other residents. The inspector found that the staff and

person in charge reported these concerns and developed safeguarding plans to ensure that residents were safe. Staff were aware of these plans. However, these plans were not reviewed to ensure that the measures in place were effective or whether further actions were warranted to ensure that residents were safe. This required review particularly given that there was a re occurrence of these types of incidents (peer to peer) in the centre.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Deerpark Lodge OSV-0007717

Inspection ID: MON-0041489

Date of inspection: 15/09/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the centres staffing resources has been completed. Currently there are four residents residing in the centre, with two waking staff day and night. In addition, there is a supernumerary Person in Charge or House Manager available within the centre, Monday to Friday. Staff deployment will be planned to support residents with their preferences. These resources will be reviewed further on admission of any further residents. Following an assessment of need, further targeted staff training to support a resident with their assessed needs has been scheduled.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Policies and procedures are in place to ensure residents' needs are assessed at least annually by our MDT via the CANDID needs process. Residents are reviewed during monthly governance between the Person in Charge and their Assistant Director of Service. Trending of incidents are completed at this meeting. Should a resident's CANDID Needs assessment need to be brought forward as result of a change in presentation, this will be escalated to the Director of Service and a CANDID Needs Assessment will be rescheduled. A memo has been sent to all Assistant Directors of Service from the Director of Service,	

to highlight this process.

A review of all residents in the centre was completed, and one resident's assessment of need was brought forward and completed on 09.10.2023.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
A review of all residents' preadmission assessments of needs has been reviewed by the Person in Charge and Assistant Director of Service. All follow-up recommendations have now been addressed via the residents CANDID needs assessment process.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
A review of The Talbot Groups Complaints procedure has been completed.

Going forward all complaints will be managed in line with the Talbot Groups Complaints policy. Where complaints are upheld the Person in Charge shall ensure that all identified actions arising from the complaints process are addressed in a timely manner.

There is an ongoing communication pathway with complainants to limit the impact of complaints upon residents lived experience within the centre.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in Charge and Assistant Director of Service has conducted a review of all risk assessments within the centre, to ensure the control measures identified are appropriate

and accurate. All risks have been documented in line with the Talbot Groups risk management policy.

The Director of Quality and Safety will complete a further targeted review of all risks within the centre, to include a review of the centers safety statement and Risk register.

A Person in Charge development day has been scheduled for the 22nd of November 2023 to support all Person's in Charge with the management and escalation of risk. Organisational policy, procedure and regulatory responsibility will be addressed on this development day.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Talbot Groups Access to MDT Policy has been reviewed.

A Candid Needs Assessment for the resident in question was completed to clarify and determine their needs. This assessment was completed on 9th of October 2023.

All recommendations from Positive behaviour support reviews have been captured in the residents Positive Behaviour Support Plan.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
A review of all current safeguarding plans has been completed to ensure the measures in place are effective. All measures contained within the safeguarding plans, have been reiterated to staff via team meetings.

A focus on supporting residents with proactive strategies in line with their positive behaviour support needs is being conducted. Should this not be effective, compatibility within the centre will be reviewed.

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	31/10/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	12/10/2023
Regulation 24(1)(a)	The registered provider shall ensure that each	Substantially Compliant	Yellow	12/10/2023

	application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/11/2023
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	31/10/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/10/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2023