



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

## Issued by the Chief Inspector

Name of designated centre:	Elvira
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	22 September 2021
Centre ID:	OSV-0003580
Fieldwork ID:	MON-0026656

## About the designated centre

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

The designated centre is based in a suburban area of South County Dublin and is comprised of 11 individual apartments across three single storey buildings. The centre is located on a site shared with a nursing home and is a short walk from a variety of village services. There are four single occupancy apartments, two apartments with four bedrooms, two apartments with three bedrooms, and three apartments with two bedrooms in the centre. 24 hours residential services are provided by the centre and a total of 21 residents can be supported. There are three sleep over staff at night time to respond to resident needs should they arise. The staff team is comprised of a person in charge, a supervisor and social care workers a staff nurse and a health care assistant.

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

Number of residents on the date of inspection:	17
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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 - 2015 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 22 September 2021	9:30 am to 4:00 pm	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

During the course of the inspection, the inspector visited eight of the 11 apartments that made up the centre. Residents in the remaining three apartments did not wish to receive visitors on the day of inspection and this choice was respected by the inspector.

Conversations between the inspector, residents and staff took place from a two-metre distance as much as possible, wearing personal protective equipment (PPE) and was time-limited in line with National guidance.

Elvira D.C. is a designated centre comprising of three one storey buildings, located on a shared site. Each of the one storey buildings is made up of ground floor apartments where residents have exit and entry points to the front and back. The apartments can provide single occupancy accommodation or communal accommodation for up to three residents. Three of the apartments contain sleep over staff rooms and there is a repeater fire panel located in one of the apartments where staff sleep over.

Residents living in this centre have varying independence levels and are provided support and help specific to their assessed needs with a specific focus on helping them to be as independent as possible and to learn new skills and create community connections and employment where possible.

A number of residents living in the centre attend day services in neighbouring County Wicklow and also have employment and skills programmes. The inspector met and spoke with a number of residents during the course of the inspection and discussed how they spent their day, the impact of COVID-19 on their lives and the resuming of their day services and employment.

Two residents met the inspector in a communal room that residents use when they wish and is located in a separate building in the middle of the designated centre site location. They told the inspector that they were very happy living in the centre. They really liked the staff, they were nice and helpful. They told the inspector that they would speak to the person in charge, the supervisor or any of the staff if they were unhappy or they needed help. They chatted about their friends and also mentioned a resident that had passed away earlier in the year.

They told the inspector they missed the resident, they were a good friend and pointed out a photograph of the resident in the room, during the conversation. Residents were observed having jovial interactions with each other during the conversation and said they got on with most of the residents that lived in the centre but at times they could experience unpleasant interactions with some residents that engaged in occasional behaviours that challenge.

The inspector then visited a number of the apartments that made up the centre.

In one apartment the inspector met three residents who were having their lunch at the time and were happy to meet with and speak with the inspector. They told the inspector that they all got along with each other and said they were all good friends. They felt safe and happy living in the centre and showed the inspector their smart watches. They also showed the inspector a chart they had on the wall in their kitchen area where one of the residents logged their daily steps as part of their exercise goals. When the inspector complimented the resident for their achievement the resident said thank you and the other residents cheered and told the resident "well done and keep it up".

The residents showed the inspector their bedrooms, talked about their favourite singers and their plans for going back to work. Each of the residents were employed but their employment had ceased during the pandemic, but was due to resume soon due to the reopening and lessening of restrictions. Residents told the inspector that they were really happy about this as they missed their work colleagues.

The inspector spoke and met with two residents in another apartment. One resident engaged in conversation with the inspector and showed the inspector their bedroom and had a chat about how they spent their day and their home. The resident liked soccer and were a fan of a specific football team. The resident's bedroom was pleasantly and tastefully decorated and was a space the resident really liked and were proud of.

The inspector met another resident that lived in a single occupancy apartment. They were having their lunch but were happy for the inspector to visit their home. They told the inspector the staff were nice, they liked living in the apartment and they had help from staff if and when they needed it. They had a brief discussion about their diet and how eating well helped them stay healthy and manage their blood sugar better. They also showed the inspector their bedroom and had a quick chat about their favourite singer in a band.

Observations carried out of the inside the premises of the eight apartments the inspector visited showed they were well maintained for the most part and decorated nicely. Residents were provided with comfortable bedrooms decorated in line with their interests and preferences throughout. However, the inspector observed heavy staining of tiles and grouting in bathrooms of a number of the apartments visited. This impacted on the aesthetic of the bathrooms.

