



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

Issued by the Chief Inspector

Name of designated centre:	Teach Sona
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	13 July 2021
Centre ID:	OSV-0005873
Fieldwork ID:	MON-0026268

About the designated centre

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

Teach Sona is a centre run by St. Hilda's services. The centre is located on the outskirts of Athlone town and provides residential care to up to three residents over the age of 18 years, who present with a moderate intellectual disability. The centre comprises of one bungalow dwelling with residents having their own bedroom, along with access to communal bathrooms, sitting rooms, kitchen and dining area and a large garden area. Staff are on duty during the day and sleep-over staff is provided at night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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
Tuesday 13 July 2021	10:30hrs to 16:30hrs	Noelene Dowling	Lead
Tuesday 13 July 2021	10:30hrs to 16:30hrs	Karena Butler	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the residents were supported to have a good quality of life in this centre, with good access to their preferred activities, their families and their local community. This was based on their own preferences and needs.

The inspectors met with both of the residents at different times during the day and they communicated in their preferred manner, with the support of the staff. The residents said they liked living in their home and doing their various activities, going out and about in the local community.

One resident showed the inspector their art work, some of which was framed on the walls. The resident explained that they were planning to go out to the church and then might go for walk or out for tea. They were observed later helping the staff to prepare lunch, and participating in a zoom music session. The resident pointed out the flower beds which they had sown and the bird box in the garden which they said they liked watching. Both residents explained that they had their own jobs in their home, such as helping with the washing and tidying.

Another resident returned later from day service, and appeared happy to see the staff and be home. This resident explained that they really liked their home and loved St Hilda's, where they had their day work. The resident explained about the Covid-19 vaccinations and the fire alarms, using the pictures available to explain, and how it was important to wear the masks. The residents had a lot of pictures of their various activities and things they enjoyed doing together, with their families or staff. They were resuming visits home to their families and said they were very pleased with this.

The residents rights were been supported in a number of ways, with staff actively eliciting and respecting their individual preferred choices for their activities and day-to-day routines. While there were plans for the day, these were flexible and changed as the residents wished. The inspectors observed this during the inspection. The residents' days were tailored to their individual preferences. For example, one attended at day service for therapeutic and recreational activities and another resident had chosen to have a more relaxed routine, which suited the resident's age and health. This was supported by the provider. They had house meetings where they decided on their shared activities, such as meals and were also informed about events coming up.

The residents key workers supported them individually with information and assisting them in making plans and decisions. There were numerous easy read documents regarding the COVID -19 Pandemic, the vaccinations had been carefully explained to them and they were given time and suitable information to consider the vaccines and had been able to accept them.

In addition, the residents' representatives were consulted appropriately, as their advocates, in relation to their care and preferences. The inspectors did not have the opportunity to speak with family members, but staff had supported the residents to complete questionnaires which were very positive. The residential manager also ensured that the residents were included in the unannounced visits to the centre, to ensure their views were included. The inspectors saw records of compliments received from family members regarding their family members care and support from staff. The inspector observed that the staff, managers and the residents communicated easily, respectfully and with humour. Residents were encouraged to use mobile phones and tablets to communicate with and to have access to their families, and preferred music or films.

The centre is located in middle of a community which means the residents have easy access to all the local services, residents were observed to be relaxed in their home and looked very well cared for. The premises was very homely and the residents had their own bedroom, however, the environment did require painting and decorating and some further changes are outlined in the following sections of the report.

In summary, it was evident that the provider had systems in place to support the health, social and emotional care needs of the residents and were committed to their welfare. However, there were improvements identified in the governance arrangements to ensure that the service was consistently managed, and that risk management and safeguarding systems were effective in ensuring that the care and support needs of the residents could be maintained.

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 affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was undertaken to ascertain the providers continued compliance with the regulations and inform the decision regarding the provider's application to renew the registration of the centre.

The centre was last inspected in July 2019, with a very good level of compliance found, however, the action in relation to the implementation of risk management plans for the residents still require some improvements.

