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:	Dunwiley
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	21 June 2023
Centre ID:	OSV-0005489
Fieldwork ID:	MON-0031277

About the designated centre

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

Dunwiley designated centre is located within a small campus setting which contains six other designated centres operated by the provider. Dunwiley can provide full-time residential care and support to up to three male and female adults. The designated centre comprises of a spacious bungalow with individual bedrooms and a number of communal rooms and bathrooms. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. There are buses available for residents to access the community if they wish. Residents are supported by a staff team of both nurses and healthcare assistants. During the day, support is provided by four staff. At night residents are supported by two staff members. Nursing care is provided on a 24/7 basis meaning a nurse is allocated during the day and at night. The person in charge is responsible for one other designated centre and is supported by a clinic nurse manager 1 to ensure effective oversight of the services being provided.

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 21 June 2023	09:40hrs to 19:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection carried out to monitor compliance with the regulations and to inform the renewal of registration of the designated centre. As part of the inspection, the inspector met with residents, family members, local managers and staff. The centre was found to be well ran and provided high quality person-centred care to residents living there.

Dunwiley was one of seven designated centres located on a small campus setting in Co. Donegal. There were three residents living in Dunwiley at the time of inspection. The inspector got the opportunity to meet with all residents throughout the day. In addition, residents' family members were met with as part of the inspection and gave feedback on their views of the service.

Overall, residents and families were happy with the care and support provided at Dunwiley at this time. Families were happy with the communications from local managers and about the quality of care provided to their family member. However, families expressed concern about future living arrangements as part of decongregation planning by the provider, which was communicated to them recently by the provider. Families felt that their family members were very happy living in Dunwiley and on the Ard Greine campus, and that they were part of a community there that was meaningful and important to them. This was observed during the inspection where residents were observed freely moving around the centre and the campus and they spoke about things that were important to them and activities in the wider community that they were part of.

Residents met with spent time speaking with the inspector throughout the day. One resident was going on a home visit with family that day and they spoke with the inspector before they left. Another resident agreed to meet with the inspector in one of the sitting-rooms and they spoke about activities that they enjoyed. One resident agreed to show the inspector their bedroom, which was decorated with items of choice. They spoke about interests that they had.

Through discussions, observations and a review of various documentation, the inspector found that residents were supported to live a life of their choosing and to do activities that were meaningful to them. In addition, residents were supported to engage in, and offered, new experiences to widen their interests. Through a documentation review, it was evident that staff strived to offer choices about activities that may interest residents based on their knowledge of individual residents. For example; one resident was supported to trial personal goals such as joining a specific bee-keeping community group and doing gardening projects. Residents' interest in these options were noted through observations of their facial expressions for example, and this was documented. In addition, two residents had been supported to attend a disco recently and were reported to enjoy this and there were plans for this to occur again.

Residents were also supported to maintain strong connections with their family members and to take part in events with them, such as attending family parties and going to concerts for example. Feedback received to the service from one family member indicated their satisfaction about this occurring. One resident had a full time day placement external to the centre, and they could choose each day whether they attended or not. Other residents engaged in a variety of individual activities that supported their welfare and general development such as swimming, going to the gym and dance classes. The staffing levels in the centre supported residents to do individual activities of their choosing, and there was sufficient transport available also to promote individual activities in the wider community.

Throughout the inspection, the inspector also met with the local management team and a number of staff. Staff spoken with appeared very knowledgeable about the needs of residents and about what residents liked and what was important to them. Staff undertook 'human rights training' which was noted to be part of the centre's site specific training plan. Staff spoken with said that they found this training useful and spoke about the wide range of activities that residents chose to do. Staff also talked about training around consent that they had undertaken. The inspector found that residents were consulted about the centre, and supported to raise any concerns about the service through weekly residents' meetings. There was evidence that where residents expressed dissatisfaction with aspects of the service that this was responded to and actions taken to resolve it.

Observations on the day were that residents were treated with warmth and respect by staff and staff were responsive to residents' communications. Residents appeared comfortable around staff and in their environment. Residents spoken with said that they were happy living in the centre and that they felt safe there.

