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## Seirbhís na Beanna Beola, OSV-0005032, 25 April 2022

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

## Issued by the Chief Inspector

Name of designated centre:	Seirbhís na Beanna Beola
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 April 2022
Centre ID:	OSV-0005032
Fieldwork ID:	MON-0031852

## About the designated centre

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

Seirbhís na Beanna Beola provides an integrated residential, day and respite service for male and female residents over the age of 18. Residents of this service have a mild to profound intellectual disability. The service supports five individuals on a full-time basis and one respite place which is shared between three individuals. The centre comprises of a single dwelling house which is split over two levels and has ample outdoor space for residents to sit and enjoy the sea views. Each resident has their own bedroom, which is decorated to their own individual tastes. There are adequate bathroom, kitchen and recreational facilities in the centre for the residents to enjoy. The centre benefits from their own vehicle for access a range of amenities, and residents also have access to public transport links .The centre is staffed by a skill-mix of social care workers, support workers and nursing staff and has waking night staff in place each night.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 25 April 2022	09:00hrs to 16:00hrs	Aonghus Hourihane	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations. The centre comprises of a single storey house split over two levels located in a very scenic area in the west of Ireland . There were five residents accommodated on the day of inspection, one resident was availing of respite. The inspector met with the person in charge, staff on duty and all five residents at various stages of the day.

On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. There were clear notices visible advising visitors of the precautions.

Upon arrival of the person in charge a brief introductory meeting was completed. This incorporated a discussion of the support needs of the residents, activities and whereabouts of residents planned for the day . Following this a walk around of the centre was carried out. It was observed that the centre was visibly clean throughout but many areas of the centre were dated. There were some issues with chipped paint in the kitchen, mould over the cabinets and generally the age of the centre posed challenges for full compliance with infection prevention and control policy. The person in charge spoke about potential plans to ensure the centre's leasing arrangements were put on a more permanent basis and that this would allow improvement works into the future.

From conversations with the person in charge, staff and residents, observations in the centre and information in files reviewed during the inspection, it appeared that residents lives were of a good quality and the staff team were observed to be kind, caring and respectful throughout the inspection. Residents were supported to live active lives where their rights, wishes and choices were promoted and respected.

There was a lot of activity within the home on the morning of the inspection. One resident was getting ready for a medical appointment and had plans to go shopping afterwards. This resident briefly interacted with the inspector but it was clear that they were happy to be heading off for the day. Another resident spoke with the inspector at various times throughout the day. In the morning this resident showed the inspector their bedroom. The resident proudly showed the inspector family pictures and became emotional as they spoke about their mum and dad. The resident had a keen interest in country music and showed the inspector an easy read version of their personal plan which was on clear display. The resident had recently attended a concert and was delighted to share this with the inspector. The resident's bedroom was large, clean and well kept. The resident made sure that the inspector saw their huge TV behind the door and smiled proudly when discussing this. The same resident later went to drama classes and they stated that they really enjoyed these. The resident also informed the inspector about an upcoming trip to

visit relatives in the United Kingdom. The trip was part of another goal that they wanted to achieve, it was very apparent that the resident was really looking forward to this trip. The resident informed the inspector that their favourite part of life in the centre was the staff. They spoke fondly and warmly about how the staff team looked after them.

It was apparent that the residents lived active and meaningful lives. One other resident was attending their day programme and another had their day programme within the centre. The resident who was availing of respite was availing of a sleep in on the morning of the inspection.

The inspector also met with another resident who informed the inspector that they weren't feeling very well. This resident was recovering from a significant illness. The resident appeared agitated in the morning but by early afternoon they were observed to be settled, happy and engaging with staff. The staff team were observed to engage with the resident in a gentle and kind manner. Some staff communicated with the resident in their native language and when the resident wanted to visit a local shop they were brought immediately. It was clear that the provider had taken the resident's diagnosis very seriously and they had made a number of contingency plans with the purchase of equipment that was still in the centre should it of been needed.

Overall it was clearly evidenced during this inspection that the residents were successfully re-engaging with life outside of the centre post the end of restrictions associated with the public health emergency. The staff team generally had worked with the residents for a sustained period and their knowledge of the residents' needs were very good. There were a number of areas of very good practice but there were also areas where some improvements were needed such as in the areas of complaints, premises and positive behavioural support.

