

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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Kare DC15 |
| Name of provider: | KARE, Promoting Inclusion for People with Intellectual Disabilities |
| Address of centre: | Kildare |
| Type of inspection: | Announced |
| Date of inspection: | 13 May 2024 |
| Centre ID: | OSV-0001993 |
| Fieldwork ID: | MON-0034202 |

About the designated centre

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

Kare DC15 is a bungalow situated in a town in County Kildare and in walking distance to many local amenities and public transport links. Each resident has their own bedroom with access to living areas, kitchen/dining area, sun room and bathrooms. This designated centre provides a home to a maximum of four adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person in the house. Full time residential care is provided by a person in charge, social care workers and social care assistants.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 13 May 2024 | 09:45hrs to 17:30hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The provider KARE, Promoting Inclusion for People with Intellectual Disabilities operates 20 designated centres and has demonstrated a good regulatory history. Inspectors of Social Services completed inspections in nine designated centres over two days, including visiting the provider's head office to discuss oversight and progress with quality improvement initiatives with members of senior management. Overall the inspections found high levels of compliance with the regulations, and effective governance and oversight systems which were identifying and acting upon issues in response to the needs of residents. In this centre, the inspector also found good levels of compliance, with improvements required in relation to ensuring the cosmetic upkeep of the residents' home, optimising community access, and in ensuring that how residents' money was spent was transparent and protected.

The inspector met with all four residents during this inspection. The residents told the inspector about their day, what they had been working on lately, and what their plans were for the summer. Where necessary, staff members supported communication between the residents and the inspector, and demonstrated good knowledge of residents' support requirements, wishes and interests. As this inspection was announced in advance, all four residents had completed written surveys which provided further commentary on what they liked or disliked about their home, staff, routines or support structure.

In the main, these surveys were positive, with residents noting that the staff treat them well, know what is important to them, and support them to make choices in their home. While some comments indicated that residents did not always get along with each other, overall they indicated that they were friends and liked to do things together at home and in the community. One resident commented that it was their dream to live on their own with staff support instead of shared living. Residents commented positively on the food choices and enjoyed helping with meal preparation. Two of the residents used these surveys to express how they wanted to go on outings more often, writing "we don't go on that many trips, only when we have the bus", and "we need a bus to go out when we want to, but we don't have one".

Staff supporting residents also provided evidence regarding ready access to vehicles and how this affected residents. The inspector observed evidence regarding challenges attaining an accessible bus for the weekend, occasions on which bookable buses were declined or cancelled, resulting in challenges getting to social engagements. When buses from other services were not available, residents used taxis to get to their destination, which was paid by them or from the house budget depending on the purpose of the trip.

In spite of this challenge, the residents and staff enjoyed when they did get

opportunities to get into their community. The house was within walking distance to local amenities such as a shopping centre, and residents had regular social outlets, such as a social club for seniors, a dementia café, drama group, bingo, and art and knitting classes. Some residents met up with family regularly. On the day of inspection it was one resident's birthday, and in the afternoon the resident, their staff, their housemates and partner all had a party with a nice cake and decorations.

Residents told the inspector they felt safe living in this house, and felt comfortable to speak up if that changed. One resident told the inspector they had made a formal complaint about the service recently, and that they were satisfied with how the matter was addressed. One resident was a member of Voice for Kare, an advocacy group in which people availing of this provider's services could officially discuss and report things which were meaningful to them and their housemates.

The residents' house was overall suitable for their needs, with works done or features added as needed, to ensure that wheelchair users could navigate comfortably. Bedrooms were personalised to each resident's preference, and residents had the option to lock their bedroom door when they were not in the house. The communal areas such as the sun room were decorated with photographs of the residents together, and paintings done by one resident. The provider had endeavoured to make this a restraint-free environment as far as practicable, and there was little to no environmental restriction limiting the residents' access around their own home, kitchen or garden.

Separate to their day-to-day routines, staff had initiated plans related to wishes and goals which required planning and phased objectives. This included a plan for one resident to live in their own supported setting alone, and for the residents to go on their summer holidays for a few nights this year. The provider was also in the process of taking all policies, processes and resident support plans, and ensuring each was available in an easy-read format with which residents could effectively engage where required.

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.

Capacity and capability

Overall, the inspector observed management and oversight systems which ensured that the service was safe and suitable for the assessed needs of the residents and the operation of the designated centre.

