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:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	14 October 2024
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0045026

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hours a day, seven days a week care and support for up to 17 residents in a rural location in Co. Kildare. The designated centre consists of eight residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents, aged 18 and over with intellectual disabilities. Residents are supported by a team of social care workers, assistant support workers and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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
Monday 14 October 2024	08:50hrs to 17:00hrs	Marie Byrne	Lead
Tuesday 15 October 2024	08:50hrs to 15:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were busy and active and supported to make healthy lifestyle choices. Overall, the inspector of social services found that the provider had taken a number of responsive steps to safeguard residents since the last inspection; however, further improvements were required in relation to safeguarding residents, staffing numbers and oversight and monitoring.

Dunshane provides 24/7 residential services to up to 18 adult residents with an intellectual disability in a rural area in County Kildare. There are eight premises on the site which make up the designated centre. There is also a working farm, a walled garden with fruit and vegetables, day service buildings and premises where volunteers live on the site.

There were 17 residents living in the centre on the day of the inspection. Over the two days of the inspection, the inspector had an opportunity to meet and briefly engage with 11 residents. They had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. The inspector also had an opportunity to speak with the person in charge, a team leader, six staff and a person participating in the management of the designated centre.

Over the course of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in each of the areas visited. Each of the premises were found to be homely and comfortable. Art work and soft furnishings contributed to how homely they appeared. Residents' bedrooms were decorated in line with their preferences and they had plenty of storage available for their personal items.

During the inspection residents were engaged in a number of activities both on and off the campus. The inspector had an opportunity to sit and spend time chatting with some residents and to observe them engaging in activities they enjoyed in their home such as, chatting with each other and staff, doing arts and crafts and preparing meals and snacks. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents.

A number of residents were attending day services during the inspection and choosing from a variety of workshops and activities in areas such as, weaving, pottery, basketry, cooking, baking, and arts and crafts. Residents can also choose to take part in gardening or care for the animals on the farm. Residents spoke with the inspector about taking part in a number of activities in their community such as external social clubs, meeting friends and family, music classes, drama classes, horse riding, swimming, shopping, and going to the cinema. Two residents spoke about their recent trips abroad. They spoke about how much they had enjoyed their

trips and describes some of their favorite activities during their holiday. One resident spoke about how they were out-and-about regularly. They spoke about enjoying spending time with staff shopping and going out for meals.

Two residents also spoke with the inspector about the importance of keeping in touch with, visiting and being visited by their family and friends. The spoke about going to their family homes regularly. Two residents were visiting their family homes during the inspection and one resident spoke about their plans to go home to celebrate their birthday with their family just after the inspection.

Two residents had recently transitioned to their new apartment on the grounds since the last inspection. Staff reported that their transition had been very successful. The inspector briefly met them in their new home and they both appeared very comfortable and content. They had access to a number of large and attractive communal spaces in their new apartment and works were planned to the garden area just after the inspection.

During the inspection staff and members of the local management team spoke about their concerns relating to the compatibility of some residents sharing their home. They detailed all the responsive actions and measures they were taking to keep residents safe. They had made a number of environmental changes which they reported as proving effective initially. They also spoke about changes to residents' routines and supports to attempt to reduce presenting risks. They also spoke about sometimes experiencing difficulties implementing the control measures in open safeguarding plans due to staffing numbers, at times.

Throughout the inspection, staff were observed to be very familiar with residents communication styles and preferences. They spent time listening to residents and residents were observed seeking them out if they required their support. Picture rosters were on display in the houses and there were easy-to-read documents available about areas such as, safeguarding, complaints, resident' rights, how to access advocacy services and the confidential recipient, fire evacuation plans, and infection prevention and control (IPC).

The inspector observed residents being supported to to make choices around how and where they wished to spend their time, and what and when they would like to eat and drink. The inspector also observed staff respect residents' privacy in their home. They were observed to knock on residents' bedroom doors before entering. Staff who spoke with the inspector used person-first language and focused on residents' strengths, talents and how they contributed to their home and the community.

Residents were supported to buy, prepare and cook or bake if they wished to. The inspector found that fresh fruit, vegetables, eggs and meat from the farm were regularly used when preparing meals and snacks in the houses. Residents were observed during the inspection preparing meals and snack and cleaning the kitchen area after meals. Menu planning was discussed at residents' meetings and there were a number of vehicles to support residents to go food shopping if they wished to.

