Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Na Driseoga
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	25 April 2024
Centre ID:	OSV-0002573
Fieldwork ID:	MON-0038326

About the designated centre

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

This designated centre provides residential based respite services to adults with either intellectual or physical disabilities (both male and female) over the age of eighteen years. The centre provides 24 hours respite care and currently can accommodate up to six adults each night. The service offers 24 hour nurse led care provision with 24 hour care assistant support. The centre is a bungalow in a large town in Co. Meath. The premises includes a kitchen/dining room, sitting room, two offices, six en suite bedrooms and additional bathroom facilities and pleasant gardens. The centre also had its own car and transport is available on request which is wheelchair accessible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 April 2024	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with the regulations.

The designated centre which provides short term respite breaks for residents, was spacious with various communal areas, and a private bedroom for each resident. The living room was particularly spacious, with various comfortable chairs and sofas, and could easily accommodate six residents while allowing for individual personal space. The centre was adequately equipped to accommodate people with mobility issues, for example with ceiling hoists in bedrooms. Residents were offered their choice of rooms where possible, and the centre was spacious enough to allow for distancing where this was required to meet the individual needs of residents.

There was a functional outside area, including a lawn and shrubbery, and there were garden ornaments and lights, creating a pleasant atmosphere. However, there were outstanding maintenance issues that were immediately evident on arrival at the designated centre, which are discussed in more detail later in this report.

There were three residents availing of a respite service on the day of the inspection, and there were pictures on the doors of each of the bedrooms indicating who was currently in residence. Residents were supported to bring in their personal items, such as their own bedding if they so chose.

On arrival to the centre the inspector saw that one of the resident's was enjoying breakfast at the kitchen table, supported by a staff member who also supports them at home, therefore providing consistency of care for this resident. Staff explained that this helped the resident to feel safe and comfortable whilst on respite. The inspector observed the resident making a request of the staff member, who responded immediately.

The other two residents arrived back from their chosen activities in the early afternoon. One resident greeted the staff and had a brief chat with them, before settling down in front of the television with the remote control.

The other resident went to another sofa and pulled a blanket towards their head, and staff knew immediately that this was a request to have a nap on the sofa with a cushion and a blanket, and assisted the resident to settle comfortably.

There was a knowledgeable and caring staff team, who could describe the preferences of residents, and their role in supporting these. The inspector observed this in practice throughout the inspection. For example, one of the residents became upset during the afternoon, and staff were observed to help them to settle down by using banter which the resident enjoyed.

There was a clear ethos of offering choice to residents, and of making the respite

break to their preference, as a holiday if they chose, or as a continuation of their usual routines if that was their preference. Choices and likes and dislikes were all recorded, and residents had access to their personal files, one resident who could read had gone through their care plan, and read the daily notes maintained on them.

Compatibility of residents was given high priority, and there was a detailed template identifying those residents who were compatible with each other, which was kept under constant review.

Questionnaires had been offered to residents and their families in December 2023, as part of the information being gathered towards the annual review of the care and support of residents, and although this review was not yet complete, the inspector saw from these questionnaires that the response was overwhelmingly positive, and that any suggestions made were in relation to minor issues that could be resolved.

Overall residents were supported to have a comfortable and pleasant respite break, with an emphasis on facilitating choices, and there was a good standard of care and support in this designated centre.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed, however these were not always either completed in a timely manner, or effective in terms of completing required actions.

There was an appropriately qualified and experienced person in charge and lines of accountability were clear. Appropriate supervision of staff was in place.

There was knowledgeable and caring staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and of supporting the choices of residents.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version, and a clearly defined process of responding to any issues that might be raised.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and an appropriate skill mix, including registered nurses and social care staff. A planned and actual staffing roster was maintained as required by the regulations. The numbers of staff on duty each day was in accordance with the number and needs of the particular residents present in the respite service.

The inspector spoke to four staff members, the person in charge and the person participating in management and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The inspector reviewed a sample of two staff files and found that all the documents required under Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date and included training in fire safety, safeguarding, behaviour support and infection prevention and control. There was a clear system of oversight of training through a matrix of training which was maintained on a shared drive available to the person in charge and the person participating in management.