Some residents mentioned to the inspector, while they were very happy living in the centre, the behaviours of some of their peers impacted on them sometimes in a negative way.

In summary, however the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions.

Overall, a good level of compliance was found on this inspection, however, as mentioned, improvement was required to the premises and behaviour support

planning to mitigate potential negative impact on residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

The provider's governance and management arrangements had ensured a quality service was delivered to residents. Since the previous inspection the provider had addressed fire safety not compliant findings. The provider had ensured that the delivery of care was person-centred, with residents directing the care and support they received.

There was a clear organisational structure in place, with identified lines of authority, and defined roles and responsibilities. The provider had carried out six-monthly unannounced visits to the centre, which reviewed the quality and safety of the service. A report and action plan was subsequently developed to address areas identified by the provider as requiring improvement. An annual review of the centre had been completed, which included consultation with residents, their representatives, and staff. There were also a number of local audits and monitoring tools in place to oversee the delivery of care to residents.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for two designated centres, the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration of the designated centre. A centre based supervisor was in place who managed the day-to-day running of the centre and reported directly to the person in charge.

As found on the previous inspection, there continued to be sufficient staff resources in the centre, with an appropriate skill-mix, to meet the assessed needs of the residents. There were planned and actual rosters maintained. A review of rosters found that the provider had ensured residents received continuity of care and support. The inspector noted the rosters very clearly identified the apartments staff were assigned to work in, their role and the shifts that they worked. In addition, rosters clearly demonstrated the dates and shifts the supervisor and person in charge worked in the centre, demonstrating there was sufficient management oversight in the centre on a regular basis.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements, and inspectors found that staff had received training in all areas identified as mandatory; there was also additional

training available specific to residents' needs, and staff had availed of this training.

Staff had received supervision meetings with their line manager and a record of these meetings were maintained with a schedule set for the remainder of the year.

The provider had ensured an up-to-date insurance certificate was in place for the centre and had submitted this as part of the registration renewal application.

The statement of purpose met the matters of Schedule 1 of the regulations. It accurately set out the services and supports provided to residents in this centre.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew registration within the time frame required.

Some aspects of the application form had required revision. These were addressed by the provider and the application form re-submitted to the Office of the Chief Inspector. Therefore, this regulation was met with compliance.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced in their role.

The position was full time, and while the person in charge had responsibility for two centres, they had sufficient protected time and supervisory support to carry out the required duties of the role.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff, with appropriate skills and experience, to meet the needs of residents.

The person in charge had ensured continuity of care, and there were appropriate contingency arrangements in place to cover staff leave.

There were planned and actual rosters available that reflected the staffing



arrangements in the centre.

The inspector noted the roster was well laid out and identified the specific apartments staff were assigned to work in as part of their rostered hours.

In addition, the roster clearly set out the whole-time-equivalent hours the overall staff team worked in a month and clearly identified the role of each staff member demonstrating the skill-mix working in the centre at any given time.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively.

Training was made available in areas specific to residents' assessed needs.

Staff received regular supervision meetings with their line manager. Scheduled supervision schedules and dates were in place for the remainder of the year.

A supervisory manager formed part of the day-to-day operational management in the centre and provided supervisory support to staff in the absence of the person in charge.

Judgment: Compliant

### Regulation 22: Insurance

The provider had submitted an up-to-date insurance certificate for the centre as part of the application to renew registration.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audits for the centre had been completed for the previous year and were available for review during the course of the inspection.

These were noted to be of a good quality and comprehensive in scope with

provision of an action plan for the person in charge to address.

The provider had completed an annual report for the centre for 2020.

The provider had ensured appropriate operational management oversight arrangements were in place in the absence of the person in charge by appointing a social care leader to manage the service in their absence with additional oversight by a senior services manager.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had created a statement of purpose that met the requirements of Schedule 1 of the regulations and accurately described the service provided to residents.

Judgment: Compliant

### Quality and safety

Overall, residents living in the centre were in receipt of a good quality service. Good levels of compliance were found on this inspection.

However, further improvement was required to the premises. The inspector identified bathrooms in a number of the apartments required improvement to ensure they were maintained in the most optimum condition. Improvement was also required in relation to the management of behaviours that challenge which in turn had the potential to result in peer-to-peer safeguarding incidents.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in each apartment with a good supply of hand soap and alcohol hand gels available also.