The provider, a non-profit organisation, has a governance structure in place, including the person in charge and the residential services manager. There are also systems for oversight and review, including audits and unannounced visits. Nonetheless, the inspectors were not assured that that local management arrangements, relating to the person in charge, was sufficiently robust to ensure

consistent and sustained oversight of the residents wellbeing.

The person in charge was suitably qualified for the post and held a remit for two designated centres. However, on reviewing the rosters and speaking with the person in charge, it was apparent that the time available to this centre was not sufficient and did not provide consistent management. For example, the person in charge undertook regular waking night duties or sleepover duties, primarily in the second designated centre. The inspector confirmed with the person in charge, that they had not been in this centre in the month of May and only intermittently on other months due to these rostering arrangements.

This lack of management presence and clarity of responsibilities is reflected in the findings on risk management, and safeguarding in the next section of this report. There were also some gaps in the knowledge of the person in charge which may be attributed to this arrangement. While there has been no immediate or serious impact on the residents care, this arrangement is not sustainable given the changing needs of a resident.

There was a transparent annual report compiled which concentrated on the residents quality of life in the centre.

There was sufficient staff on duty to provide the care and support needed for the residents and the staff spoken with were very knowledgeable on the residents care needs. There was a commitment evident to maintaining the mandatory training for the staff even during the COVID-19 pandemic. However, only two of the staff had dysphagia training, which was necessary to support the residents living in the centre. They were however, knowledgeable on the residents need for monitoring in relation to this condition and there were detailed guidelines as to what to be mindful of, to keep the residents safe.

Recruitment practices were safe, and there were six monthly staff supervision meetings implemented for the staff.

The provider had submitted the required documentation for the renewal of the centres registration within the required time frame.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of the centre registration was received within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

While the provider had appointed a person in charge who was suitably qualified for the post this person held a remit for two designated centres.

On reviewing the rosters and speaking with the person in charge, it was apparent that the scheduling arrangements and time available to this centre was not sufficient and did not provide consistent oversight and management of the centre.

Judgment: Not compliant

Regulation 15: Staffing

There was sufficient staff on duty to provide the care and support needed for the residents and the staff spoken with were very knowledgeable on the residents care needs. Recruitment practices were safe.

Judgment: Compliant

Regulation 16: Training and staff development

There was a commitment evident to maintaining the mandatory training for the staff, even during the COVID-19 pandemic. However, only two of the staff had dysphagia training, which was necessary to support the resident living in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the provider has a governance structure and systems in place, the findings in relation to the position of person in charge, safeguarding and risk management indicate that improvement is required in the management arrangements and timely response to matters of concern.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The contract for services, while signed appropriately, did not include the details of

what the resident were responsible for purchasing themselves, for example, bed linen.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted as part of the application for registration. The statement was an accurate reflection of the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no formal complaints recorded at the time of the inspection, but there was a policy in place and the resident were supported by visual aids to understand how and who to complain to.

Judgment: Compliant

Quality and safety

The inspectors found that the residents' quality of life was prioritised, with a considered approach to enabling them to have a meaningful life in the centre.

However, there were some improvements required in the overall systems for the timely and appropriate management of risk to the residents so as to prevent unnecessary incidents occurring. For instance, there were no falls or choking management plans implemented for a resident, where these were indicated by current and changing needs. The inspectors saw that there were delays in responding to noted risks, such as removal of combustible materials from the boiler, the installation of a more suitable, accessible and safe bathroom for the residents, and remedial actions in the external grounds, for example, there are steps to the back garden, uneven paving and a badly broken pavement at the entrance to the gate.

There were systems and procedures to protect the residents from abuse and all staff had training in the safeguarding of vulnerable adults. The residents' personal care was managed sensitively and with dignity. However, from a review of records and speaking with the person in charge, the inspectors found that there was no

appropriate monitoring of situations where a resident may be psychologically impacted by the behaviours of concern of others, however inadvertent. A number of such incidents occurred for long periods during the night, but there was no safeguarding response to this. The inspectors were advised that the resident had never voiced any concern regarding these incidents but were not assured, either from the records or speaking with staff, that the residents feelings had been elicited. As such, they were not reported to the designated officer so that the situation could be reviewed, the resident concerned reassured and consulted with regarding the impact. The inspectors acknowledge that these incidents were not consistently of a serious nature, nonetheless, they required a more considered response.

