



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

Issued by the Chief Inspector

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	12 October 2022
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0029152

About the designated centre

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

Ardcuan is a community-based centre that provides respite service and an additional residential service to one individual in an adjacent apartment building. The centre is comprised of a three-story house and is located in a central area of a city in close proximity to local shops and other amenities. The premises of the centre is made up the main detached building with an apartment attached to the side of the premises. There are five bedrooms in the main building and two bedrooms in the attached apartment. The service provides planned and respite care to male and female adults with an intellectual disability and long-term residential supports to one individual in the apartment. There is a large secure garden at the rear of the property which contains an external laundry room. There is a service transport vehicle that brings residents to their daily activities. Residents and respite users are encouraged and supported to participate in the local community in line with their own wishes and preferences. Staff support is offered 24 hours a day, seven days a week and rosters are changed in line with respite users' care and support needs.

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
Wednesday 12 October 2022	11:50hrs to 17:50hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From speaking with residents and their family, and from what the inspector of social services observed and read, residents were in receipt of a good quality and safe service. The feedback from people using the service was that they were very happy and felt safe in the centre. Those availing of respite said they really enjoyed it and looked forward to coming into respite. They stated they felt supported, that their rights were respected, and that their talents and abilities were celebrated by staff in the centre.

Some areas where the provider had identified that improvements were required related to staffing continuity and the suitability of the premises, and these areas will be discussed later in the report.

There are six registered beds in the designated centre. There was one resident living in a self-contained apartment full-time at the time of the inspection, and up to five residents could avail of respite services in the main house at any one time. The premises was a large three storey building with six bedrooms in the main house, and a two bedroomed apartment with a bathroom and kitchen at the side of the house. In the main house, on the ground floor there is a large kitchen come dining room, a sitting room, a living room and an activity room. On the first floor there is a main bathroom, four bedrooms with ensuite bathrooms, and a staff bedroom. On the second floor there are two large storage rooms. There is also a shed to the back of the house which contains laundry equipment.

During the inspection, the inspector had an opportunity to speak with the resident living in the centre full-time. They said they were happy and felt safe living in the centre. They talked about living an independent life, but said that they knew staff were there should they ever need their support. There were four residents availing of respite at the time of the inspection and the inspector had the opportunity to sit at the kitchen table and chat with them. Each of them said that they loved coming into respite and they spoke about getting excited when they knew they were coming in. They talked about knowing each other for many years and discussed how their paths had crossed many times over the years. Some of them had gone to school together, some had gone to college together and others had friends in common. They each spoke about some of the important people in their lives and of some of the achievements they were proud of. They each listened, encouraged and supported each other as they shared their stories.

The group talked with the inspector about how they liked to kick ball in the garden, play pool, watch movies, play video games, spend time relaxing in their rooms, spending time chatting with each other and staff, going to local parks, going out for coffee or a meal, or going to the cinema. They spoke about their educational achievements over the years at school, and in college. They talked about how hard they had worked to graduate and about how much they enjoyed their graduation celebrations. They spoke about work experience they had completed and some of

the jobs they had over the years. They spoke about how important their jobs were to them and one person spoke about how the staff in respite were driving them to work in the morning because it was too early to get public transport.

They talked about how important their family and friends were, and how they missed while they were in respite sometimes, but said they could ring them anytime. For one resident it was their first overnight stay in respite. They had visited the centre and spent time there a number of times and told staff and the inspector that they were very excited to stay the night. Other respite users were observed to support them to settle in and heard talking to them about how much they would enjoy their overnight stay.

When speaking about staff, residents used words to describe them such as, "great", "brilliant", "excellent", and "wonderful". They said they "encourage us to be independent", "I am so comfortable talking to staff", "they listen", "staff respect us", "they know our rights". They spoke about how good the food was in the centre and about how much choices they got at every mealtime. One resident said "the food is the same as in a 5 star hotel". Another resident said the "staff are amazing, the food is great and we get some many activities to choose from". They spoke about how hard staff work to maintain their privacy such as knocking on doors, being respectful when talking to them, and by listening to their views. One resident spoke about how they used to share a room when they came into respite, and said they liked it better now that they had their own room as it was easier to maintain their privacy.