Additional training was made available to staff should particular needs of residents be identified, for example in eating and drinking needs and in catheterisation.

Regular supervision conversations were held with staff in accordance with the organisation's policy. Staff said that they found these conversations useful, that they were assured of confidentiality and felt free to raise any concerns.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place. The inspector requested the reports of the last two reports from these visits which had taken place in July 2023 and January 2024, however, the report of the January visit was not available on site, and therefore not available to the staff in the designated centre. As these reports included required actions, and identified the person responsible for these actions, they were not effective if not available to the staff team. However, the reports were

a detailed overview of the care and support in the designated centre, and included the views of the residents, which were positive on the most part, with minor requests such as a change of room being recorded.

A suite of audits was undertaken in the centre. The inspector reviewed the audits of Infection Prevention and Control, restrictive practices, the audit of residents' files and the audits of medication management. The audits included evidence in the form of comments to support the findings and identified any required actions with a named person responsible and and completion date. The auditing system was overseen by the Assistant Director of Nursing.

The provider is required to prepare an annual review of the care and support of residents, but this had not been completed for the previous year. The person participating in management presented evidence that information gathering had commenced, however the report was not yet prepared.

Regular staff meetings were held, and a record was kept of the discussions which safeguarding, resident updated infection prevention and control, and various aspects of the operation of the centre. The inspector reviewed the minutes of the last two meetings and found a clear record which indicated a detailed discussion around these issues. A record of attendance at these meetings was maintained, and any staff unable to attend were required to sign the record to say that they had reviewed the minutes.

There were various outstanding maintenance issues as outlined under regulation 17 of this report, some of which were outstanding since the previous inspection. Some of the required actions from the previous inspection had been completed, for example there were laundry facilities available to residents. However the improvement works to the premises had not commenced. The inspector reviewed the information presented relating to these works and saw that the plans had been drawn up, and that the funding was in place.

Other aspects of maintenance which were outstanding had been identified by the person in charge, and in some of the monitoring processes, but had not been addressed. For example, an identified action in the maintenance log for quarter 2 of 2023 was that, the carport and other areas required immediate power washing and was to be carried out biannually thereafter The inspector noted that the area was unclean on the day of the inspection.

The inspector also reviewed maintenance requests for the other issues outlined in regulation 17 of this report which had also not been addressed. The provider was therefore failing to ensure effective monitoring in this regard.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There was a clear policy in relation to the management of admissions, and this policy was outlined in the statement of purpose and function of the designated centre. Admissions were planned around compatibility, and residents who enjoyed each other's company were offered respite breaks at the same time where possible. Where incompatibilities were identified, the residents involved were offered different dates so as to not have their breaks at the same time. A detailed compatibility assessment had been completed with a clear list of each resident and their compatibility preferences.

There were contracts of care in place which outlined the supports offered to residents and the service offered. Each had been signed by the resident or their representative.

There were pre-admission plans in place to ensure the comfort of residents. One of the residents on the day of the inspection disliked pictures and other items in the bedroom, so these were removed prior to their admission. Where there were behaviours of concern the number of residents was reduced to allow for a low arousal environment.

Three was a procedure to be followed prior to each admission, which involved a phone call with the primary care giver, following which all documentation and guidance relating to the individual resident was updated. A template was used to record this review and to identify any required actions. This procedure ensured that all the current information was available to the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. Any complaints were recorded and remained open until resolved. There had been two complaints in 2023, and both had been addressed immediately, and actions identified to prevent a recurrence.

A log of all complaints and compliments was maintained, and there were multiple compliments form residents and their families relating to the care and support

offered in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Quality and safety

Residents were supported to have a comfortable and enjoyable break in the respite centre, and to have their needs met and their choices respected.

Admissions were well managed to ensure the compatibility or residents, and there was an effective admissions procedure which ensured that all relevant information was made available to staff.

Both social care and healthcare were effectively monitored and managed, with up-to-date information ensuring continuity of care during respite admissions.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Risk management appropriate, and all identified risks had been mitigated through detailed risk management plans, and was clear that all efforts were in place to ensure the safety and comfort of residents.

