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:	Ard na Greine
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 November 2022
Centre ID:	OSV-0001689
Fieldwork ID:	MON-0038175

About the designated centre

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

Ard Na Greine is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre provides residential services to people who are fully ambulant, with moderate support needs. Residents are encouraged and supported to live as independently as possible within their local community. The designated centre can provide for a maximum of four adults with intellectual disabilities, of mixed gender who are over the age of 18 years. This designated centre was originally two houses that have been combined to become a large home with six bedrooms. The ground floor comprises a kitchen, sitting/dining room, a bedroom with en-suite bathroom and a utility room. Upstairs has four bedrooms, one sitting room, an office and two bathrooms. There is an enclosed garden space to the rear of the property. The staff team consists of social care workers and is managed by a full-time person in charge, with support of a deputy manager and senior manager. The person in charge is also responsible for another designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Wednesday 30 November 2022	09:30hrs to 16:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. On arrival at the centre, the inspector was met by one of the residents who lived in the house. The inspector introduced themselves and had a brief chat with the resident before the person in charge came to the door.

Inside the house, the inspector met with another resident. They informed the inspector that they were looking forward to a two night break away with their fellow residents and staff. They told the inspector that they were going to a hotel on Christmas eve and staying until the day after Christmas Day. They talked excitedly about the different activities they were looking forward to and also having the person in charge visit them during their stay.

Later in the day, the inspector met another resident. They were sitting with their staff in the sitting room and colouring pictures. This was a past-time that the resident enjoyed. The resident showed the inspector the picture and expressed how happy they were with the work they had completed on it. The resident was spending the day at home and was supported by a staff member to enjoy activities in the house. The inspector was informed that the resident was not attended their day service that day and overall, had chosen not to attend their day service on a number of occasions, in the past number of weeks.

With the support of staff, the resident showed the inspector their bedroom and appeared proud when showing it off. The resident showed the inspector their compact disk (CD) and video collection and told the inspector that they had enjoyed a karaoke session with their staff on the previous day. The resident was excited to show the inspector their karaoke equipment and CD and proceeded to sing a song from their favourite CD.

During the day, the inspector saw residents coming and going from the house to different activities in the community. The inspector met with two of the staff who were supporting the residents during different times of the day. One staff member had recently commenced in their role and the other staff member was from an agency. The inspector observed that residents appeared comfortable and happy in the company of staff and that staff were aware of residents' needs and preferences and how best to support them, including providing support in line with residents' safeguarding plans.

The inspector observed that the person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected. Overall, incident logs demonstrated that there was a reduction of safeguarding incidents occurring in the house since the last inspection. Residents were assisted and supported to develop their knowledge, self-awareness and understanding and skills needed for self-care and protection. In addition, residents were provided with individual safety plans that included easy to read information on what the different

forms of abuse were and how to protect themselves in their home and community from abuse.

Residents were encouraged and supported around active decision making and social inclusion. On review of residents household meetings, the inspector saw that residents discussed some of the behavioural incidents that had occurred in the house and talked about ways they could be more mindful towards each other in their home. With the support of their staff, residents made decisions and agreements on ways to promote a better lived experience for them all in their home. One of the agreements saw residents make collective decisions on the different days each of their friends could visit the house. For example, one resident chose to have their friend come for dinner Tuesday and Thursday and another resident have chosen to have their friends visit on Fridays.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate, residents were supported with their mental health and provided access to a variety of allied health professionals and services in this area. In addition, where there was an increased risk to residents' mental health, the person in charge had implemented interim staffing arrangements to better support residents during times where they may be at increased risk of injury or harm to themselves.

Residents were provided with information, such as easy-to-read information, to assist them to understand the centre's complaints' policy and procedures. On review of the complaints log, the inspector found that there had been two recent complaints logged by residents, which related to fellow residents' behaviours that they were unhappy about. The complaint had been promptly dealt with by the person in charge and residents had noted their satisfaction of the outcome.

In summary, the inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation, it was evident that the person in charge and staff were endeavouring to make sure that residents lived in a supportive and caring environment and as much as possible, to live as independently as they were capable of.

Since the previous inspection, there had been a reduction of safeguarding incidents occurring in the house, which resulted in positive outcomes for some residents. While compatibility issues still remained, a number of new strategies and initiatives, implemented since the last inspection, reduced the risk of them occurring as frequently.