Residents said if they had any concerns or worries that they would feel very comfortable speaking to any of the staff working in the centre. They each talked about how long they had known the staff, and about how well staff knew them and their families. Some residents spoke about their preference for certain rooms when they came into respite and how hard staff worked to make sure they got this room and that they came into respite with people they liked and who had the same type of interests as them.

The inspector observed that staff were skilled in communicating with residents. They were respectful and encouraging during all interactions and took every opportunity to speak with them about all the good things that were happening in their lives. Staff were observed to take the time to listen to residents and give them the space and time to answer any questions they asked. Residents were being supported in the centre to make choices in relation to areas such as, how involved they were in food preparation, how much they wished to get involved in keeping the house clean and tidy, whether they wanted to manage their medicines, what they wanted to eat, and how they wished to spend their time.

In addition to speaking with five residents the inspector was given eight questionnaires relating to care and support in the centre which had been completed in advance of the inspection. The commentary in these questionnaires were very positive in relation to areas such as, the comfort and warmth of the centre, access to shared areas and a garden, food and mealtimes, rights, privacy and dignity, staff supports, the complaints process, and access to activities. Questionnaires included comments such as, "I like everything", "I like to have the DVD player to myself", "I

like watching movies in respite and going out on the bus", "I like everything in Ardcuan", "I like to meet friends and get to know new people", and "I get a good laugh when I am here". Activities that residents enjoyed while in respite were included in their questionnaires, such as, singing songs, watching movies, walks in the park, going to the shops, eat out or have a takeaway, cooking and baking, bowling, and playing pool. Residents also included comments on areas where they would like to see changes such as, "I would like waffles more on the menu instead of mash potatoes", "I would like to go bowling more often", or to "to the museum", or to "the circus and bowling".

The inspector also had an opportunity to speak with two residents' family member. They were very complimentary towards care and support in the centre and described respite as a "break for everyone". They described the staff as "great", and "very welcoming and accommodating". They said they were very happy that their family members were safe in respite and said that if they had any problems they would feel comfortable raising their concerns with any member of the staff team.

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

Further improvements had been made to the governance and management of the centre since the last inspection which had led to improvements in the levels of compliance with the regulations. For example, improved levels of compliance were found in staff training, governance and management, infection prevention and control, and residents' rights. At the time of the last inspection there had been a long term crisis admission of a resident and this was found to be impacting on the quality of life and human rights of residents in the centre. At the time of this inspection there were no crisis admissions. There were some areas where further improvements were required but the provider had identified these in their own audits and reviews, and there were action plans in place to bring about these improvements. They were working to improve continuity of care and support for residents, and there were plans in place to make a number of improvements to the premises both inside and out.

There was a full time person in charge who was only responsible for this centre. They were supported by a number of persons participating in the management (PPIM) of the management of the designated centre, one of whom visited the centre during the inspection. They were found to be very familiar with the centre and motivated to ensure that residents were happy and safe while in the centre. The person in charge and PPIM's reported to a service manager. There was also 24/7 nurse on-call available should residents or staff require support. The staff team who

spoke with the inspector all stated they were well supported in their role.

The person in charge had a strong focus on person-centred care and were managing the centre in a way where residents' rights and their diversity was respected and promoted. They had systems in place to ensure that residents were in receipt of a quality and safe service and were constantly trying to come up with new ways to further improve the quality and safety of the service. This was evident from the improvements that had been made in the levels of compliance in the centre in the years before this inspection. They were tracking the actions from the provider's annual and six monthly reviews in the centre, from audits in the centre and from the compliance plan following the last inspection. They had systems in place to develop and motivate the team, who were found to be kind, caring and creative.

There were two staff on extended planned leave at the time of the inspection and as a result improvements were required in relation to the continuity of care and support for residents. The provider was recognising this in their own audits and reviews. Staff meetings were occurring regularly in the centre and agenda items included, person centred plans, risk, health and safety, incident reviews, staff training, audits, safeguarding, IPC, policies and procedures, and staffing. Staff were completing training and refresher training in line with the organisation's policies and procedures and were in receipt of regular formal supervision to ensure they were supported, aware of their roles and responsibilities, and carrying out their duties to the best of their abilities.