The centre was resourced with an established and knowledgeable team of support staff. Staff demonstrated good examples throughout the day of encouraging and facilitating residents to engage with the centre operation, and advocating for their

needs related to service resources and changes required. The staff had a good rapport with residents and were familiar with their backgrounds, wishes, interests and communication styles. Staff were in the main appropriately trained, with some additional training identified as mandatory for staff to attend to effectively deliver on residents' support needs.

The provider had conducted audits and quality inspections in the designated centre, and the findings of all assessments were collated into a live action plan document. This outlined specific, measurable and time-bound objectives required by the person in charge, the nursing team, key worker or the front-line staff. The areas for development, in general, were in line with the findings observed during this inspection, such as a need for more consistent and reliable vehicle access, and where formal risk assessments related to residents' rights and autonomy were required. The annual report of this service summarised experiences, challenges and achievements in 2023, including what residents had to say about the service and their own personal achievements and circumstances living in this house.

Records and documents related to the operation of the service were detailed and up to date, such as the statement of purpose, centre policies and procedures, and information required to be submitted to the Chief Inspector of Social Services.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was resourced with a complement of staffing personnel which was suitable for the number and assessed needs of service users and was in line with the statement of purpose.

The staffing rosters were clearly recorded and identified when staff were absent or when the person in charge was working elsewhere. Use of staff overtime and regular relief personnel mitigated the potential impact of vacancies and absences on the continuity of resident support.

A review of a random sample of personnel files was completed on the day of this inspection in the provider's head office. They were found to contain the information required under Schedule 2 of the regulations, including evidence of professional references and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had clearly identified training courses and skills which were required by staff to effectively support the assessed needs of residents living in this designated centre, with a number of staff identified to complete training including supporting residents with epilepsy, dementia or diabetes. Staff were up to date on other key training in fire safety, safeguarding of people at risk of abuse, and safe administration of medicines.

Judgment: Compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had identified through their own auditing reports, their annual report, and recurring topics in resident meetings and advocacy sessions, that flexibility in residents getting into the community or on outings was limited by a lack of house transport. The inspector reviewed daily notes which indicated how this had affected the residents and operation of the service, and was also provided illustrative examples of same by the residents and staff. For example, where bookable buses were declined or not available, where taxi expenses were either paid by the resident or covered by the house budget, or where staff were required to leave residents with one staff member while they drove out to collect buses from other services before they closed for the weekend. The provider had set out an objective to attain house transport by December 2024, however there was limited information on what specific action had been taken to be assured that this target date would be achieved.

The provider supplied the inspection reports from six-monthly inspections which took place in August 2023 and January 2024. These reports were comprehensive with specific, timebound actions to address areas where the service was not adhering to provider policy, regulatory requirement, or best practice. Objectives related to audits were collated together in a service-wide action plan to allow for a

clear progress report on outstanding issues or rationale for deadlines being missed.

The provider published the annual report for this designated centre in October 2023 which summarised the key challenges and successes in the preceding year and the focuses and goals of the year ahead, for the staff team, the residents, and the centre operation. This report consolidated trends and important issues raised through the year by or on behalf of residents, as well as reflecting on new personal achievements, hobbies and social outlets enjoyed during the year.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each of the four residents had contracts signed between them and the registered provider which outlined the services of the designated centre. However not all contracts included the amount and frequency of the charges payable by residents. Some clarity was required in these written terms on when some fees would be paid by the resident or covered by the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the services provided to residents as required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and practices occurring in the designated centre had been recorded and notified as required to the Chief Inspector, within the requisite timeframes.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place and kept up to date, in line with

the requirements of Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found this to be a well-run service led by the choices and assessed needs of residents. The provider had implemented and sustained a number of improvements to aspects of the service, to provide a homely and safe environment for service users. In areas such as environmental safety, accessibility and fire safety, the provider was using their observations and feedback from staff and residents to proactively identify and escalate where further work was required.

The provider had completed a campaign of fire upgrade works to ensure that internal doors were rated to contain fire and smoke and were equipped with appropriate self-closing devices and smoke seals. Following this work, further fire safety actions had been identified as required, such as querying the fire rating of service hatches and the residents' ability to open final exits.

