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:	Honeysuckle Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	03 September 2024 and 04 September 2024
Centre ID:	OSV-0004469
Fieldwork ID:	MON-0035386

About the designated centre

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

Honeysuckle services is a service run by the Brothers of Charity Services, Ireland which consists of three house. One house is divided into two self contained apartments. The centre provides a service for up to six male and female adults who have an intellectual disability. The service can support individuals aged 18 years upwards. Two houses are located on the outskirts of a town in Co. Roscommon, and the other house is located in another adjacent town in Co. Roscommon. All houses are within easy access to all local amenities and the community. Transport is provided to support residents to access these local amenities. The houses are comfortable and suitable for purpose and have access to gardens. Staff are on duty both night and day to support residents living in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Tuesday 3 September 2024	10:00hrs to 17:30hrs	Mary McCann	Lead
Wednesday 4 September 2024	09:30hrs to 13:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Overall, residents reported having a good quality of life in a homely environment, with care and support provided by kind and caring staff. The inspector observed that residents were consulted in the running of the centre and were engaged in meaningful activities in the community. However, areas of risk management required review.Honeysuckle consists of three houses. House A is divided into two self-contained one-bedroom apartments and accommodates two residents. House B is located in close location to House A and accommodates two residents. House C is located in a rural town some 15 km away and also accommodates two residents. The inspector met with two residents in House B and one resident in House C. The inspector also met with two staff members: the area manager and the person in charge. The person in charge confirmed that all residents had been informed that they could meet with the inspector if they wished, and also gained consent from the residents for the inspector to visit their homes. This announced inspection was undertaken to assess the suitability of this centre for renewal of registration. Prior to the inspection, the inspector contacted the person in charge to discuss arrangements that would best facilitate the residents to meet with the inspector. The inspector held an introductory meeting with the person in charge and area manager on arrival to the centre to discuss the format of the inspection. There were six residents living in the centre at the time of this inspection.

The inspector visited all three houses with the person in charge and area manager. The inspector introduced herself to residents and explained the role of the Health Information and Quality Authority (HIQA). The inspector observed residents chatting with staff in a comfortable, relaxed way. Staff were chatting with residents about activities they had completed or were going to complete. Residents were complimentary of the service provided to them. One resident told the inspector that "they loved living in their house, they had lived there for many years and it was a nice house." A resident confirmed that he met his family regularly, while another resident talked of how he had good autonomy over his time and had good access for social engagement in the community by attending various activities outside the centre; for example, working two days per week they attended the cinema, visited friends, and went on day trips. This meant that residents maintained relationships with their friends and engagement in purposeful, meaningful activities.

A person-centred rights-based approach was evident in the centre, where the voice of the residents was listened to and residents had meaningful, busy lives. Staff who spoke with the inspector stated that completion of human rights training enhanced their knowledge of the importance of dignity and respect for residents. Staff were observed to be respectful of residents' choices and wishes as they assisted them; for example, checking were they comfortable, did they want a refreshment, or what would they like to do. Staff also discussed menu choices with residents and residents told the inspector that they helped prepared the food and were involved in their choice of food. There was good evidence that regular residents' meetings were occurring. Sufficient resources for residents to engage in individual and group

activities were available, and transport was available at all houses, including two vehicles for the house with the two apartments. This had been a recent improvement in this service, where each resident had their own staff and transport, which staff described as enhancing the lives of residents and decreasing incidents of responsive behaviour.

All residents had received a questionnaire from HIQA which had been sent to the centre in advance of the inspection. The inspector received six completed questionnaires. Two residents had completed the questionnaires independently and four residents had received support from staff or a family member to complete these questionnaires on 'What it is like to live in your home'. Responses indicated that residents were happy living the centre and had access to meaningful activities of their choosing. Examples of comments included: "I get to do what I want"; "I love going places"; "The staff chat with me lots"; "Staff are kind, caring, and I am happy with the people I live with". In summary, from what residents told the inspector and from what the inspector observed, residents had access to person-centred activities and were well cared for by staff.

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 care and support provided to the residents.