There were easy-to-read notices on display throughout the house; which included a visual staff roster, individual pictorial schedules, visual choice board and pictures of meals. In addition, there were easy-to-read information made accessible for residents in topics such as complaints, advocacy and staying safe online. There were weekly residents' meetings held where residents were consulted with about the centre and given information on various topics. This included discussions on fire evacuation and health and safety topics. These meetings also provided a forum for residents to make choices about meals, activities and shopping items.

From a walkaround of the centre, it was found that the house was clean, well ventilated and spacious. There were colourful furnishings, framed photographs and personal effects throughout which created a warm and homely atmosphere. A guitar was observed in the sitting-room and the inspector was informed that one staff member played music and residents enjoyed this activity. There was a relaxed and warm atmosphere in the house and residents were freely moving around their home.

Residents had individual bedrooms which were decorated and personalised in line with their wishes. One resident had recently chosen a new bed and they had requested internal painting of their bedroom, which was in the planning stages. One resident was noted to have locked their bedroom door as they left the house for the

day. This demonstrated respect for residents' right to privacy and security of possessions. A review of questionnaires provided to residents as part of the inspection noted how one resident particularly liked that they could lock their bedroom door as they wished.

The back garden was accessible through a double doors leading off the two sitting-rooms and dining room. The garden was accessible to all and was spacious and well maintained. There was a polytunnel which contained a range of home grown vegetables, which residents were reported to gift to family members regularly. The garden also contained garden furniture and a basketball hoop for residents to enjoy.

There was a separate utility area for residents to complete laundry. There was a small kitchenette which had recently been refurbished with new counter tops and appliances. The cupboards and fridges were stocked with a variety of food items for residents to have snacks and prepare meals, if required.

As part of this announced inspection, questionnaires were provided for residents and their representatives to provide feedback on the service. Overall, the feedback on the service was very positive. Residents noted satisfaction with choices offered, activities, food, rights and staff. One resident mentioned about how they loved the salads in the centre in particular, and about how their bedroom was their favourite room in the house. It was noted that residents were supported to make changes to their bedrooms if they requested, and as mentioned above one resident was planning on changing their room colour and had requested specific preferences about who would do this. This was in the planning stages.

Overall, the service was found to provide high quality person-centred care to residents. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

Overall, this inspection found that there were good arrangements in place to ensure that the centre was monitored on an ongoing basis to ensure that it delivered a high quality service. The local management team ensured robust oversight and monitoring of the centre and responded to actions identified for improvement. However, some areas for improvement were required to ensure that the provider's unannounced visits occurred every six months as required in the regulations.

A full application for the renewal of registration was completed. Some amendments were required to the documentation and this was updated and submitted post inspection.

The local management structure comprised a person in charge who was supported in their role by a clinical nurse manager 1 (CNM1). The CNM1 was responsible for

some delegated management tasks which was overseen by the person in charge. The person in charge reported to a director of nursing (DON). Both the person in charge and CNM1 had responsibility for one other designated centre which was also based on the campus and they divided their time between both. Both were present throughout the inspection.

There was a robust governance structure with clear lines of accountability for the management team. The local management team were based at the centre and staff spoken with said that they were well supported and that the management team were available when required. Team meetings occurred bi-monthly where staff were given the opportunity to raise any concerns also, if required. The local management team undertook a range of audits to review and monitor the practices in the centre. This included audits in infection prevention and control (IPC), health and safety, safeguarding, complaints, restrictive practices, finances and personal plans. There were also monthly reviews completed of incidents that occurred in the centre, and trending of incidents took place so that, for example, any changes in residents' presentation or behaviours could be captured. There was clear evidence of oversight by the local management team of incidents that occurred, and these reviews included reviewing if there was any impact of behaviours displayed by residents on peers.

In addition, the service had a quality improvement plan (QIP) which included actions identified through provider audits, risk assessments and HIQA inspections. This was found to be kept under regular review to review the progress of actions. The provider ensured that an annual review was completed of the service, which included consultation with residents and their representatives. However, the provider unannounced audits were not done every six months as required in the regulations and this required improvements. The provider had identified this and this was included an action on the service QIP.

The staffing skill mix consisted of nurses and healthcare assistants. There were no staff vacancies at the time of inspection. Leave arrangements were filled by a cohort of regular agency staff to help to ensure continuity of care. The local management team spoke about the difficulty in getting relief nursing staff to cover leave at times. This meant that one of the local management team may need to provide nursing cover at times. This risk had been assessed and escalated to the DON for review.