The next two sections of the report 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 being delivered to each resident living in the centre.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents in Seirbhis na Beanna Beola. The centre has a good history of compliance with the regulations and the evidence from this inspection indicates that this service has good quality governance arrangements in place to support the provision of quality services to the residents.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge worked full time and was also responsible for other designated centres. The person in charge had good knowledge of all residents and team leader

reported that they received very high quality support and direction from them.

The provider had a statement of purpose available. The provider had reviewed the statement of purpose within the last year and it was in line with schedule 1 of the Regulations.

The provider had ensured that there was adequate staffing in place in line with the statement of purpose, assessment of the residents needs and also depending on the number of residents staying at the centre which fluctuated due to respite. Many of the staff team had worked with the residents over a sustained period and were very knowledgeable about their needs and wishes. The provider had also employed nursing staff that covered a number of designated centres within the area. The provision of nursing staff meant that the staff team had access to advice and visits as needed for the residents within the centre. The provider also had a staff member providing days services within the centre at the time of the inspection.

The training records available within the centre were reviewed. The provider had identified the training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The team leader had training details for all staff that showed staff had completed mandatory training, refresher training and a suite of optional courses.

The provider had completed an annual review for 2020 and was in the process of completing the one for 2021. The review looked at various aspects of quality and safety within the centre. The review also sought the views of residents, their representatives and these views were positive about the care offered to the residents. The provider had also carried out a recent unannounced visit to the centre and there was evidence to show this was happening on a six monthly basis as required under the regulations. There was evidence that two staff meetings had taken place in 2022 but the number of meetings in 2021 were low at two for the entire year. The person in charge also reported that they had monthly team leader meeting.

There was evidence that the provider was engaging with residents through resident meetings and the team leader spoke about a culture of learning as opposed to blame from incidents such as medication errors or other incidents in the centre. There was documentary evidence of a reflective session for staff following an incident with one resident with the focus on what needed to improve or change.

The provider had an up-to-date complaints policy. There was one complaint recorded since the last inspection but when this complaint was reviewed, it was not managed in line with the provider's policy or as outlined in the regulations.

## Regulation 14: Persons in charge

The provider had appointed a full time person in charge. The person in charge was responsible for other designated centre's in the locality. The person in charge had

the required qualifications, skills and experience to manage the designated centre. The provider had obtained of the person in charge the information and documents specified in Schedule 2 of the Regulations. The person in charge had good knowledge of the service and the residents.

Judgment: Compliant

### Regulation 15: Staffing

The provider had in place adequate staffing numbers to meet the assessed needs of the residents. There were generally two staff on duty during the daytime but this often increased to three when the respite beds were in use. The provider had clearly recognised the importance of continuity of care and support. The provider had ensured that the residents had access to nursing staff as required as the organisation had nurses hired that worked between a number of designated centres.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had introduced a system to monitor the training and development of the staff team. It was not possible to fully review this on the day of the inspection but the Team Leader had individual records of all training that the staff had attended. The records clearly showed that all staff had received a variety of training in areas such as fire safety, manual handling and a variety of training in relation to infection prevention and control. The staff roster clearly indicated the days that training was planned and also the days that the staff were due to be supervised.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that the centre was resourced to ensure the effective delivery of care and support to the residents in line with the centres statement of purpose. The provider had carried out an annual review of the quality and safety of the service and from this clear and concise action plans were in place. The 2021 annual review was also near completion. The provider had conducted unannounced visits in the centre and written reports were available with recommended improvements in areas such as infection prevention and control. Two members of staff spoken with during the inspection spoke confidently and clearly about the

governance arrangements in place within the centre. There was also clear written evidence that there was a culture of review and learning from adverse incidents within the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had in place in the designated centre a statement of purpose. The statement of purpose had been updated and reviewed in July 2021. The statement of purpose contained the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The incidents and notifications log was reviewed as part of this inspection. The person in charge was clear about their responsibilities pertaining to this regulation. The person in charge had ensured that all relevant notifications had been made to the Chief Inspector in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints log was reviewed and it contained one complaint . The record contained a note of the complaint and an overview of how it was managed. There was no record of any investigation into the complaint, outcome of complaint, any action taken on foot of the complaint or whether or not the resident was satisfied. The complaints procedure was not displayed in any prominent position in the centre. Overall the complaint from the resident was not managed in accordance with the providers own policy or in line with the regulations.