Each staff member and resident had their temperature checked daily as a further precaution. The person in charge had also created self-isolation planning

arrangements for each resident and identified the most optimum support strategy for them in the event of a confirmed or suspected COVID-19 case in the centre. Residents had been supported to receive their COVID-19 vaccine in line with their preferred wishes.

Fire safety precaution systems were in place and found to be monitored and managed well. The inspector observed fire containment measures in place in the apartments visited during the course of the inspection. Fire doors were provided throughout each apartment with door closers in place to ensure their containment effectiveness. Service checks for the alarm, emergency lighting and fire fighting equipment were up-to-date.

Since the previous inspection, the provider had upgraded the emergency lighting provision throughout the centre and apartments within it. Previously, a full servicing certificate for emergency lighting could not be provided due to the inadequate emergency lighting provision in the centre. The inspector noted the emergency lighting enhancement works had taken place in April 2021 and thereafter an emergency lighting test certificate had been issued and demonstrated a full service could be completed going forward.

In addition, the provider had undertaken some additional containment upgrade works throughout the apartments and had enhanced fire stopping in various areas that had been identified as requiring improvement following a fire safety engineer review. The provider had appropriately addressed the not compliant findings from the previous inspection.

Evacuation drills occurred and reviewed the effectiveness of evacuation plans for varying scenarios and escape routes. All staff had received training in fire safety. Each residents' bedroom had a door which led to outside. These doors were fitted with a thumb-turn mechanism from the inside. This enhanced escape route provisions in the apartments and supported the evacuation procedures for residents living in each apartment. In addition, each staff member held a master key which allowed them to access all areas of the complex and resident apartment external doors. This was an additional evacuation procedure within the centre. Each resident had a personal evacuation plan in place.

Residents' assessed behavioural needs were supported in the centre for the most part. However, some minor improvements were required to ensure residents, with specific behavioural presentations, were supported in a manner that reduced the likelihood of those behaviours impacting on their peers in a negative manner.

The inspector noted some behaviour support plans had not been updated to provide staff with suitable guidance on how to support residents in circumstances where their behavioural presentation had escalated in recent times and in turn had begun to impact on their peers.

In addition, while it was noted management of potential and actual aggression training for staff had recommenced there were some gaps in refresher training. This was required to ensure all staff had suitable up-to-date knowledge and skills in how

to respond to and manage challenging behaviour presentations of residents.

It was demonstrated that safeguarding National policies and procedures were implemented in this centre. Staff had received training in safeguarding vulnerable adults with refresher training available. Safeguarding plans were in place as required and reviewed regularly following any safeguarding incident that occurred.

The inspector noted safeguarding planning had been recently reviewed by the person in charge and supervisory manager for the centre. They had worked on creating a daily activity programme for some residents to promote a more meaningful day and ensure they were kept occupied and meaningfully engaged each day with skills teaching programmes, resumption of exercise classes and voluntary work. These measures in turn would help support some residents, who had been negatively impacted by COVID-19 pandemic restrictions, begin to re-engage with their community again and enhance their quality of life and promote their well-being.

While there was good evidence of the National safeguarding policy implementation, there remained residual safeguarding peer-to-peer concerns in the centre which required ongoing review and proactive behaviour support management in order to mitigate and prevent any potential or actual negative safeguarding impact on residents living in the centre.

Intimate care planning arrangements were also in place for residents where required. These plans provided information with regards to residents' independence skills and areas they required support and help with.

Residents' personal plans were comprehensive, up-to-date and provided detailed guidance and information for staff to follow and implement. Residents living in this centre had varying levels of independence and required support and help from staff in specific areas individual and personalised to their assessed needs.

Personal plans overall provided good guidance for staff to implement in order to support residents where required but help them to maintain their independence as much as possible and within the context of their wishes and the level of supported they wanted at a given time. During the pandemic residents had been supported to engage in meaningful activities in the centre as much as possible.

The inspector reviewed some folders which contained photographs of residents engaging in excursions and activities over the previous year demonstrating a concerted effort by staff to support residents to have enjoyable and meaningful experiences both within the centre and in the wider community in the context of the pandemic restrictions.