Regulation 14: Persons in charge

The person in charge had worked in the centre for a number of years and were only responsible for the day-to-day management of this centre. They were full time and had the qualifications, skills and experience to fulfill the role. They were found to be fully engaged in the governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

Residents and their representatives were very complimentary towards the staff team. However, there were two staff on extended leave at the time of the inspections and while the provider was attempting to ensure continuity of care and support for residents, this was not always proving possible. For example, from a sample of rosters reviewed on some weeks there were no shifts covered by relief and agency staff but on other weeks there were up to 30% of shifts covered by different relief and agency staff.

There were planned and actual rosters in place and they were well maintained. The inspector reviewed a sample of staff files and found that they contained the information and documents specified in Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed training and refresher training in line with the organisation's policy and residents' assessed needs. Staff were in receipt of an annual performance review and formal supervision at least twice per year. From reviewing a sample of staff supervision records, they were found to be supportive in nature and very much individualised. Although there was a standard agenda each supervision record was different and celebrated staff's contribution in addition to discussions around areas of their work that may be challenging. Overall, supervision was being used to ensure that staff were aware of their roles and responsibilities and ensuring that residents were in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place and it was found to be up-to-date and to contain the information required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The centre had appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and staff had specific roles and responsibilities. The management systems in place were ensuring that the service

provided for residents was safe and meeting residents' needs. The provider had completed an annual and six monthly reviews and these were picking up on a areas for improvement in line with the findings of the inspection. The actions from audits and reviews were being tracked and completed and these actions were leading to improvements in relation to residents' care and support and the house.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained and from the sample reviewed, notifications were submitted to the Chief Inspector of Social Services as required, and within the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were in receipt of a good quality and safe service. There was plenty of private and communal spaces available, and residents could get involved in the day-to-day running and upkeep of the house if they wished to. Their rights were promoted and those who spoke with the inspector said they felt safe and enjoyed being in the centre. A number of improvements were planned to the premises to ensure that each area of the house and garden were usable and accessible to all. These will be discussed under Regulation 17.

As previously mentioned, the premises was large and there were plenty of areas where residents could choose to spend their time. One resident had their own apartment and each respite user had their own bedroom when staying in the centre. Where possible respite users got to choose which bedroom they stayed in. There was a large back garden and some respite users talked about playing ball out there when the weather was nice. However, some improvements were required to ensure

that suitable surfaces were made available in the garden, as there was an uneven path which could present as a trip hazard. There was a shed with laundry equipment at the back of the garden and the inspector observed one resident using this a number of times during the inspection. The provider was aware the shed required some work to make it a safer and more usable space.

Overall, residents and staff were protected by the infection prevention and control procedures and practices in the centre. The provider was updating their IPC policy at the time of the inspection as the one in place did not contain sufficient detail to guide staff practice in the organisation. The house was found to be clean throughout; however, there were a number of damaged areas in the kitchen which were affecting the ability to clean and disinfect them. For example, areas had chipped and peeling on the doors and edges of the kitchen presses. There were cleaning schedules in place to ensure that each area of the house was regularly cleaned. There were colour coded mops, cloths and chopping boards in place and a flat mop system was on order at the time of the inspection. Staff had completed a number of IPC related trainings and there were suitable systems in place for laundry and waste management. There was a contingency plan in place relating to COVID-19 and this had been updated since the last inspection. There were stocks of PPE available and staff were observed to adhere to the most up-to-date public health guidance during the inspection.

Residents were protected by the medicines management policies, procedures and practices in the centre. If residents wished to, following the relevant assessments, they were encouraged to administer their medicines independently. There were systems to ensure they could lock their medicinal products away, including a locked refrigerator if they needed it. Medication audits were being completed regularly and staff who required it had completed training in the safe administration of medicines, including the administration of emergency rescue medicines.

Residents' assessments and plans were found to be person-centred, and to contain sufficient detail to guide staff in relation to any supports they may require. Their healthcare needs were assessed and care plans were developed and reviewed as required. They had access to allied health professionals in line with their assessed needs. Plans were in place to ensure that each resident had an annual review of their plans. These were being arranged at the time of the inspection.