Capacity and capability

While there were clear governance and management structures in place, the provider needed to further improve the overall governance and monitoring in the centre to ensure there was effective oversight to ensure the service provided was a safe quality service for residents.There was good monitoring of accidents and incidents, and provision of adequate resources which included staff who had worked in the service for many years and knew the residents well. However, the inspector found that the monitoring of changes in residents' health and wellbeing status was not kept under review to ensure that the service provided met the changing needs of residents. Additionally, risk assessments were not in place for risks identified during the inspection. This is discussed further under Regulation 26, 'risk management procedures'. Another area that required review was the recording and monitoring of the progression and achievement of goals. The provider's arrangements for monitoring the centre included six monthly unannounced visits which were completed by a senior staff member independent of the centre and completion of annual reviews of the service provided. The previous two six-monthly reports were reviewed by the inspector, as was the latest annual review. A quality improvement plan had been completed after these reviews, but it was difficult to track completion of these actions; while timelines for completion were in place,

where timelines had expired there was no narrative to support what actions had been taken. Also, the quality improvement plan was generic in nature in some instances and did not specify what actions were to be taken and by whom in order to address areas that required review. There was no evidence available that some information recorded in the annual review had been actioned. For example, a family member had raised the issue that they did not know how to make a complaint, but there was no evidence available that anyone had contacted the family member to address this. There had been quality initiatives enacted since the last inspection; for example, two new kitchens and a new bathroom had been installed. The inspector reviewed the compliance plan from the last inspection of this centre which was an unannounced monitoring inspection to review compliance with the regulation relating to infection prevention and control arrangements, which was carried out on 15 June 2023. All actions had been addressed.

Infection prevention and control guidance had been updated to reflect national guidance, and regular infection prevention and control audits were occurring, as were audits in other areas, such as finances. Regular team meetings were occurring and there was very good attendance by staff at these meetings. Detailed minutes were available for staff who were unable to attend. There was good access to advocacy services, and residents were involved in attending advocacy meetings regularly. The residents' meetings were held weekly, and had a comprehensive agenda which included rights, complaints, meal planning, and advocacy. There was good evidence of easy-to-read documents regarding making a complaint, the annual review, and information regarding personal goals. The person in charge had recently been appointed and was supported by the area manager to get settled into their post, with regular meetings occurring between them. The area manager had regular meetings with the head of operations. Management staff of the service gave a firm commitment to address areas of non-compliance's in a timely fashion at the feedback meeting held with the inspector at the end of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

All of the required documentation to support the application to renew has been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had recently appointed a person in charge who worked full-time and

had the qualifications, skills and experience necessary for the duties of the post. The person in charge was responsible for this centre and another sister centre which was located locally.

Judgment: Compliant

Regulation 15: Staffing

The rota required review to reflect the hours the person in charge worked. The inspector observed residents received assistance and support in a timely and respectful manner during the inspection. The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where there was a requirement to cover staff absences, these were covered by regular relief staff who knew the residents well, had completed mandatory training and were Garda Síochána vetted.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in fire safety, managing behaviour that challenges, and safeguarding. Refresher training for some staff was due. Training in these areas was scheduled for September and October 2024. Additional training specific to the needs of residents (for example, safe management of epilepsy, personal outcome measures, and cyber security) had been undertaken. An on-call out-of-hours roster was in place to provide support and advice to staff. Details of this were displayed in the centre, and staff spoken with were aware of this procedure. The person in charge and staff confirmed this service was accessible and worked well. This also included protocols for staff to follow in certain situations. Supervision occurred annually, and staff could access the person in charge or management personnel freely on a day-to-day basis.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre, including property damage

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided in the centre was effectively monitored; however, these systems required review to ensure they were enacted according to the policies and procedures of the provider. For example: recording and review of personal goals; completion of risk assessments in response to changing needs; utilisation of information obtained in the annual review; and when residents raised issues in residents meetings — this information should be made known to management so that these matters can be addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been recently revised in preparation for this inspection. It accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who met with the inspector stated that they were very happy in their home and that they got on well together. An easy-to-read complaints policy was in place. Residents stated that they could complain to any member of staff if they were unhappy, and were confident that staff would address their concerns. A complaints policy which complied with the regulations was in place. Residents had good access to advocacy services.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented policies and procedures required by Schedule 5 of the regulations. The policies were reviewed within required time frames. Hard and soft copies of the policies were available.

