



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

## Issued by the Chief Inspector

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 August 2024
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0044525

## About the designated centre

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

Oldfield Services is a designated centre which offers full-time, part-time and respite services to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 7 August 2024	10:00hrs to 17:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to assist in determining the provider's application to renew the registration of the centre. In the current registration cycle of the centre, the provider had been subject to increased regulatory activity due to ongoing concerns in regards to the oversight and operation of designated centres which the provider operated.

This inspection highlighted improvements in regards to the role and remit of the person in charge and staffing. However, significant issues were found in regards to the provision and oversight of safeguarding, fire safety, governance and management and the submission of notifications as set out in the regulations. These issues will be discussed in the subsequent sections of this report.

The centre was registered to accommodate five residents at any one time. Eight residents were availing of the service, with three fulltime residents, two shared placements and one respite user. Each of the fulltime residents had their own bedroom and there was also an identified respite room. The two residents who availed of a shared placement had the use of an identified bedroom and they attended the centre at alternative times. The centre was located within a suburban neighbourhood in Galway city. It was a large detached property and in general it was well maintained and had a homely presentation. There was an ample number of shared bathrooms and residents had free access to a large kitchen/breakfast area, a separate dining room and also a large reception room. In addition, one resident had their own living area which consisted of a large bedroom, separate bathroom and also a large television room in which they liked to relax.

The inspector met with five residents who were using the service on the day of inspection. The residents were on holidays from their respective day services and they were enjoying a relaxing morning. Some residents had a sleep-in while two others were up and having breakfast. In general, the centre had a very pleasant and homely atmosphere. Residents chatted freely with the inspector, staff members and each other throughout the day and they planned to go to Connemara as a group in the evening. Although pleasant interactions were observed throughout the day, one resident spoke with the inspector about concerns they had. This information was referred to the provider and confirmation was given to the inspector that their concerns would be taken seriously. Subsequent to the inspection, the relevant notification was submitted to the Office of the Chief Inspector. The inspector also reviewed information which indicated that interactions between residents were not always pleasant and there had been a number of safeguarding issues prior to this inspection. The inspector found that some of these issues had not been managed appropriately which impacted on residents' experience of living in this centre. These issues will be discussed in the subsequent sections of this report.

Residents had a good access to their local community and they enjoyed going for coffee and meals out. One resident explained to the inspector, that they were

generally tired after day services and they preferred going out at the weekends to the cinema or for a day trip. Financial records reviewed showed that residents liked to go to tourist areas such as museums, the Cliffs of Moher and also seaside towns during the summer months.

The inspector found that some aspects of care were held to a good standard, and residents enjoyed good access to their local community; however, significant issues in regards to safeguarding impacted upon the delivery of care. In addition, a fire safety hazard was identified during this inspection and overall improvements were required in regards to the governance and oversight arrangements.

## Capacity and capability

The inspector found that there had been improvements in the provision of some areas of care since the last inspection of this centre; however, the provider failed to demonstrate that safeguarding and fire safety was held to a suitable standard at all times. In addition, the provider did not notify the Office of the Chief Inspector of all safeguarding concerns, and in general improvements were required in regards to the oversight of care.

The provider had completed all internal reviews and audits as set out in the regulations, with the most recent provided audit occurring in the weeks prior to this inspection. This audit had identified several areas of care which required attention, however, there were no significant issues raised in the completion of this audit. The person in charge also had a range of internal audits in areas such as restrictive practices medications, adverse events and finances. Although there was a range of oversight arrangements in place, this inspection found that improvements were required in regards to safeguarding and fire safety. The provision of safeguarding was held to poor standard and had a negative impact on some residents' lives. In addition, a significant fire hazard was identified on the day of inspection which had the potential to cause serious harm to both residents and staff.

The provider had recently appointed a full-time person in charge who held responsibility for the day-to-day operation and running of the centre. They were supported in their role by senior manager and both individuals were identified on the management structure of the centre. The person in charge had a good understanding of the resident's individual and collective care needs and also of the resources which were in place to meet those needs. They attended the designated centre throughout the working week and they had full management hours in which to fulfil the duties of their role.

A review of the Rota for the week prior to and post this inspection, indicated that residents were generally supported by familiar and consistent staff team. There was some agency staff in use and any gaps in the planned rota were covered by the provider's bank of temporary staff or agency staff who were familiar with the residents' needs. The provider also had a mandatory and refresher training

programme in place which ensured that staff could cater for the assessed needs of residents. A review of training records indicated that all staff had received mandatory training in areas such as safeguarding, behavioural support and fire safety.