As discussed, the inspector visited eight of the 11 apartments in the centre on the day of inspection. The inspector noted each apartment was decorated and laid out in a manner that residents liked or preferred. Some residents showed the inspector their bedrooms and these were observed to be decorated in line with the residents' wishes. Each apartment provided residents with a small kitchen area and a living room space which were of reasonable size and could provide residents with

equipment and facilities for meal preparation and relaxation. Each resident also had their own personal bedroom.

The inspector however, did observe, across a number of the apartments visited, that tiling and grouting in the bathrooms was heavily stained and required refurbishment or replacing. In addition, it was noted residents' bathrooms did not appear aesthetically pleasing or clean due to this heavy staining. This required improvement.

### Regulation 17: Premises

The inspector noted each apartment was decorated and laid out in a manner that residents liked. Some residents showed the inspector their bedrooms and these were observed to be decorated in line with the residents' wishes.

Each apartment provided residents with a small kitchen area and a living room space which were of reasonable size and could provide residents with equipment and facilities for meal preparation and relaxation. Each resident also had their own personal bedroom.

The inspector however, did observe, across a number of the apartments visited, that tiling and grouting in the bathrooms was heavily stained and required refurbishment or replacing. In addition, it was noted residents' bathrooms did not appear aesthetically pleasing or clean due to this heavy staining. This required improvement.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the

event of a suspected or actual case of COVID-19 in the centre
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
<p>The provider had addressed the not compliant findings from the previous inspection by upgrading the emergency lighting in the centre and enhancing containment measures in the centre in response to recommendations by a fire safety engineer.</p> <p>Evacuation measures and procedures were in place and enhanced by the presence of exit doors located in each residents' bedroom and procedures where all staff carried a master key which could access apartments and other areas of the complex from outside.</p> <p>All staff had received training in fire safety and residents engaged in fire evacuation drills.</p>
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
<p>Each resident had a personal plan in place.</p> <p>These plans were comprehensive and consisted of a comprehensive assessment that identified their support needs.</p> <p>Support planning was also in place for each assessed need.</p> <p>Residents were supported to have meaningful days and to set goals with their key workers.</p>
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
<p>The inspector noted some behaviour support plans had not been updated to provide staff with suitable guidance on how to support residents in circumstances where their behavioural presentation had escalated in recent times and in turn had begun to impact on their peers.</p>

In addition, while it was noted management of potential and actual aggression training for staff had recommenced there were some gaps in refresher training. This was required to ensure all staff had suitable up-to-date knowledge and skills in how to respond to and manage challenging behaviour presentations of residents.

Judgment: Substantially compliant

## Regulation 8: Protection

While there was good evidence of the National safeguarding policy implementation, there remained residual safeguarding peer-to-peer concerns in the centre which required ongoing review and proactive behaviour support management in order to mitigate and prevent any potential or actual negative safeguarding impact on residents living in the centre.

Intimate care planning arrangements were also in place for residents were required. These plans provided information with regards to residents' independence skills and areas they required support and help with.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for Elvira OSV-0003580

Inspection ID: MON-0026656

Date of inspection: 22/09/2021

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The housing association have planned to complete an upgrade of all bathrooms for Elvira in 2022. This will include lifting and replacing floor and wall tiles in all apartments.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Referral has been submitted to the psychologist providing support to the resident whose behaviour has escalated in recent times and negatively impacting on peers to review behaviour support plan ensuring staff are provided with updated guidance on how to support resident with changing needs.</p> <p>Staff members who require refresher training in management of potential and actual aggression have been nominated to attend upcoming training sessions which will ensure they have suitable up-to-date knowledge and skills in how to respond to and manage challenging behaviour presentations of residents.</p>	

Regulation 8: Protection	Substantially Compliant
<p data-bbox="172 208 1412 432">Outline how you are going to come into compliance with Regulation 8: Protection: Elvira Designated Centre, has in place a robust and comprehensive Local Operating Safeguarding Procedure to support the full implementation of the principals /standards and practice of the HSE National Safeguarding Vulnerable Adults Policy. This Safeguarding Procedure is being fully adhered to by all staff working in this Designated Centre.</p> <p data-bbox="172 477 1433 667">The residual safeguarding peer-to-peer concerns in the designated centre continue to be reviewed with staff team, Designated Officer, PIC and residential programme manager. Referral submitted to psychologist providing support to ensure proactive behaviour support management is in place to mitigate and prevent any potential or actual negative safeguarding impact on residents living in the centre.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/03/2022
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-	Substantially Compliant	Yellow	31/03/2022

	escalation and intervention techniques.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2022