Judgment: Compliant

Quality and safety

Residents told the inspector that they enjoyed a good quality of life living in this centre. The inspector found that staff were ensuring that each resident's wellbeing and welfare were maintained by a good standard of care and support. However, the centre needed to review areas detailed under risk management and personal plans in the centre, to ensure a safe, quality service was available to residents.

Residents were supported to attend community-based activities and to address their healthcare-related needs, and access to a range of health and social care professionals was available as required. Hospital appointments were facilitated, and health promotion services such as bowel screening was available to residents. Residents were supported to experience positive mental health, and where required, had access to mental health services. Positive behavioural support plans, where required, were in place. These were person-centred and guided staff on how to

provide care to residents. Systems were in place to safeguard residents; these included a safeguarding policy, and staff had access to the safeguarding team. At the time of this inspection, there were no safeguarding plans in place. Overall, the inspector found that residents appeared happy and content in their homes and were complimentary of the staff.

Regulation 12: Personal possessions

Residents were supported to have access to, and control over, their finances. All residents had their own personal bank accounts. Each resident had a suitable place to store their belongings and clothing. Due to the assessed needs of residents, some residents required assistance with their laundry, or staff took responsibility for the laundry of residents' clothes. Residents' clothing looked well cared for.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the premises provided was of sound construction and in a good state of repair, and provided a comfortable home for residents. The premises consisted of three houses. One house was divided in to two apartments. All properties were homely in nature and personalised. They were clean and well maintained. All premises had gardens. Residents had good space in each home to relax and have private time if they wished. In apartment 1 there was some condensation between the glass in the window in the kitchen area. All residents had their own bedrooms which they had individually decorated, and there was an ample number of bathrooms in each house for residents' use. However, in one house, the shower facilities required review to ensure they met the needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and

facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents did not attend day services, and the daytime provision of meaningful activities was organised by the centre staff. Staff were supported to attend medical appointments, and if a resident had to attend the acute hospital, staff accompanied them and a rota was put in place to ensure a staff member of the centre would be with the resident at all times. The communication/hospital passport accompanied the resident. Additionally, when a resident returned from being absent from the centre, all relevant information was obtained to ensure a safe and orderly transfer back to the designated centre. A process for medication reconciliation was in place on return.

Judgment: Compliant

Regulation 26: Risk management procedures

In one house, a resident told the inspector that they were concerned regarding the shower that was available to them. This was the only shower available in the house. They stated they had brought this to the attention of staff in January 2024 and evidence of this was available in the minutes of the residents' meetings, but this had not been actioned. A risk assessment had not been completed on the suitability of the shower for this resident. While there were falls risk assessments completed for two residents, these risk assessments were not based on an evidenced-based falls risk assessment tool, and they were both the same assessments although one resident was described by staff as being at a greater risk of falling than the other. Additionally, the inspector noted that on leaving the house, there was a step down to exit, and staff were assisting residents to exit the house. There was no risk assessment of this. In apartment 1 there was a steep slope on exiting to the back garden, but no risk assessment had been completed to ensure control measures were put in place to protect residents on exit to the garden. On reviewing a hospital passport, the inspector noted that the nutritional care guidelines did not reflect the speech and language therapist's recommendations.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place, including arrangements to detect, contain and extinguish fires and to evacuate the premises. The inspector found that regular fire drills were occurring during the day, and simulated night drills were also occurring regularly. These served as evidence that good fire safety procedures were in place at the time of this inspection. The fire alarm, emergency lighting, fire detectors and extinguishers were regularly serviced and checked by an external fire management company. Each resident had a personal emergency evacuation plan. Emergency packs which contained blankets and a torch were available in the centre for swift evacuation. Some residents told the inspector what they would do to ensure safe evacuation. Staff spoken with confirmed that they would be able to safely evacuate during night-time hours if required to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While annual reviews were occurring, residents' needs were changing and their individual assessments had not been updated. Residents had input in the development of their personal plans and they attended their multidisciplinary team meetings and annual reviews. The inspector reviewed three personal files and found that in two files the personal plans were not person-centred, as the two plans were almost identical. In another file, there were no personal goals recorded in the personal outcome measures section, but later the inspector found these goals were recorded in the minutes of the residents' meetings. Additionally the progression of goals was poorly recorded, and while the policy stated that they should be reviewed at three-monthly intervals, this was not occurring. Residents told the inspector of some of their personal achievements, but these were not recorded. They were delighted that their personal goals had been achieved — for example, working two days per week.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to maintain their health. There was good access to a general practitioner and other health and social care professionals including occupational therapy, psychology, physiotherapy and opticians.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective supports were in place for residents with behaviours of concern. The inspector reviewed two behaviour support plans. These outlined the strategies to support residents to manage their behaviours, and the person in charge reported that these were effective. A process was in place for regularly reviewing restrictions in place. Restrictions in place had been reviewed by the human rights committee on the 22 May 2024 and were upheld. There was good monitoring of these practices.