### Regulation 14: Persons in charge

The person in charge had been recently appointed and they were suitably qualified and experienced to fulfil the duties of this role. They had a good understanding of the residents' needs and they attended the centre throughout the working week. Staff who met with inspector stated that they felt supported in their role and they would have no issues in approaching the person in charge if they had an issue or concern they wished to raise.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly accounted for the day and night-time staffing arrangements in the centre. The provider ensured the centre was resourced in line with its statement of purpose, with three staff on duty when residents were in the centre during the day and a staff sleep-in arrangement during night-time hours.

The provider ensured that a familiar and consistent staff team was available to residents and the inspector found this had a positive impact on both the social and personal needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could meet the assessed needs of residents. Staff had completed training in areas such as behavioural support, fire safety and safeguarding, and additional training had been completed in regards to epilepsy and the administration of rescue medication.

The provider also facilitated team meetings and scheduled support and supervision

sessions with the person in charge. The inspector found that these arrangements promoted an open and transparent culture and gave staff a platform to discuss care and any concerns which they may have.

Judgment: Compliant

### Regulation 23: Governance and management

The local governance arrangements had been strengthened since the last inspection of the centre with the full-time person in charge appointed and also the provision of a senior manager to provide additional oversight of care practices. All required audits and reviews have been completed and the person in charge had a range of internal audits to provide additional monitoring of care practices.

Although local governance arrangements had improved, the provider failed to ensure that the centre was operated in a manner where residents were protected from safeguarding concerns and where actual environmental risks were recognised and acted upon in a prompt manner. The providers own governance and oversight arrangements had failed to recognise and take appropriate steps to resolve the poor practices pertaining to safeguarding and fire safety.

The oversight by the provider of all aspects of safeguarding, including recognising concerns, preventing abuse and management of on-going concerns needed significant improvement given the concerns as outlined in this report.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The office of the Chief Inspector had not been notified as required of a safeguarding incident which occurred in the weeks prior to this inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy, and an associated complaints procedure was clearly displayed in the designated centre. The provider had easy read information on complaints which facilitated residents to understand how to make a complaint, how it would be managed and resolved to their satisfaction.



Residents were actively informed in regards to complaints which was on the agenda of recent residents' meetings. There was one recently received complaint which the person in charge had recorded and responded to. In addition, a resident told inspector that they could go to the person in charge or any staff member if they wanted to discuss an issue or raise a complaint.

Judgment: Compliant

## Quality and safety

This inspection was conducted to assess the provider's compliance with the regulations. The provider had recently been subject to increased regulatory activity due to poor compliance across centres which it operated. This inspection found that there were significant issues and concerns in relation to fire safety and provision of safeguarding in the centre. In addition, some adjustments were also required in regards to the management of medications and some risks.

From discussions with residents and staff, and also by reviewing documentation it was clear that there had been a significant rise in the number of safeguarding concerns in the weeks and months prior to this inspection. There had also been a marked increase in behaviours of concern for one resident which was impacting on the lives of others. Although the provider was actively reviewing the behavioural support needs of this resident, the associated safety, safeguarding and compatibility issues had not been addressed. Both a staff member and a resident explained to the inspector that residents had to remove themselves to another room when a resident's behaviours were escalating. Residents frequently witnessed staff subjected to verbal abuse and following recent incidents of concern, whereby a staff had to intervene to prevent physical harm, a resident clearly stated that they no longer wanted to live with one of their peers. In addition, these incidents have been reviewed by the provider who failed to recognise the safeguarding issues which had just occurred. A further safeguarding incident occurred in the days prior to the inspection which could have been prevented if the provider had recognised and responded appropriately to the previous safeguarding incidents.

The inspector found that the provision of safeguarding required a complete review in this centre. A safeguarding plan which had been implemented following another recent incident of concern was found to be of a poor standard. It did not give sufficient guidance in terms of the supervision requirements of residents and it also failed to address a key issue of the concern which had been raised. It also failed to address the transport needs of these residents, as both residents travelled together, to and from their day services.

Residents enjoyed a good level of social care and they were out and about in their local communities on a daily basis. Residents explained to the inspector that they enjoyed going to restaurants, having coffee out and also shopping in Galway city.