Residents who required it had access to the support of a clinical nurse specialist in behaviour. They had positive behaviour support plans which were being regularly reviewed. There was a restrictive practice policy in place but there were no restrictive practices in place at the time of the inspection.

Allegations and suspicions of abuse were screened and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed safeguarding training and those who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

Residents were supported to take part in the day-to-day running of the house and to

be aware of their rights through residents' meetings and discussions with staff. They had access to information on how to access advocacy services. There was information available in an easy-to-read format on the centre with information on areas such as infection prevention and control, complaints, and rights. There were picture rosters and menu plans on display.

Regulation 17: Premises

The premises was clean, warm, spacious and comfortable. There was plenty of private and communal spaces available for residents to spend the time in. For the most part the premises was accessible; however, there was a path in the back garden leading to the shed with the laundry equipment in it which was uneven and the provider had plans in place to replace it. The shed containing laundry and cleaning equipment required some work as it had not been plastered and had a bare concrete floor. The inspector acknowledges that these areas had been reported and they viewed evidence that these works were planned.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place and available in the centre. It contained the information required by the regulations. This included a summary of the services and facilities provided to residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control practices in the centre. The physical environment was found to be very clean and there were systems in place to minimise the risk of the spread of infection for residents, staff and their representatives. Staff were observed to adhere to standard precautions throughout the inspection. There were risk assessments and contingency and outbreak management plans in place. There were stocks of PPE available and systems in place for stock control. There were appropriate systems in place for waste and laundry management. Staff had completed a number of infection prevention and control related trainings. There was information available

for residents and staff in relation to infection prevention and control and how to keep themselves safe.

The provider was aware that their infection prevention and control policy required review to ensure it was fully guiding staff practice and the inspector was presented with a draft policy during the inspection which was due to be signed off by the provider in the weeks after the inspection. In addition, there were plans to spray paint the kitchen as there were areas that were damaged which was affecting the ability to clean and disinfect it.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures and practices relating to medicines management in the centre. These included the practices relating to the receipt, storage and administration of medicines. Following the completion of the relevant assessments, residents who wished to were supported to take responsibility for and administer their own medicines. Audits were completed regularly and there were appropriate systems in place for the storage and administration of controlled medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had their health and social care needs assessed and their assessments were being regularly reviewed and updated to ensure they were reflective of their needs. Residents and their representatives were involved in the development of their personal plans, and plans were in place to ensure that each resident had an annual review of their plans moving forward.

Judgment: Compliant

Regulation 6: Health care

Residents had their healthcare needs assessed and were care plans were in place to provide guidance for staff on how best to support them to stay healthy.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were enabled to experience care that supported their positive behaviour support and emotional wellbeing. They had support plans in place which were reviewed and updated as required. These plans were found to be detailed in nature and to contain sufficient information to guide staff to support them.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training to ensure they were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There was a safeguarding register in place and allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Each of the five residents who spoke with the inspector during the inspection stated that they felt safe in the centre and that they would feel comfortable talking to staff if they did not.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were occurring regularly and the minutes were available in an easy-to-read format. Examples of areas discussed during these meetings included infection prevention and control, menu planning, activity planning, fire, residents' rights, complaints, safeguarding, staff rosters, and any other topics residents wished to raise. Picture rosters were available in the kitchen as was other accessible information including visual menu planners. Resident told the inspector about how their rights, privacy and dignity were maintained during their respite stay. If they chose to residents could be involved in the day-to-day running of the centre whether that be meal planning or activity planning, or the upkeep of the house.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardcuan Group - Community Residential Service OSV-0004041

Inspection ID: MON-0029152

Date of inspection: 12/10/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will ensure consistent relief/agency staff will work in the designated centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. The provider has identified and prioritized maintenance requirements and this will be scheduled.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider will ensure procedures are in place consistent with the standards for the infection prevention and control of healthcare associated infections published by the Authority.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/03/2023

	are of sound construction and kept in a good state of repair externally and internally.			
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	31/12/2022