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

This risk based inspection was carried out to follow-up and monitor compliance regarding a previous inspection of the centre in June 2022 where the provider had not complied with a number of regulations relating protection, admissions, governance and management and notifications of incidents. Subsequent to the inspection, the provider was required to attend a warning meeting with HIQA and was issued with a warning letter advising that if the designated centre did not come back into compliance this may result in further escalation or enforcement action by the Chief Inspector

On the day of the inspection, the inspector found that the provider had made a number of improvements since the last inspection, which had resulted in positive outcomes for residents. Overall, there had been a reduction in safeguarding incidents occurring in the centre. In addition, there had been improvements to the admissions process. Where a new resident had been referred to the centre, the provider had ensured that the application for admission to the designated centre was determined on the basis of a transparent criteria in accordance with the statement of purpose.

The provider had made improvements to the arrangements in place when the person in charge was absent. During a period of six weeks when the person in charge was absent the provider had employed a manager to be responsible for the centre to ensure its effective governance, operational management and administration. They were supported by a deputy manager during this period and ensured that the local governance and management systems in place were satisfactorily implemented so that residents were provided a service that was safe and monitored effectively.

For the most part, provider had endeavoured to ensure that governance and management quality assurance systems in place were effective, at all times. However, on the day of the inspection, the annual review of the quality and safety of the care and support provided in the centre, which was due to be completed by October 2022, was not available to the inspector or to residents and their families.

Since the last inspection, the person in charge had put in place measures that ensured information and procedures, which related to the general welfare and protection of the residents, was available to all staff, at all times. This meant that during times when the person in charge was absent, the required information was in place and ensured that the service provided to the residents was safe and effective and in particular, regarding residents' personal plans and guidance pertaining to safeguarding residents.

Overall, the registered provider was working towards ensuring the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. On the day of the inspection, there were two vacancies in the centre. The provider was endeavouring to fill the vacancies and had carried out a number of staff recruitment days in an effort to increase resources both in the

centre and organisation-wide. In addition, the person in charge was due to carry out interviews at the end of the week. However, there was a high reliance on agency workers. This meant that continuity of care could not always be ensured and as a result, residents' preferences were not always available to them.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were in place. A training matrix was maintained by the person in charge, which demonstrated that staff were provided with both mandatory and refresher training. The person in charge monitored the training needs of the staff on a regular basis and had sourced a number of 2023 training courses for staff. However, on the day of inspection, the inspector found that not all staff had been provided the centre's mandatory training.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Since the last inspection a deputy manager had been employed to support the person in charge. The increase in compliance levels provided assurances that the person in charge had the capacity to divide their time between the two centres they were employed to work to ensure the effective governance, operational management and administration of the designated centres concerned.

Judgment: Compliant

Regulation 15: Staffing

The number of staff employed in the centre was not in line with the centre's statement of purpose. On the day of the inspection, there were two staff vacancies (120 hours and 80 hours). Internal interviews were due to take place by the end of the week and the person in charge was optimistic that one of the vacancies would be filled.

Agency staff were employed to cover gaps in the roster. While the person in charge endeavoured to employ the same group of five to seven agency staff, this was not always possible and as such, continuity of care for residents could not always be ensured.

In addition, during times when agency staff were employed, there were restrictions in place regarding some visitors. Residents had agreed at their household meetings, to set days for inviting their friends to the house to visit. However, the agreement included that when agency staff worked, none of their friends could visit the centre.

This agreement was also included on residents' safeguarding plans. As there was a high dependency of agency staff in the centre, this limited the amount of times residents could enjoy having their friends visit their home.

Judgment: Not compliant

Regulation 16: Training and staff development

Overall, training was up-to-date. There was a training schedule in place and the person in charge had recently updated the schedule to include 2023 training dates.

Most of the staff had completed the centre's risk, incident and management training, which was an action from the inspection however, not all staff had completed restrictive practice training (4 x staff), training in managing behaviours that challenge and de-escalating techniques (2 x staff) and first aid training (1 x staff).

Judgment: Substantially compliant

Regulation 23: Governance and management

There had been an improvement to the governance and management systems in place since the previous inspection.

Overall, there had been a decrease in behavioural and safeguarding incidents occurring in the house and this was due to a number of strategies and improvements that had been put in place since the last inspection.