Residents were also well supported with their hobbies and one resident showed the inspector a crochet rug which they were completing. They also displayed several other arts and crafts items in their room, and it was clear that they enjoyed this pastime. Residents were also well supported to identify and achieve personal goals. Personal plans reviewed showed that residents attended individual planning meetings with their representatives and keyworkers. Residents had recently chosen goals such as participating in the "Streets of Galway" event and also taking up swimming lessons.

Overall, the inspector found that areas such as social care were held to a good standard; however, significant improvements were required in regards to safeguarding and fire safety measures in this centre.

### Regulation 12: Personal possessions

Residents had their own bedrooms which had ample storage for their personal possessions. Residents had their own bank accounts but they required support with regards to managing their finances. The staff who supported residents with regard to their finances maintained accurate records of all cash and cashless transactions. In addition, the person in charge had scheduled a financial review to occur subsequent to the inspection, to ensure that financial practices were held to a good standard at all times.

Judgment: Compliant

### Regulation 17: Premises

The premises was maintained to a good standard both internally and externally. Each resident had their own bedroom and staff members were observed to knock and seek permission before entering their rooms. There was an ample number of shared bathrooms and toilets for residents to use. Overall, the centre had a warm and homely feel and it was clear that residents considered it their home.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge had a good understanding of risks in the centre and comprehensive risk management plans were in place for issues such as falls, epilepsy and behaviours of concern. In addition, the provider had a system in place to record, monitor and respond to adverse events which had the potential to impact upon the quality and safety of care provided. The person in charge

maintained responsibility for the system and on the day of inspection all adverse events had been reviewed in a prompt manner.

Although risk management was generally well promoted, some improvements were required. For example, risk assessments were not in place for two known medical conditions, one of which had the potential to impact the health of staff and other residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Some fire safety measures were promoted and residents who met with the inspector had a good understanding of how to evacuate the centre in the case of an emergency. Fire drills were a regular occurrence and associated records indicated that both residents and staff could leave the centre in a prompt manner.

Although some fire safety measures were promoted, a serious fire safety hazard was identified on the day of inspection. The inspector noted that an electrical device which was used to heat water was permanently switched on and prevented from being switched off by electrical tape. This switch was generating heat and located in an area which did not have a fire detection device. A maintenance person was on site on the day of inspection and removed the tape and also raised some concerns in regards to this practice. In addition, two fire doors were wedged open and one was not functioning properly which further impacted on the fire containment measures.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage in place for medicinal products and staff were completing regular stock checks which promoted the safe administration of medications. Staff had also received training in the safe administration medications and there were no trends in regards to medication administration errors in the centre. A review of prescription sheets showed they contained the required information for the administration of medicinal products ; however, the associated administration record for one medication required review, as it listed an incorrect medication dosage.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Assessments of need have been recently completed for all residents in the centre and they were found to be generally held to a good standard. Residents were also well supported in the area of social care and they enjoyed good access their their local community.

In addition, residents were also supported to attended their annual planning meeting which promoted their participation in decisions about their care. They were also assisted to identify and achieve personal goals which improved their health and general wellbeing.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that the oversight and provision of safeguarding in this centre required significant improvements. The provider had failed to act upon two safeguarding incidents which had been referred by the centre's person in charge and resulted in an additional safeguarding incident occurring in the days prior to the inspection. A resident also voiced their dissatisfaction with the behaviour of another and clearly stated that they did not want to live with this resident; however, no action had been taken by the provider.

In addition, a separate safeguarding plan which was reviewed by the inspector was found to be of a poor standard. It did not give sufficient guidance in terms of the supervision requirements of residents and it also failed to address a key issue of the concern which had been raised. It also failed to address the transport needs of these residents, as both residents travelled together to and from their day services.

The inspector found that the provision of safeguarding and the compatibility of residents in this centre required a complete review to ensure that residents were safe and that their welfare and wellbeing were promoted at all times.