Judgment: Compliant

Regulation 8: Protection

The inspector found that residents were safe in the centre, and that the registered provider and person in charge had implemented systems to safeguard residents. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. All staff had completed the initial training of this, and refresher training was planned. A policy on safeguarding residents was available, and which all staff had read. Details of the designated officers were clearly displayed in the centre. Where required, intimate care plans had been prepared (with agreement from the respective residents) and outlined the individual supports residents required to ensure that staff delivered care in a manner that respected residents' dignity and privacy.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents told the inspector that they could fully exercise their rights without restriction, and the inspector saw that they had control in their lives and were being supported to be active participants in making decisions about their lives and in the running of the centre. For example: a resident told the inspector "I can choose what I want to do, I have a workshop in the shed to do my wood work." Other residents stated they were very happy living in the centre, and that staff assisted them to organise a significant birthday party. One resident attended weekly advocacy meetings. Residents who wished to attend Mass were supported to do so. Residents attended weekly house meetings. The inspector reviewed the meeting minutes from January 2024 to July 2024 and found that a wide range of areas were discussed to support residents' understanding of their rights. For example, advocacy, complaints, running of the house and meal planning were discussed.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Honeysuckle Services OSV-0004469

Inspection ID: MON-0035386

Date of inspection: 03/09/2024 and 04/09/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge has reviewed the roster and has included their supernumery hours. This has been completed for each house within the designated centre. Staff teams have support from PIC via telephone if not present within the house with the out of hours on-call roster for management also available for staff it there is any emergency.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of systems and recording of information will be completed to ensure the consistency of records is reflective in all the relevant documentation and supports the PIC to be up to date on this information for each person. PIC will complete weekly check in's with each service as to ensure the information that staff receive from people supported, changing needs or identified risks is communicated to them in a timely manner, as to ensure an appropriate action and response is completed.	

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A review of risk assessments for each person supported has taken place and all identified risks have been assessed with any follow up control measures in place. The risk assessments will continue to be reviewed in line with BOCSI policy or as required.

A review of people supported changing needs and environmental suitability is currently under review with senior/organizational management. This will include the review of the suitability of the shower for one-person supported. PIC is currently following up on costings for changing this shower and is communicating with the person on this process. Another shower and bathroom remains available to the person to use at all times.

A review of each individual's hospital passport took place, with all up to date and relevant information transferred immediately. This will be highlighted in the next team meeting as to ensure best practice.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
A review of people supported house meetings has taken place and PIC is engaging with the Quality department (QED) to improve these meetings and the system for information sharing.
PIC and QED are reviewing the house meeting template to ensure that the information gathered during these meetings reflect the wishes of people supported to have new experiences in their week as per our quality person centered planning system, Personal Outcome Measures. PIC is also ensuring that house meetings engages with people in line with their preferred methods of communication. This information will then be transferred into their POM folder to reflect these opportunities for people supported.

A review of people supported personal outcomes/goals will take place with management and staff during a team meeting, as to ensure goals identified are person centered and reflective of individuals will and preference. PIC is working closely with QED to support this review.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/10/2024
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	29/11/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	26/04/2025

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	21/01/2025