Resident and family input was sought as part of the provider's annual and six-monthly reviews. The feedback from residents indicated they were happy in their home, and with staffing supports. Family input was also positive in relation to residents' homes, their goals and activities, and the supports of the staff team. They indicated they were happy with communication with the team, aware of the complaints process and would feel comfortable raising any concerns they may have. Areas where families identified that improvements were required included, the premises, supporting their relative to learn new life skills and to seek employment.

In summary, residents were busy and had things to look forward to. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required, such as those relating to resident compatibility and safeguarding, staffing and oversight and monitoring.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service provided.

Capacity and capability

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and the National Standards for Adult Safeguarding (2019).

Since the last inspection the Chief Inspector of Social Services had been in receipt of solicited and unsolicited information about the centre. This information related to notifications of allegations of abuse and two pieces of unsolicited information which outlined concerns relating to safeguarding and protection, staffing and governance and management.

Overall, the inspector found that the provider had completed a number of actions since the last inspection which had resulted in a reduction in risks, including safeguarding risks. These actions included supporting two residents to move to a new apartment on the campus and to support one resident to have sole occupancy in their home. Staff reported that this had resulted in improvements to the quality of life of a number of residents. However, the centre was not fully resourced and this was impacting on their ability to keep people safe, at times. This will be discussed further under *Regulations 23: Governance and Management and Regulation 8: Protection*.

The inspector found that the provider's systems for oversight and monitoring were not being fully implemented or proving fully effective. The provider was self-identifying areas where improvements were required in their six-monthly and annual reviews; however, a large portion of the actions developed from these audits were

not being implemented or bringing about the required improvements at the time of this inspection.

Through a review of documentation and discussions with residents and staff the inspector found that the centre was not fully resourced to meet the number and needs of residents in the centre. There were staff vacancies and there were times when staff reported that there were not sufficient numbers of staff to support residents at specific times during the day. Some staff reported this was impacting on their ability to implement control measures detailed in some safeguarding plans and risk assessments. This will be discussed further under Regulation 15, Staffing.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. The sample of four staff files reviewed by the inspector were found to contain the required information. There was a supervision schedule in place and the majority of staff were in receipt of regular formal supervision in line with this schedule. Six staff who spoke with the inspector said they were well supported by the local management team and that they were escalating any concerns they may have in relation to the quality and safety of care and support for residents to them. Each staff spoke about their commitment to maintaining a safe environment for residents.

Regulation 15: Staffing

Through discussions with staff and a review of documentation the inspector found that the provider had not ensured that the number and skill-mix of staff was appropriate to meet the safeguarding needs of residents.

This meant that the control measures identified in some safeguarding plans were not achievable, and that where residents chose to stay in their home for day services, that they did not have their own regular staff available to them for that period. For example, in one house, no staff were on duty from 10:00 to 16:00. Where residents wished to stay at home, or were unwell, management reported that they would be supported by staff available across the campus. In another house there were four residents and two staff members by day, and one sleepover staff at night. These numbers meant that safeguarding measures relating to supervision of residents detailed in open safeguarding plans was not always achievable. The lone working risk assessment for the centre was not found to reflect the safeguarding risks highlighted by other documentation or through discussions with staff and members of the local management team during the inspection.

The number of staff on duty in some of the houses was due to be reviewed at a management meeting just after the inspection. The agenda for this meeting was focused on ensuring the the right number of staff were available to support residents in each of the houses and that the available resources across the centre were being utilised effectively. For example, the local management team had identified that one staff between 08:00 to 10:00 was not meeting the needs of

residents living in one of the houses.

There were five whole time equivalent staff vacancies at the time of the inspection. A sample of rosters for 3 months were reviewed The showed that attempts were being made to ensure continuity of care and support for residents while the provider recruited to fill vacancies; however, this was not always proving possible. For example in August 2024, an average of 44% of shifts were covered by agency staff.

A sample of four staff files were reviewed and these were found to be well-maintained and to contain the required information. This information included Garda or police vetting, reference checks and valid identification for staff and volunteers.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and a sample of 40 certificates of training for four staff. 100% of staff had completed safeguarding training including bespoke applied safeguarding training. In addition they had completed training in areas such as advocacy, complaints, open disclosure, and human-rights.

There was a supervision schedule in place to ensure that staff were in receipt of regular formal supervision in line with the provider's policy. Inspectors reviewed a staff supervision for five staff and found that agenda items were focused on staff roles and responsibilities, training, health and safety, residents' rights and safeguarding. The provider was self-identifying that further improvements were required in this area and this will be discussed further under Regulation 23.