The rights of resident to make their own choices was respected, and communication between staff and residents was effective and meaningful.

Regulation 10: Communication

There were detailed 'communication passports' in place for each resident, and the inspector reviewed two of them. One of them related to a resident who could communicate verbally, and this document outlined the abilities of the resident, for example they could tell the time, and gave additional information as to how to best communicate information to them. The second related to a resident who did not

communicate verbally, and outlined the various ways in which they made their needs and choices known, for example by taking the staff by the hand and leading them to the item or room that they were requesting. It outlined the way the resident indicated choices, and their preference in the proximity of staff during activities.

There were various aids to communication available to residents including 'easy read' information and social stories. For example a social story had been developed in relation to fire safety, and fire safety flash cards had been developed for use in the event of an evacuation being required.

Throughout the inspection staff were observed to be communicating effectively with residents, and the inspector saw that residents both responded, and made their choices known.

Judgment: Compliant

Regulation 12: Personal possessions

A record of each resident's personal possessions was maintained, either by a list of possessions being sent in by family members, or by staff recording the possessions of each person on arrival. This record was checked again on discharge to ensure that all possessions had been kept ae during the respite stay.

A record was also maintained of any money brought in by residents. The inspector checked the records of two residents, and found that there were inconsistencies in the closing records. On one recent occasion the final entry in the log listed a purchase made, but did not give an amount, did not include a receipt, and did not identify the closing balance to be returned home with the resident. The inspector was therefore not assured that residents were protected from financial abuse at all times.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to make choice about how they spent their time on their respite breaks. Some people preferred to spend time relaxing at home or doing home-based activities such as baking or arts and crafts. Others preferred more adventurous activities, for example, two people had been on rally drives during their breaks. Some residents chose to continue attending their normal daily activities or day services, and this was facilitated.

Daily notes were maintained on each resident which included their activities and

whether they had enjoyed them. This information was included in a 'discharge report' which was prepared for the primary care givers.

Judgment: Compliant

Regulation 17: Premises

The premises were of a size and layout that was appropriate to meet the needs of residents, and provided sufficient communal and private areas for residents.

However, there were various outstanding maintenance issues that required attention. There was a bathroom off the main hallway that is identified in the statement of purpose against which the designated centre is registered as being a bathroom, but was out of use altogether at the time of the inspection. The main issue was a leak in the plumbing so that the water supply had been cut off six weeks prior to the inspection.

On the day of the inspection the inspector saw that there was no access to this room, and that it was being utilised as a storage area.

In one of the bedrooms the flooring did not meet the skirting boards, which meant that there were no assurances, the edge of the floor could be kept clean and hygienic. In addition, the floor in a wet room had a gradient that meant that if the shower was used water filed the room, and ran under the sink and toilet and represented a slip hazard, particularly because the water could not run back to the plughole, but had to be cleaned up.

Externally the carport attached to the main front door had a damaged ceiling which required repair, and was unclean with insect nests, cobwebs and dead insects on the walls and ceiling. A gutter on the corner of the building had been damaged by a vehicle and was missing. Just outside the front door there was a garden bench which was rusty and unclean, and covered in cobwebs.

Whilst maintenance request had been submitted for some of these issues, none of them had been addressed, and the provider had not ensured that the premises were kept in a good state of repair externally and internally as required by the regulations.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and

environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks. There was a clear system of escalation of risks that could not be mitigated locally, and there were no current risks of this level.

The individual risk assessments for each residents were maintained in the centre, and were updated during the phone call with the primary caregivers prior to admission. Two of the risk management plans reviewed by the inspector related to the management of restrictive practices for one resident, and to the risk of side effects of medication for another. The risk management plans were detailed and gave guidance for the staff as to their responsibilities in managing each of the risks. Staff could describe the measures in place to ensure the safety of residents at all times.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and a person centred approach was taken to residents' involvement in drills. For example one resident became particularly anxious and upset by the fire alarm, so staff discuss the evacuation procedure with them, and they answered questions about the procedure so that it was clear that they understood that they would have to evacuate if there was an emergency.