The residents required support with their finances. In the main, this was done safely and respectfully, and the residents had access to their own monies and choices in how they spent their monies. For example they had been supported to purchase new TV's and furniture for their bedrooms. However, there was no framework for oversight of these decisions, so as to ensure that it was safe, genuinely the residents' wishes and for their benefit, which would be appropriate given the level of assistance required.

The premises required remedial works including painting and decorating, finishing of plaster work and there was some mould on the ceiling in one bedroom. In addition, there is only one bathroom for the residents and staff and the tiling and fittings needed to be replaced as they could not be cleaned. The provider was aware of this, but there was no definitive plan to rectify this.

inspectors found that residents' wellbeing and ongoing quality of life was supported by other factors including good access to a range of relevant multidisciplinary assessments and interventions including their physical, emotional and health care needs. Further referrals had been made, for example, to occupational health, and speech and language specialists, to reflect the changing needs of the residents. The residents and their representatives were involved in this process, in so far as they wished to be. Their personal goals were clearly defined and reviewed in consultation with them and they had very good access to their communities, local events and facilities.

Systems for the management of medicines were safe and these were reviewed frequently so as to ensure that they were beneficial to the residents wellbeing. The residents' healthcare needs were carefully monitored and any additional resources or referrals to specialists were sourced, with detailed support plans available for them which would support them to maintain good health for as long as possible.

There was clinical guidance and support for behaviours of concern with frequent reviews undertaken. A small number of restrictive practices were implemented in the centre. These were assessed and reviewed as necessary for safety. The inspectors saw that the procedures and protocol for the use of medicines on a PRN (administer as required) basis was carefully monitored and reviewed to avoid harm to the residents.

Overall, the fire safety management systems protected the residents and included

systems for containment, alerting of fires and evacuating the residents. These were serviced and monitored as required. The staff had identified and reported that some doors did not fully close on occasions. Remedial actions had been taken but were not successful. In order to rectify this, the provider had met with the local fire officer and a review of these containment systems by an engineer and the local fire officer was scheduled to take place.

The policy on infection control had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. This has been effective in containing any potential outbreak in the centre. The provider had revised the procedures in line with the revised restrictions and continued public health advice regarding activities and visitors and personal protective equipment.

Some minor changes were necessary to the contract for care to ensure that it was reflective of any additional costs involved.

Regulation 10: Communication

The inspectors observed that the staff, managers and residents communicated easily, respectfully and with humour. The residents were encouraged to use mobile phones and tablets to communicate with and have access to their families and preferred music or films. They were also supported with a range of easy-read and pictorial documents to help them be informed and make decisions.

Judgment: Compliant

Regulation 17: Premises

While the premises was very homely, it did require remedial works such as addressing some mould on a ceiling, painting and decorating, finishing of plaster work. In addition, there is only one bathroom for the residents and staff and the tiling and fittings were unsuitable and needed to be replaced as they could not be cleaned. The provider was aware of this but there was no definitive plan to rectify this.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were improvements required in the overall systems for the identification of, and timely management of risks to the residents, so as to prevent unnecessary

incidents occurring. For instance, there were no falls or choking management plans implemented for a resident, where these were indicated by their current and changing needs.

The inspectors saw that there were delays in responding to noted risks, such as removal of combustible materials from the boiler, the installation of a more suitable, accessible and safe bathroom for the residents, and remedial actions in the external grounds, for example, the steps from the back door, uneven paving and a badly damaged pavement at the entrance to the gate of the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

There were effective systems implemented to prevent and manage infection, including the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