There had been improvements to the arrangements in place, when the person in charge was absent. The inspector found that when the person in charge was absent for a period in October and November 2022 that satisfactory arrangements had been put in place. The person responsible for the centre during that period had effectively implemented the local governance and management systems that ensured quality of care and support was provided to residents.

Since the last inspection, the provider had reviewed the centre's admissions policy and submitted a copy to the Health Information and Quality Authority (HIQA) as requested. On review of a new referral to the centre, the inspector found that the provider had ensured that the admission process was line with the centre's statement of purpose's admission criteria and organisation's admissions and referral policy. This ensured that the service met the needs' of the resident moving into the centre and that residents living in the centre were protected from all forms of abuse.

However, improvements to the some of the provider's governance and management quality assurance systems remained outstanding. For example, the annual review

which was due to be completed in October 2022, was not made available to the inspector or to residents and their families.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There had been improvements to the admission process since the last inspection.

There was a new resident referred for admission to the centre. The resident had been provided with a compatibility assessment to ensure the centre met their assessed needs and that all residents living in the centre were protected from all forms of abuse. In addition, the person in charge completed a risk assessment associated with the admission, and included appropriate controls.

All residents had been provided with a written agreement regarding the terms on which that resident resides in the designated centre. Since the last inspection, improvements had been made so that all residents' agreements included sufficient evidence to demonstrate that they had understood and were satisfied with the agreement.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection, the person in charge had followed up and submitted a number of required notifications that had been identified as outstanding.

Overall, the inspector found that, for the most part, the information governance arrangements in place to ensure that the designated centre complied with notification requirements was satisfactory.

Where one safeguarding incident was not notified as appropriate to the Office of the Chief Inspector, this has been addressed under Regulation 8.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place that was easily

accessible to residents.

There was an easy read document on how to make a complaint on the centre's notice board. There was also information regarding the national advocacy service available to the residents.

The complaints procedures were discussed at residents' monthly house meetings on a regular basis, where residents were reminded on how to make a complaint if they so wished.

The inspector found that where a complaint had been made, they had been dealt with in an appropriate and timely manner with actions followed up and overall, satisfaction levels noted.

Judgment: Compliant

Quality and safety

The inspector found that, since the last inspection of the centre, there had been a number of improvements to the governance and management arrangements in place which had positively impacted on the quality and safety of care and support provided to residents living in the centre. There had been a reduction in safeguarding notifications submitted to the Health Information and Quality Authority (HIQA), and while compatibility issues still remained, some strategies and initiatives implemented had reduced the risk of them occurring as frequently.

On speaking with the person in charge, on observations and on review of associated documentation such as daily logs, personal plans, complaints logs and incident reports, the inspector found that there had been a decrease in behavioural incidents occurring in the centre. Where appropriate, residents had been provided with positive behavioural support plans and these were regularly reviewed and updated by the appropriate professionals.

There had been improvements to the management and implementation of safeguarding plans since the last inspection. The person in charge had put arrangements in place that the plans were included in the residents' personal plans and were, at all times, available for staff to review. Behavioural and safeguarding incidents were discussed at the team's monthly staff meeting where learning and experience was shared. The inspector found that overall, residents' safeguarding plans were regularly reviewed and updated and submitted to the appropriate services.

In addition, the inspector found that there had been improvements to the recording of local incident reports. However, on the day of the inspection the inspector found an occasion, where a safeguarding incident had not been notified to HIQA as

required.

Residents were supported to be knowledgeable and educated in matters relating to the current health pandemic and how to keep themselves safe including information on the vaccination process. Since the last inspection, the person in charge had completed a review of all residents' self-isolation plans and risk assessments. However, a review of the centre's outbreak management plan was needed so that it included the necessary precautions that ensured the effectiveness of the plan.

The inspector found that there were good systems in place for the prevention and detection of fire. There had been a number of improvements to the fire precautions systems in place since the last inspection, and in particular to the effectiveness of the fire panel system, clarity of all fire exits and measures in place to ensure fire doors could be safely left open.

All staff had received suitable training in fire prevention and emergency procedures. Fire fighting equipment and fire alarm systems were appropriately serviced and checked. Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals and adequate provision was made for all residents' safe evacuation from the centre.

Regulation 26: Risk management procedures

Since the last inspection the outstanding risk assessment, relating to a resident who was likely not to self-isolate, had been implemented however, after further review the of the likeliness of this happening, the risk assessment was subsequently removed.