Judgment: Not compliant

## Regulation 9: Residents' rights

It was clear that the rights of residents was actively promoted. The inspector observed the residents were treated with dignity and respect and they were actively involved in the running and operation of their home. Information on rights was also

clearly displayed and advocacy was available, should it be required

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0044525

Date of inspection: 07/08/2024

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will undertake a comprehensive service review that will focus on key factors inclusive of,</p> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Incident Management</li> <li>• Risk Management</li> <li>• Suitability and Compatibility</li> <li>• Premises</li> <li>• Fire Safety</li> </ul> <p>The Person in Charge, Area Service Manager, Head of Social Work and Designated Officer will undertake an in-centre review of all safeguarding plans. This review will also ensure that each safeguarding plan is person centred, in line with organisational policy, provides clear guidance and direction to staff supporting the resident and in particular transport arrangements in place for residents where concerns exist. The Head of Social Work and Designated Officer will attend the staff meeting to deliver a bespoke safeguarding session on the organisation’s Safeguarding policy and practice by the 10/09/2024.</p> <p>Safeguarding is now a permanent agenda item on all staff and resident meetings.</p> <p>The Area Service Manager, the Person in Charge and a member of the Multi-Disciplinary Team will complete a suitability and compatibility assessment in consultation with each resident to determine whether there are any other areas that need to be addressed by the provider. To support this assessment a member of the Multi-Disciplinary Team will commence a project to determine the lived experience with each resident living in the centre. The Provider will consider all outcomes from the assessments and project to ensure each resident’s will and preference is prioritized by the 31/10/2024.</p>	



The Person in Charge will undertake a monthly safeguarding audit which will be reviewed by the Area Service Manager on a quarterly basis by the 17/09/2024.

The Area Service Manager and the Person in Charge will review all recorded incidents from 07/08/2023 to 07/08/2024 to identify any trends of safeguarding incidents in the centre by the 16/09/2024.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The office of the Chief Inspector was notified retrospectively of a safeguarding incident on the 08/08/2024.

The Area Service Manager and the Person in Charge will review all recorded incidents from 07/08/2023 to 07/08/2024 to identify any trends of safeguarding incidents in the centre by the 16/09/2024.

The Provider will ensure all notifications will be submitted as required under regulation 31.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Person in Charge has reviewed and updated individual risk assessments to include all medical conditions and the potential impact on the health of staff and other residents.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A fire detection device will be installed in the hot press area by the 11/09/2024

Two Fire Doors have been reviewed to ensure that they are closing adequately, and wedges were removed from the centre on the 07/08/2024. The Person in Charge will ensure all staff are aware that no wedges are permitted in the centre.

The Person in Charge will schedule weekly fire checks to ensure all staff are familiar with the process.

Fire Safety is now a permanent agenda item on all staff and resident meetings.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge has reviewed the Medication Administration Recording Sheet, which was updated by the pharmacy to reflect the correct dosage on the 09/08/2024. Medication Management is now a permanent agenda item on all staff meetings.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The Provider will undertake a comprehensive service review that will focus on key factors inclusive of,

- Safeguarding
- Incident Management
- Risk Management
- Suitability and Compatibility
- Premises
- Fire Safety

The Person in Charge, Area Service Manager, Head of Social Work and Designated Officer will undertake an in-centre review of all safeguarding plans. This review will also ensure that each safeguarding plan is person centred, in line with organisational policy, provides clear guidance and direction to staff supporting the resident and in particular transport arrangements in place for residents where concerns exist. The Head of Social Work and Designated Officer will attend the staff meeting to deliver a bespoke safeguarding session on the organisation's Safeguarding policy and practice by the

10/09/2024.

Safeguarding is now a permanent agenda item on all staff and resident meetings.

The Area Service Manager, the Person in Charge and a member of the Multi-Disciplinary Team will complete a suitability and compatibility assessment in consultation with each resident to determine whether there are any other areas that need to be addressed by the provider. To support this assessment a member of the Multi-Disciplinary Team will commence a project to determine the lived experience with each resident living in the centre. The Provider will consider all outcomes from the assessments and project to ensure each resident's will and preference is prioritized by the 31/10/2024.

The Person in Charge will undertake a monthly safeguarding audit which will be reviewed by the Area Service Manager on a quarterly basis by the 17/09/2024.

The Area Service Manager and the Person in Charge will review all recorded incidents from 07/08/2023 to 07/08/2024 to identify any trends of safeguarding incidents in the centre by the 16/09/2024.

## 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 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.	Not Compliant	Orange	31/10/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety	Not Compliant	Orange	07/08/2024

	management systems are in place.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/09/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	09/08/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	16/09/2024
Regulation 08(2)	The registered provider shall	Not Compliant	Orange	10/09/2024

	protect residents from all forms of abuse.			
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.	Not Compliant	Orange	16/09/2024