Overall the fire safety management systems protected the residents and included systems for containment, alerting of fires and evacuating the residents. These were serviced and monitored as required. However, the staff had identified and reported that some doors did not fully close on occasions. Remedial actions had been taken but were not successful. In order to rectify this, the provider had met with the local fire officer and a review of these containment system by an engineer and the local fire officer was scheduled to take place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The systems for the management of medicines were safe and the residents medicines were reviewed frequently.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' wellbeing and ongoing quality of life was supported by good access to a range of relevant multidisciplinary assessments and interventions for their physical, emotional and healthcare needs. The residents had individual goals and aspirations identified, and their care was reviewed in consultation with them and their representatives. Their social care needs were very well supported with good access to their preferred activities in the local community.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs were carefully monitored and any additional resources or referrals to specialists were sourced, with detailed support plans available for them which would support them to maintain good health for as long as possible.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was clinical guidance and support for behaviours of concern with frequent reviews undertaken for the residents. A small number of restrictive practices were implemented in the centre. These were assessed and reviewed as necessary for safety. The inspectors saw that the procedures and protocol for the use of medicines on a PRN basis was carefully monitored and reviewed to avoid harm to the residents.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures to protect the residents from abuse and all staff had training in the safeguarding of vulnerable adults.

However, there was no appropriate monitoring of situations where a resident may be impacted by the behaviours of concern of others, however inadvertent. A number of such incidents occurred for long periods during the night, but there was no

safeguarding response to this. The inspector was advised that the resident had never voiced any concern, and these were considered as behavioural incidents. As such, they were not reported to the designated officer so that the situation could be reviewed, the resident concerned be reassured and consulted with regarding the impact of this.

The inspectors acknowledge that these were not consistently of a serious nature nonetheless, they do require adequate monitoring for their potential impact or distress to the resident.

Judgment: Not compliant

Regulation 9: Residents' rights

The residents rights were been supported in a number ways, with staff actively eliciting and respecting their individual preferred choices for their activities and day-to-day routines for health care interventions. While there were plans for the day, these were flexible and changed as the residents wished. The inspector observed this during the inspection. The residents had house meetings where they decided on their shared activities, meals and were also informed about events coming up. Their key workers also supported them individually to make choices and be informed about their lives.

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Sona OSV-0005873

Inspection ID: MON-0026268

Date of inspection: 13/07/2021

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Residential Services Manager and the Operations Manager have reviewed the current roster in the centre with the Person in Charge and have agreed a new scheduling arrangement that will ensure good oversight and consistency in the management of the centre going forward. This arrangement will commence for the August Roster (1/8/21) and will be reviewed by the Person in Charge and the Residential Services Manager on a quarterly basis going forward to ensure its effectiveness.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training on Dysphagia including causes and treatments has been sourced internally and will commence 20//9/21 for all staff in the centre. This training will be carried out by an internal trainer i.e. CNM2 who has experience in the field of Parkinson's, Dementia and Care of the Aged. The Nurse concerned has been working with this individual and has a Post Graduate Qualification in Dementia Studies with Professor Mary Mc Corron.</p>	
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>A Supervisory Meeting will be held with the Person in Charge to address the key areas of non-compliance.</p> <ol style="list-style-type: none"> 1. Risk Management and control measures to mitigate risk and follow up on same. 2. Safeguarding and potential psychological impact for residents. <p>22/7/21</p>	

Both areas mentioned will be addressed at the next PIC meeting Aug 26th as shared learning.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Tenancy Agreement has been reviewed and amended by the Person in Charge to fully reflect the responsibility of the resident for personal purchase such as bed linen and other personal items. This was completed 22/7/21.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The maintenance and remedial work outlined in the report has been organised by the services Facilities Manager and work will commence Date: 17/8/21</p> <p>The Person in Charge is awaiting the report of the OT regarding the assessment of the living environment and the provider will act accordingly. The referral to the OT was made on the 8/7/21.</p> <p>The Service Provider has contacted the local authority regarding the uneven surface outside the main gate of the premises and is awaiting a response. Contact was made on the 22/7/21.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge will review all risks in the centre including the risk of choking and falls to one resident which will be reviewed and updated as required. 27/7/21</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge in consultation with the Designated Officer and CNM2 will compile a Safeguarding Plan to address the potential Psychological or other impact on a resident should another incident occur. 27/7/21.</p> <p>The last recorded incident in the behavioral records was on 7/7/21.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	01/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	17/08/2021

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	22/07/2021
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	23/07/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the	Substantially Compliant	Yellow	22/07/2021

	resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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.	Not Compliant	Orange	27/07/2021
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	27/07/2021