Physical, environmental and rights-based restrictive practices were kept under review by a designated panel, which clearly documented how they were assured that the measures were the least restrictive option available for the lowest amount of time. Where some restrictive practice to mitigate one risk resulted in the presentation of separate risk, improvement was required to ensure that any potential impact to rights and choices was mitigated.

Safeguarding risk controls were in effect in response to the needs of service users and incidents, or trends of incidents, in the designated centre. In the main these were effective and facilitated the provider and staff to carry out protective measures related to the residents' dignity, intimate care and finances. However, recent changes had resulted in a resident who previously enjoyed complete supported access to their finances being reduced. While evidence indicated how the provider had endeavoured to support the resident internally, further assurance was required to ensure that residents had optimal access to money which belonged to them, and that the resident was safe and advocated for in their financial affairs.

Good practices were observed through the day in the management of medicines and clinical stock, reporting of maintenance work and infection prevention and control. Clear records were kept of matters such as residents' healthcare appointments, vaccinations, and access to relevant healthcare services and screenings. Where required, the provider made good use of easy-read social stories to support residents to understand their own needs and support interventions.

Regulation 12: Personal possessions

All four residents had accounts in their own name with financial institutions, into which their income was received. Bank statements were addressed to the resident in their home in the designated centre for them, with staff support where necessary, to maintain oversight of their own money. Cash money was controlled by the residents and their direct support staff in line with their assessed support needs. One resident had recently had their financial control decreased; this is referenced under Regulation 8 on Protection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in relation to social, recreational and personal objectives and wellbeing. Examples such as planning holidays, supporting residents to enjoy personal relationships, celebrating life events such as birthdays and retirement, supporting and facilitating new recreational pursuits, and initiating arrangements for long-term changes in the residents' lives were observed during this inspection.

Judgment: Compliant

Regulation 17: Premises

In the main, the premises was safe and suitable for the number and assessed needs of service users. Since the previous inspection, repair work had been carried out to ensure that outdoor pathways and ramps were safe for residents who used wheelchairs to traverse. Where issues related to getting over door thresholds had been identified, interim features had been added to support residents to get outside.

A number of walls around the house had been damaged following the installation of fire rated doors, or through a build-up of wear and tear, and required repainting to provide a bright and homely living environment. The provider had also set out an action to identify where wheelchair users most often came into contact with their surroundings, to add protective panels to reduce damage to the walls or the residents' equipment. Kitchen cabinets, worktops and plinth boards were chipped, peeling or water-damaged and required replacement to provide a pleasant and homely environment, as well as to optimise the team's ability to clean and disinfect kitchen surfaces.

Judgment: Substantially compliant

Regulation 27: Protection against infection

In the main, this centre was equipped to ensure the premises was clean, that hand hygiene could be performed, and equipment could be sanitised. Residents were supported to avail of vaccinations, and staff were trained in infection prevention and control practices. The premises was overall clean on this inspection, including in food preparation areas, laundry spaces, bathrooms, and places in which medical materials were handled.

Judgment: Compliant

Regulation 28: Fire precautions

Following the findings of previous inspections, the provider had submitted a fire safety upgrade plan to ensure that internal doors were rated to prevent the spread of fire and smoke, and equipped with self-closing features. These doors were also equipped with devices which allowed doors to remain open to support resident navigation, but which would disengage if an alarm was triggered. The provider had also identified areas for formal review so that they could be assured of their safety, such as hatches to roof spaces. The inspector observed certification indicating the fire extinguishers, emergency lighting and the alarm system had been tested and serviced in 2024.

The inspector reviewed a sample of recent fire evacuation drills. These drills had been effective in identifying trends of risks associated with fire safety in this house, such as the consistency with which service users left promptly, residents whose motor skills presented difficulty opening locking mechanisms, and where staff had difficulty getting wheeled equipment over door saddles. The provider had committed to assessing risk controls and conducting frequent evacuation drills targeting these risks, until they attained assurance that effective evacuation times could be achieved on a consistent basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

All staff were trained in the safe management of medicines, and demonstrated good knowledge and practices related to the storage, recording and administering of residents' medicines. Staff were clear on why residents were taking the medicines

which were prescribed, and on guidance and instruction for medicines prescribed only to be used when required. The inspector observed healthcare risk waste which was not appropriately secured, however this was addressed immediately upon observation.