Judgment: Not compliant

## Quality and safety

The inspector found that residents were generally supported to enjoy a good quality of life and that staff showed a keen interest in their care and well-being. However, some improvements were required in regards to the premises, positive behavioural support and infection prevention and control.

The premises were adequate to meet the needs of all residents with large bedrooms and ample communal space. There was good outside space available for the residents with beautiful scenic views. The premises were dated and would benefit from modernisation.

The inspector had the opportunity to review the care records for two residents. It was clear from the records that residents had access and were reviewed by various professionals on a regular basis. Two residents were reviewed by both the occupational therapist and physiotherapist on the day of the inspection. There was evidence available on the electronic files for residents of regular and consistent interactions with a variety of allied health professionals with evidence on one file indicating that the resident had an eye test, neurology appointment, podiatry appointment as well as access to a national screening programme and all of this had taken place within the last nine months. The provision of nursing staff within service clearly enhanced the healthcare on offer to all of the residents.

The provider appears to have successfully re-engaged the residents in their respective day programmes and community since the lifting of public health restrictions. The files of the two residents reviewed both showed that their personal plans were reviewed in February 2022. There was concrete progress made on their goals for 2022, these goals were meaningful and there was evidence that the voice of the resident was very much involved in the planning process. There was further evidence showing that a resident had attended the St Patrick's Day parade and getting involved in drama classes.

The provider had one resident with a positive behavioural support plan. The provider was not compliant with this regulation at the last inspection. The provider was still relying on a 2018 assessment to underpin the plan. The resident was reviewed by the psychologist in February 2022 but there was no clear directions to staff on how best to support the resident with their behaviour.

The registered provider had ensured practice measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies.

There were some good infection prevention and control practices noted in the centre. There appeared to be ample supply of PPE equipment in the centre. The provider had enhanced systems in place in relation to cleaning and food preparation. The provider was carrying out audits on checklists but the systems in place were non-descriptive and basic. There were further areas that needed improvement such as worn surfaces in the kitchen and limited guidance for staff on the use of cleaning/ sanitizing products.

The provider had robust fire precautions in place such as fire doors, fire alarm system, emergency lighting and fire fighting equipment. The provider had also

recently completed a fire drill at night with only one staff member in response to a recommendation of an internal audit.

The provider had good systems to manage and oversee medicines within the designated centre. There were recorded medication errors but both the person in charge and team leader were able to speak to changes in processes to learn from these errors.

### Regulation 13: General welfare and development

The provider had in place plans for the long term residents to avail of opportunities for occupation and recreation. The provider was providing day services both in the centre and locally to residents and another two residents were availing of days services provided by external agencies. On the day of the inspection one resident was facilitated to attend a medical appointment with a plan in place for this resident to visit shops after this. One resident attended a local drama group and they reported they enjoyed this. One resident also availed of a long standing home sharing support plan within the wider community and this ensured that personal relationships and links were maintained in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The centre is located in a very scenic area in the west of Ireland. The premises were generally in a good state of repair both externally and internally and were laid out to meet the needs of the residents at this time. The premises were dated but functional and significant parts of the centre needed to be modernised in the interests of the residents well being. The provider was keenly aware of this and was committed to exploring options that would allow them to invest in the property.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had a comprehensive risk management policy that covered all identified risks within the centre. The provider had arrangements in place in the centre for the assessment, management and review of risks identified. There was evidence contained within records that the provider had arrangements in place for learning from incidents. There was a reflective session with staff after an incident when a resident left the home for a short period unnoticed with a focus on learning