The provider had in place a list of mandatory training modules that staff were required to complete. In addition, there was a list of 'site-specific' training that the staff members working in Dunwiley were required to complete. For the most part, all staff had completed the required training. However, one staff had not completed the required fire training that was agreed. The local management team had received a date for this to occur and was awaiting staff to complete it.

Overall, the management team demonstrated that they had the capacity and capability to manage the service and to ensure that a safe and high quality service was provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

A complete application was received to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed with a skill mix of nurses and healthcare assistants. There was a planned and actual roster in place which reflected who was working on the day of inspection. A review of the roster and discussions with staff demonstrated that there were the numbers of staff in place to meet the assessed needs of the residents each day.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had in place a list of mandatory and site specific training required to meet the needs of the centre. Most staff had undertaken all required training.

- However, one staff had not yet completed refresher fire training. A date was in place for this to occur.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider ensured that there was up-to-date insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a good governance and management structure in place with clear lines of

accountability for the management team. The local management team undertook a schedule of regular audits to ensure good oversight and monitoring. However the following was found;

- The provider did not ensure that six monthly unannounced audits occurred in line with the regulations. For example; there were nine months between unannounced visits by the provider (completed in September 2022 and June 2023). The provider had identified this as an action and a plan was included on the centre's quality improvement plan (QIP) to address this.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which was up-to-date and included all the requirements under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications that were required to be submitted to the Chief Inspector of Social Services had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place in the centre. Residents had access to an easy-to-read version of the complaints procedure. 'Complaints' was a regular item at residents' meetings. There was evidence that residents' complaints about aspects of the service were taken seriously and followed up in line with the procedures in place.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Dunwiley were provided with a good quality service that met their individual needs. The service promoted individuality and ensured that residents were supported to engage in activities that were meaningful to them and that would enhance their general welfare and development. In addition, the arrangements in the centre ensured that residents' needs were assessed and reviewed regularly in the event of any changes.

The person in charge ensured that comprehensive assessments were completed on each resident to assess their health, personal and social care needs. Where required a range of care and support plans were in place which were found to be kept under regular review for changes. In addition, residents' health and wellbeing were promoted in the centre. Where the need was identified residents were supported to access a range of allied healthcare professionals, and were supported with any recommendations to enhance their health. There was easy-to-read information in place for residents who had healthcare needs to aid and develop their understanding of healthcare topics.

Residents who required supports with behaviours of concern had comprehensive behaviour support plans in place. These were kept under review, updated as required and they included multidisciplinary therapy team (MDT) input. A number of restrictive practices were in place in the centre for safety reasons, and these were found to be monitored regularly. There were clear protocols in place for their use and it was found that any restrictive practices had been assessed so as to ensure that they were the least restrictive option and proportionate to any risks identified. In addition, where emergency protocols were required to be implemented, there was a review and debrief completed following their use.

There were good arrangements for risk management in the centre. There were plans in place to provide guidance on how to respond to any emergency situation. In addition, there was a service risk register in place where assessments were completed on identified risks in the centre. These were found to be kept under regular review and if risks required escalating to the DON, this had occurred. Some amendments were required in the documentation to ensure that the name of the centre and a risk rating were accurate, and this was completed on the day of inspection.

There were good arrangements in place to ensure fire safety in the centre. This included checklists for reviewing the effectiveness of fire safety arrangements at daily, weekly and monthly intervals. One fire door was due to be upgraded in the days post inspection and assurances were given on the day that the fire door in place at the time of inspection would be effective in containing fire. Fire drills were completed regularly which helped to ensure that residents could be safely evacuated. Fire safety was discussed regular at residents' meetings, and which demonstrated residents' awareness and knowledge about fire evacuation procedures. Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre.

In summary, this inspection found that the service provided to residents was to a

high quality and that it met residents' needs and provided them with person-centred care and support. Some improvements in the premises, staff training and in ensuring unannounced audits occurred as required would further enhance the quality and safety of the service.

Regulation 13: General welfare and development

Residents' general welfare and development were supported in the centre. Some residents had access to day programmes and could choose to attend in line with their choices. Other activities that residents enjoyed included dance classes, 'aquafit', going to the gym, going on day trips, attending car events and going to dances.