There was a detailed Personal Emergency Evacuation Plan (PEEP) in place for each resident, and the PEEPs for the residents currently on respite breaks in the centre were put into the current file for ease of access. Given the nature of the service in this centre there was also a 'fire evacuation bed list' with the room numbers and current occupants.

Social stories had been developed to aid understanding about fire safety and about fire drills. Fire drills were undertaken regularly, and a record of each fire drill included the time taken to evacuate, and any difficulties that might need to be addressed.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were continued on the respite breaks in

accordance with the daily management of them by the primary caregiver. Any changing needs or updates were discussed in the pre-admission discussion with the primary caregivers, and healthcare plans were updated accordingly.

The inspector reviewed two of the healthcare plans of residents, one of which related to epilepsy, and the other to the prevention of constipation, and found the care plans to include sufficient detailed as to guide staff. Staff were aware of the guidance in these care plans and could discuss the implementation of them so that it was evident that healthcare was well managed for residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected on their respite stays, with various strategies in place to ensure their safety, and that they had an enjoyable break. For example, where residents had been found to be incompatible the schedule had been rearranged so that residents could be offered dates that accommodated these preferences, and to ensure that residents had breaks with others that they were compatible with.

At the start of each respite break, a residents' meeting was held, and residents discussed any activities or outings they would like, and what meals and snacks they would prefer. The staff also went through issues such as fire safety, or advocacy services available to residents at these meetings.

Training in human rights had commenced among the staff team, with approximately two thirds of the staff team having completed the training, which included information about assisted decision making.

The person in charge and the staff said that their priority was to make the respite breaks as enjoyable as possible for resident, and that they were providing a holiday whereby residents made all their own choices.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

An introductory meeting was held with each resident on arrival for their respite stay,

and at this meeting residents were told how to raise any concerns, and the how such concerns would be managed.

Where there had been an incident between two residents, one of them who was new to the designated centre, it had been well managed by staff, and recorded and reported appropriately. The compatibility assessment had been updated, and the assessment of the new resident was on-going.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Na Driseoga OSV-0002573

Inspection ID: MON-0038326

Date of inspection: 25/04/2024

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	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The six monthly report for January 2024 indentifies all required actions and person responsible for these actions and was made available to the staff team of the Designated Centre on the day of the inspection. A copy will be made available to all staff by the PIC and actions discussed at the team meetings.

The person participating in management has since completed the annual review of the care and support of residents. This report has clearly identified any required actions and person responsible for these actions and has since been made available to the staff team of the Designated Centre.

The Registered Provider is working closely with HSE Estates to address the improvement works to the premises and outstanding maintenance issues as outlined under regulation 17 of this report. The Registered Provider has funding in place, plans drawn up and a contractor identified for completing these works. A site visit with HSE Estates and the Registered Provider is completed. All works are due to be complete before the end of quarter 4 2024.

The Registered Provider is working closely with HSE Maintenance department and the Person in Charge to monitor the scheduling and completion of the outstanding actions as identified in quarter 2 of 2023 maintenance log. A review of the maintenance process is due to take place in July 2024 with a view to making the Maintenance process more efficient.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The Person in Charge will continue to provide assurances that all aspects of adult safeguarding, including personal possession will be a standing agenda item on staff team meetings for discussion with staff team.

The Person in Charge has reviewed and updated the local financial guidelines within the Designated Centre which will be a standing agenda item on staff team meetings for discussion with staff team.

This includes ensuring receipts are obtained for all individual purchases, two staff signatures will be recorded for financial transparency to ensure closing account balances are accurate.
All records will continue to be checked on discharge to ensure that all possessions had been kept safe during the respite stay.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider is working closely with HSE Estates, Maintenance departments and the Person in Charge, to monitor the scheduling and completion of the outstanding actions of Regulation 17, identified within this report.

The Registered Provider has funding and a contractor in place for completing these works. A site visit with HSE Estates, Maintenance and the Registered Provider is completed. All identified works are due to be complete before the end of quarter 4 2024.

The cleaning and routine maintenance matters to incude the cleaning of the carport roof, the garden bench and gutters will be actioned by the end of August 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	29/04/2024
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.	Not Compliant	Orange	31/12/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	31/07/2024

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	06/05/2024