The inspector spoke with six staff who reported that they were well supported by the local management team and aware of how to report any concerns they may have about residents' care and support. Staff meetings were due to be held monthly but this was not occurring. This is discussed further under Regulation 23.

Judgment: Compliant

Regulation 23: Governance and management

Significant work had been completed in the centre since the last inspection to reduce presenting risks relating to incidents, accidents and safeguarding and protection; however, further improvements were required to reduce the risk of harm and to promote residents safety and wellbeing. Staff and the local management team highlighted that compatibility and safeguarding risks remained, particularly in one of the houses.

The provider had not ensured that the centre was resourced to ensure that the control measures detailed in open safeguarding plans could be fully implemented, at times and this is discussed further under Regulation 15.

The inspector found that the provider's systems for oversight and monitoring were not being used effectively in this centre. The provider's six monthly and annual reviews were highlighting significant areas for improvement particularly relating to safeguarding and protection, staffing resources and the review and upkeep of documentation in the centre. However, the actions from audits and reviews were not being completed or leading to the required improvements. For example, there were 61 overdue actions from the latest 6-monthly visit. These actions remained outstanding at the time of the inspection and matched the inspectors findings. Some outstanding actions related to staff meetings, resident meetings, keyworker meetings and staff supervision not being completed, as planned. There were 32 open safeguarding plans at the time of the inspection. The minutes of 31 residents' meetings across the houses were reviewed and safeguarding and protection was not discussed at the majority of these meetings. Staff meetings were due to be held monthly in each of the areas. The inspector reviewed a sample of minutes from 9 team meetings for four of the houses in 2024. In one of the houses where there had been a high volume of incidents, some of which related to safeguarding and protection, there had been two staff meetings held in this house in 2024.

The inspector reviewed the risk register and a sample of general and individual risk assessments. The risk register was found to be up-to-date and to reflect the presenting risks in the centre. However, a sample of 14 residents' risk assessments were reviewed and the risk ratings were not found to match the presenting risks recorded in incident reports or the risk register. In addition, some risk assessments had not been developed in line with presenting risks. For example, the inspector reviewed 28 incident reports relating to behaviours of concern for one resident and the risk assessment was low risk rated. For another resident who was identified as the vulnerable adult in eight allegations of abuse, their safeguarding risk assessment was low risk rated. There were 10 incident reports relating to behaviours of concern for one resident and there was no corresponding risk assessment.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities they enjoy. They were involved in the day-to-day running of the centre and making decisions about how and where they wished to spend their time. Their homes were found to be warm, clean and homely during this unannounced inspection. The provider was aware of works that were required in some of the premises and had action plans in place.

The inspector reviewed a sample of records relating to residents in the centre and found that these documents positively described their needs, likes, dislikes and preferences. Residents who required the support of a behaviour specialist or psychiatrist were accessing their support. Behaviour support plans were developed, as required. These support plans were found to be person-centred and to promote a proactive approach to care and support. Restrictive practices were documented and regularly reviewed to ensure that they were the least restrictive and used for the shortest duration.

Staff had completed safeguarding training and those who spoke with the inspector inspectors were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required. Staff and members of the local management team were aware of risks relating to safeguarding and compatibility. Significant work had been completed in relation to safeguarding and protection since the last inspection; however, further improvements were required and these are discussed under Regulation 8. In addition, further improvements were required to ensure that residents were consulted with and involved in safeguarding measure that apply to them.

Regulation 7: Positive behavioural support

The inspector found that the provider was considering the safeguarding needs of residents in the management and response to behaviours that challenge. The local management team had made significant improvements in the area of positive behaviour support in the months prior to the inspection. These improvements in the management of behaviours of concerns had resulted in a clear reduction in the frequency of these behaviours for some residents, and to the number of safeguarding concerns for others. The impact of residents observing their peer engaging in some behaviours was being monitored and the staff team continued to recognise when there was an impact for them and reporting this as a safeguarding concern.

The inspector reviewed a sample of positive behaviour support plans for four residents and found that they were detailed in nature and guided staff practice. Staff who spoke with the inspector demonstrated an up-to-date knowledge of the proactive and reactive strategies detailed in residents' positive behaviour support plans. The provider's human-rights committee were reviewing restrictive practices on a regular basis to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

As previously mentioned, significant efforts were being made by the provider to safeguard residents since the last inspection. This had resulted in a reduction and elimination of risks relating to safeguarding for a number of residents. Staff reported the positive impact of this on their quality of life. However, the inspector found that the provider continued to self-identify areas where further improvements were required in relation to safeguarding residents. They were in the process of reviewing the risks associated with resident compatibility and safeguarding in one of the houses. There had been a trend of allegations of abuse in this houses since the last inspection and there had been a recent decrease in the number of allegations, but the control measures in place were not proving fully effective at the time of the inspection.