Residents had opportunities for leisure and recreation in their home also. These included activities such as gardening, planting vegetables, listening to music on the radio and playing on games consoles in line with individual choices. Residents had good family contact and regularly enjoyed visits with family.

Judgment: Compliant

Regulation 17: Premises

The house was spacious, clean and homely and met the assessed needs of residents.

However, the following was found;

- Some internal and external painting was required. This was identified by the provider and included on the centre's QIP.
- One door was due to be upgarded. There was a plan in place for this to be completed in the days post inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place which included all the information required under this regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The service had a policy and procedure in place for risk management. There was a centre safety statement which included arrangements for emergency plans. There were good arrangements in place for the management of risk in the centre. This included the development of a risk register which included assessments for risks that had been identified. Risks were found to be kept under review to ensure that control measures were effective. Where risks affecting residents had been identified, there were assessments in place and were found to be kept under ongoing review.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for detecting, containing and extinguishing fires. Regular fire drills took place which demonstrated that residents could be evacuated to a safe location. Fire safety and fire evacuation were discussed regularly at residents' meetings to help to ensure that all residents were aware of what to do in the event of a fire. There was a schedule of checks in place to ensure that fire safety arrangements were effective.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that comprehensive assessments were completed of residents' health, personal and social care needs. There were a range of care and support plans in place for residents where this need was identified. These were found to be kept under regular review and updated as changes occurred. Residents and their representatives attended annual reviews of their care and support. Residents were supported to identify meaningful goals and these were kept under review for completion, with photographs in place of the achievement of these goals. Residents' personal plans were made available to them in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve optimal healthcare. Where residents had healthcare needs, they were supported to access a range of allied healthcare professionals as required. The health and wellbeing of residents, and any associated care plans, were kept under regular review.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff received training in behaviour management. Where residents required support with behaviours, there were up-to-date comprehensive behaviour support plans in place which included input from relevant multidisciplinary team (MDT) members.

Restrictive practices in place in the centre were found to be kept under regular review to ensure that they were the least restrictive option and that they were used for the shortest duration and proportionate to any risk. The protocols for restrictive practices in place also included a consideration of how they may infringe residents' human rights. Discussions on some restrictive practices in place, for example the locking of some doors, were found to be discussed with residents at residents' meetings.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in safeguarding vulnerable adults and 'Children First'. Each resident had an overarching safeguarding plan which included details on how to safeguard residents from any potential safeguarding concern. There were no open safeguarding concerns at the time of inspection. Strategies in place such as the use of the environment, individual transport and staffing numbers helped to ensure that any safeguarding risks between residents were minimised. These strategies were found to be effective as there had been no safeguarding concerns in a year, since June 2022.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had undertaken training in human rights and there was evidence of a human rights based approach taken in the centre. Residents were consulted regularly about

the running of the house through weekly residents' meetings. These meetings also provided a forum for residents to make choices about shopping, food choices and activity choices. Residents were supported in their choices to vote, to attend religious ceremonies and they were supported to make to day-to-day choices in their lives.

The provider had in place a Human Rights' Committee who met regularly to review processes for upholding rights.

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	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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunwiley OSV-0005489

Inspection ID: MON-0031277

Date of inspection: 21/06/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: •The Person in charge will ensure that all staff are compliant in relation to Fire Safety Training Date completed 05/07/2023. •The Person in Charge will continue to review training matrix on monthly basis and schedule relevant training for staff. Date completed 31/07/23	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Provider will ensure that 6-monthly Provider Nominee reports are scheduled and completed within specified timeframe. Date completed 31/07/23. • The provider will ensure that Annual review reports are completed within specified timeframe. Date completed 31/07/23	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: • The Person in Charge has liaised with the contractor to progress the identified painting works to the external of the designated centre. Date for completion 30/08/2023. • The Person in Charge has liaised with the contractor to progress the identified painting works to the internal of the designated centre. Date for completion 30/11/2023. • The Person in Charge will monitor the completion of the identified painting of the designated centre through regular review of the centres quality improvement plan. • The Person in Charge has liaised with the maintenance manager and the scheduled works to replace one fire door in designated centre has been completed. Date completed 15/07/2023.	

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 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	31/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	31/07/2023

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			