Judgment: Compliant

Regulation 27: Protection against infection

Since the last inspection, a review of residents' self-isolation plans and associated risk assessments, had taken place which, ensured that they were in line with risks identified on the centres risk register.

There has been some improvement to the hand-drying facilities in two of the bathrooms however, further improvement was required to ensure the safety of all residents using the facilities and to reduce the risk of the spread of health-associated infectious deceases. For example, disposable paper towels were available in the bathrooms however, there were no paper towel holders to ensure their effectiveness.

The outbreak management plan required review to ensure that it could be

effectively implemented in the event of an outbreak and covered key areas in sufficient detail. For example, precautions in place for laundry, personal protective equipment, waste management, but to mention a few.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that there had been improvements to the systems in place for the prevention and detection of fire.

Since the last inspection, adequate provision was in place for all residents' safe evacuation from the centre. Improvements had been made that ensured the fire exit door at the front of the house and the fire escape meeting point, were known to staff and residents.

There had also been improvements to the fire alarm panel system which ensured, that in the case of a fire, staff were able to identify where the fire was.

A mechanical arm was attached to the kitchen door, that closed when the alarm activated. In addition, on the day of the inspection, an evacuation and safety plan was displayed on the communal walls.

Fire safety matters and issues were regularly discussed at residents' house meetings and monthly staff meetings.

Judgment: Compliant

Regulation 8: Protection

There had been a reduction in behavioural incidents occurring in the centre. It was evident that compatibility issues remained in the house however, a number of strategies and initiatives had been put in place to reduce the risk of them occurring as frequently as they previously had.

Residents were supported to be part of the decision making around some of the strategies that supported the reduction in behavioural and safeguarding incidents. During residents' household meetings, residents were supported to know how to keep themselves safe. Residents were reminded about who they could go to if they had an issues or if they wanted to make a complaint. In addition, residents were supported to discuss and make agreements around the house's visiting arrangements; for example, choosing days when each of their friends visited.

Since the last inspection, new safeguarding plans had been put in place and had

been agreed by the national safeguarding team. The plans were regularly discussed and shared with staff at staff team meetings. Where residents' safeguarding needs had changed, plans had been updated and re-submitted to the national safeguarding team and the appropriate notification had been submitted to HIQA. Residents' safeguarding plans were available to them and included in their individual personal plans.

Overall on review of a sample of incident logs, the inspector found, that since the last inspection, there had been improvements to the recording of local incident reports. Records clearly relayed the impact behavioural incidents had on all residents who were involved in, or witness to, the incident.

However, on the day of the inspection, on review of a sample of incidents logs, the inspector found an occasion in August 2022, where a safeguarding incident had not been reported in line with the national safeguarding policy and procedures.

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 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ard na Greine OSV-0001689

Inspection ID: MON-0038175

Date of inspection: 30/11/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Every effort is being made by the provider to recruit staff to provide consistency and continuity of care to support clients. The Provider implemented the below strategies in relation to the recruitment of staff. • Regarding recruitment, the Provider ran an open day on the 8th of November 2022. SHS will be planning another such event in the New Year. • SHS ran recruitment advertisements on local radio and multimedia formats in November 2022. • SHS are exploring running 2 Open Days overseas in 2023. • The human resource department will be attending some college Open Days in 2023 when college schedules are confirmed. Where possible, regular agency staff is being sourced. Consequently, safeguarding plans in relation to visitors will be reviewed by the 30th of December to ensure client's will and preferences.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 2 staff will be trained in MAPA on 19th Dec 2022, 1 staff that was outstanding in first aid training completed the course 7th December 2022.	

Remaining outstanding training will be booked when training dates are confirmed in 2023.

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual audit completed on 8th Dec 2022, report, and action plan to be sent to PIC Jan 2023	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Paper towel holder to be installed in the bathroom end Jan 2023 , Outbreak management plan to be amended by 13th Jan 2023	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: PIC sent in a notification in retrospect as advised by HIQA inspector on the day, All notifications to be submitted to HIQA going forward.	

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	31/05/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/12/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	19/12/2022

	training, including refresher training, as part of a continuous professional development programme.			
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	28/02/2023
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	31/01/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review	Not Compliant	Orange	31/01/2023

	referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.			
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	31/01/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/03/2023
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/11/2022