Judgment: Compliant

Regulation 6: Health care

The inspector observed evidence that residents were supported with their healthcare needs and that their doctor and other healthcare professionals were contributing to their assessments and providing guidance for support plans as required.

The inspector was provided clear records of when residents were supported in vaccinations against seasonal flu and COVID-19, and where they had been offered or supported to avail of National Screening Services where eligible.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had attended training in how to identify and respond to instances in which residents may present a risk to themselves or others when communicating their anxiety or frustration. Where risks were controlled by use of restrictive practices, these were kept under the review of an oversight panel to ensure that alternative measures had been exhausted and endeavour to retire practices where they were no longer proportional to the level of assessed risk.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed evidence which indicated that the provider was responding appropriately to alleged, witnessed or suspected incidents of abuse of residents. Staff were trained in safeguarding of people at risk of abuse, and were familiar with reporting and oversight measures to protect the people who lived in this designated centre. Where residents required support with personal or intimate care, guidelines on delivering this in a dignified manner were set out.

The provider had recently identified concerns related to activity on a resident's bank account and personal money. This had also resulted in this resident going from

having supported access to use their finances and debit card as and when they wished, to being given €50 "pocket money" for the week, which was insufficient for the resident's personal routines. The inspector observed that the provider management had taken steps to attempt re-establishing the resident's financial control. However, a need for an independent advocate had been identified following recent changes, and there was no evidence available to indicate that this referral had been made.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents commented that they felt their preferences and choices were being respected in their home. The inspector observed a respectful and person-centred relationship between staff and residents, and good examples of how staff were endeavouring to protect the residents' dignity in their supports. Residents' personal data and the privacy of their bedroom was also protected. Residents were supported, through personal planning, goal-setting and house meetings, to develop objectives related to skills, wishes and goals around how they wanted to live their lives, such as desiring to live alone or to go on more varied and interesting excursions.

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 |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Kare DC15 OSV-0001993

Inspection ID: MON-0034202

Date of inspection: 13/05/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are a range of transport options available for this location.</p> <p>1. Kare owned transport</p> <p>The house has use of a bus every afternoon / overnight from 3.30pm Monday to Friday, all weekend, bank holidays and Local Service close downs.</p> <p>Bookable buses are available for booking in advance by the leader in this location. They are generally used for appointments and holidays.</p> <p>2. Public Transport</p> <p>Service users living in this location could possibly utilise public transport. This is currently under review and will be discussed at the next staff team meeting in July 2024.</p> <p>3. Staff owned cars</p> <p>Generally the staff in this location are indemnified to use their own vehicles to provide access to activities. The budget for mileage for 2025 will be created to ensure it covers a more accurate use of the vehicles. This will be completed by the end of October 2023.</p> <p>Kare are developing a new service agreement which will ensure that the fees payable are clarified for each individual, including taxi costs. This will be completed as a bespoke document for each individual residing here by the end of September 2024.</p> <p>Kare Transport Policy will be reviewed and updated if required by the end of 2024.</p> | |

| | |
|---|-------------------------|
| | |
| 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:</p> <p>A new Service agreement template has been developed internally and Kare and this will be issued to each resident for completion prior to the end of September 2024. This will include the written terms on any fees that may be paid by the resident and/or provider</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The walls in this location will be updated with paint by the end of December 2024.</p> <p>The protective panels will be in place in this location by the end of December 2024.</p> <p>The Kitchen cabinets will be reviewed and made repairs or replacements prior to the end of the year. The worktops and plinth boards will be replaced by the end of December 2024.</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>A referral for an independent advocate for one individual was submitted on the 17th of May 2024.</p> <p>The individuals money support plan is reviewed with her on a monthly basis by the keyworker.</p> <p>The individual risk assessment for financial protection was reviewed on the 6th of May 2024. This was reviewed and no further changes added.</p> <p>The risk register for the location has been updated to include a risk related to financial abuse under safeguarding. This was completed on the 6th of June 2024.</p> | |

The Organisation risk register was reviewed to reflect necessary changes on the 18th of June 2024.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 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 | 31/12/2024 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Substantially Compliant | Yellow | 30/10/2024 |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the | Substantially Compliant | Yellow | 30/09/2024 |

| | | | | |
|------------------|---|-------------------------|--------|------------|
| | services to be provided for that resident and, where appropriate, the fees to be charged. | | | |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 18/06/2024 |