and changing procedures.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was visibly clean and the provider had implemented new systems in relation to the use of colour coded mops and cloths for cleaning within the centre. The age and design of the centre presented particular challenges in the area of infection prevention and control. The current policy in place within the centre for cleaning did not offer clarity to staff on the processes to be followed in relation to sanitising and cleaning the centre. There was general maintenance to be completed such as painting and there was also visibly black mould in the kitchen. On the day of the inspection the provider showed the inspector the new policy that they had recently published that would be implemented in the centre in the coming weeks.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place. The provider had the fire equipment serviced in January 2022 and there was evidence that appropriate daily, weekly and monthly audits/ tests were taking place. The person in charge had arranged a number of fire drills both during the day and one at night when there was only one staff member on duty. This was in response to an internal audit. There was evidence that personal evacuation plans for residents were updated within the last year but the provider needed to ensure that they followed their own procedures as some plans indicated that they should be updated at six monthly intervals.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had ensured that the residents had access to a pharmacist. Medication was managed on a weekly basis ensuring the management of medication was easier and there were less issues with the storage of out of date medicine. All medicines were securely stored in the staff office and there was evidence on file to clearly indicate that a doctor or prescribing nurse reviewed the medication on a regular

basis.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured that the residents health, personal and social care needs were assessed and updated on a regular basis. There was evidence that these assessments involved both the centre's staff and allied health professionals. On the day of the inspection two residents were getting reviewed by the occupational therapist and physiotherapist. There was evidence that the personal plans were in place and reviews had taken place in February 2022 for two residents reviewed. The goals observed in these plans were achievable and meaningful. One resident was visiting family overseas in the coming weeks and plans were in place for this.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents had access to appropriate health care professionals. There was evidence that residents had access and availed of appropriate national screening programmes. The provider had available to residents nursing staff as required. The person in charge had ensured that a resident who was seriously ill received appropriate support in all aspects of their life. There was written evidence that the resident's had received an annual health check.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a behavioral support plan for a resident that was informed by a primary assessment from 2018. The resident had been reviewed by appropriate professionals on a consistent basis. The plan in place was unclear and did not support the staff team to respond to behaviour that was challenging and to be able to support the resident manage their behaviour. The use of restrictive practices in the centre were minimal and only in place for a resident when they were present and thus did not impact other residents.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The provider had ensured that the residents' rights were respected. There was evidence within the centre that there was regular consultation with all residents through resident meetings. There was evidence that a resident participated and consented to a plan to assist them to cease smoking for the benefit of their health. There was further evidence that residents exercised choice and control over their daily lives to include activities and in relation to their personal goals for the year.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Seirbhís na Beanna Beola OSV-0005032

Inspection ID: MON-0031852

Date of inspection: 25/04/2022

## 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 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>In accordance with Regulation 34 (2)(d,e,f) the Person in Charge reviewed documentation held in relation to the complaint identified during the inspection. The Person in Charge had at the time carried out a full review of the complaint, including a record of discussion with the resident to ensure that they were satisfied with the resolution of their complaint. As this was not available for review on the day of the inspection, the Person in Charge has ensured that copies of all documents are available in the Designated Centre and will ensure the same for any future complaints and the management of same. The complaints procedure has also been displayed in the Designated Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In accordance with regulation 17 (1)(b) the Person in Charge and the Provider continue to explore options to allow investment in the property. In the meantime, the Person in Charge is organizing interim works within the property to ensure that the property is in a good state of repair.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In accordance with Regulation 27, the Person in Charge and staff team have implemented the new Cleaning Manual, which outlines the processes for staff to follow in relation to the cleaning and sanitizing of the centre. The Person in Charge is also organizing works within the centre to ensure the property meets infection control standards, including painting and the removal of mould in the kitchen area.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In accordance with Regulation 7 (1), the Person in Charge has liaised with the Senior Psychologist and the staff team regarding the current behaviour support plan and update of this plan has been completed. The updated plan provides clearer guidance to staff on how to respond to the behaviour that is challenging and how to support the resident to manage their behaviour. The multi-disciplinary team will continue to support the resident and the team and initially review the plan on a six monthly basis or sooner if required.</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 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	30/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022
Regulation	The registered	Not Compliant	Yellow	09/05/2022

34(1)(d)	provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	09/05/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	09/05/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint	Not Compliant	Orange	09/05/2022

	and whether or not the resident was satisfied.			
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	20/05/2022