Through a review of documentation and discussions with staff and the local management team the inspector found that improvements were required in relation to how residents were supported and assisted to develop their knowledge and understanding relating to safeguarding and protection. Resident and keyworker meetings reviewed demonstrated that limited discussions were being held in relation to safeguarding and protection. In addition, a sample four residents' safeguarding risk assessments in their personal plans were not the up-to-date ones and they did not detail current control measures. The inspector was shown the up-to-date risk assessments on the provider's electronic system later in the day.

100% of staff had completed safeguarding training and two members of the local management team had recently completed training relating to the role of safeguarding adults designated officer. Six staff and two members of the local management team were found to be aware of their roles and responsibilities should there be and allegation or suspicion of abuse. Through discussions with staff and a review of documentation the inspector found that there was a culture of openness around recognising and reporting safeguarding concerns. Staff were focused on implementing the required controls to safeguard residents but reported that sometimes resources impacted on their ability to fully implement these measures.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0045026

Date of inspection: 15/10/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A review of rosters has taken place and resources have been allocated to each house to ensure all residents are supported in line with their assessed needs and also to ensure all safeguarding measures are implemented. • An assessment of staffing needs has also been completed for the community. We are working with our HR department and our Digital Marketing Lead to recruit and allocate staff according to our WTE. We aim to allocate core staff and reduce our reliance on agencies • A recruitment drive is underway nationally to recruit sufficient core staff. We have reached out to local education facilitators and advertised positions in local newspapers and radio stations for maximum exposure. • All staff currently utilized via agency have been trained as per CCOI training requirements. • CCoI work closely with agencies to ensure regular consistent agency staff are utilized where required in the community. • All staff currently recruited via agency have access to CCOI systems and are inducted fully to meet the needs of all community members. • All agency staff receive supervision in line with CCOI policy. • All rosters are reviewed on a weekly basis to ensure adequate cover is in place to support each resident	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A full review is currently underway to assess the appropriateness of the placements of all residents within the community. Careful consideration is given to ensuring all	

safeguarding risks are mitigated.
• Additional staffing has been put in place where required to support any resident who may engage in behaviors of concern, which may impact on other residents.
• Relevant business Cases have been submitted to the HSE and followed up by CCoI
• A plan has been developed to progress the completion of all actions relating to areas for improvement identified in all audits completed in the community including the six monthly and annual reviews.
• Compliance Meetings have been scheduled with the Head of Services, PIC and compliance officer to monitor the progress of all actions.
• House meetings have been scheduled to occur monthly with agenda items including all aspects of residents' care and welfare.
• Residents' meetings are scheduled to ensure all residents are involved in the planning of events in the community and information is shared with each person relating to opportunities outside the community also. A key topic of the meetings is safeguarding and protection.
• Keyworker meetings have been scheduled which incorporate all aspects of residents' will and preference and important issues occurring in their lives. A key topic of the meetings is safeguarding and protection.
• All Risk Assessments are currently under review which will ensure all hazards/risks are rated and mitigated appropriately.
• A full review of all personal plans is underway to include all safeguarding measures to ensure the safety and welfare of each resident.
• Training is scheduled for relevant staff members on Risk Assessments to ensure all Risk Assessments are completed appropriately and accurately risk rated including mitigating measures.
• All measures listed above are overseen by the Head of Services.
• Daily meetings occur with the Head of Services where incidents, accidents, safeguarding incidents and any other matters relating to the community are discussed

Regulation 8: Protection	Substantially Compliant

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

• Additional resources have been deployed to support each resident in line with their assessed needs.
• A full review is currently underway to assess the appropriateness of the placements of all residents within the community. Careful consideration is given to ensuring all safeguarding risks are mitigated.
• Safeguarding and protection of residents is a set agenda item for all meetings in the community including Community Management Meetings, House Meetings, Key Worker Meetings and also staff supervisions.
• MDT meetings have occurred, and additional meetings scheduled to review appropriateness of interventions in place for residents who may be experiencing behaviors of concern.
• Further training has been scheduled with the staff teams to ensure their understanding of interventions in place to support residents where required.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	30/11/2024

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	30/11/2024
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	31/10/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2024