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:	Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	08 May 2023
Centre ID:	OSV-0004129
Fieldwork ID:	MON-0030699

About the designated centre

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

This designated centre comprises of four houses located between two towns in Co. Dublin. The centre provides full-time residential services for male and female adult residents with an intellectual disability. The designated centre is registered to accommodate up to 13 people in total. Within the centre there are three two-storey semi-detached residential homes and one bungalow. Each resident has a single private bedroom, and access to suitable communal, bathroom, kitchen and garden areas. There is accessible transport available to all houses. The person in charge shares their working hours between the four houses within the designated centre. There are nurses, social care workers and care assistants employed in this centre to support residents with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Monday 8 May 2023	09:30hrs to 18:00hrs	Gearoid Harrahill	Lead
Monday 8 May 2023	09:30hrs to 18:00hrs	Karen Leen	Support

What residents told us and what inspectors observed

During this inspection, the inspectors met with the residents living in the designated centre and their support staff members, as well as reviewing documentation and support plans related to their assessed health, personal and social care needs. Inspectors also observed residents' living arrangements, and daily routines alone or with support as part of the evidence indicating their experiences living in this designated centre.

Inspectors had the opportunity to meet with 10 of the 11 residents currently living in the designated centre. Some residents met and chatted briefly with the inspectors as they were leaving or returning from their day's activities and community engagements. Others sat and had longer conversations talking about their recent experiences, and what they did and did not like about their home, their staff and their routines.

One resident had moved into the centre in 2022. The inspector spoke with the resident and reviewed their transition planning and found that they had been afforded the chance to visit the house and meet their new housemates before deciding if they were happy to live there. Comprehensive reviews had been carried out by the provider to ensure that the house was suitable for their needs, and that this new resident was supported to retain their preferred routine, activities, hobbies, job, and healthcare support needs with minimal disruption.

Some residents who had had their day services postponed due to the COVID-19 pandemic were supported to return to this for as few or as many days as they wished. Some residents attended their paid employment or volunteer work during the week. Where residents did not require staff accompaniment to these, the provider had a regular arrangement for a taxi service with a driver the residents knew well. Suitable and accessible vehicles were available to residents, and many local amenities were within walking distance.

Residents told the inspectors how they had been keeping busy in the community. This included playing bowling, going on cycling trips, attending church services, going to the cinema, art classes, swimming, and meeting with friends for lunch. In their houses, residents commented that they enjoyed watching their soap operas and movies, gardening, meditating and cooking. During the inspection one resident and their support staff were cooking a chicken recipe for dinner. Other residents went out to do the house shopping with staff. Residents told inspectors that their staff team worked well with them and it would be rare for them to wait long to get support to do what they wanted with their day.

Each resident had a private bedroom which was furnished and decorated to their preference. One resident was in the process of moving to a much larger bedroom and was being supported to choose their furniture and wall colours and was looking forward to getting a larger bed. Some areas of the designated centre required work

to paint rooms, replace worn or stained carpet, and repair ramps and paths outside to reduce trip risk. Residents were facilitated to express what they wanted changed or improved in their home and garden. As had been identified in previous visits, residents of one house commented on their difficulty navigating a kitchen dining room due to their mobility equipment. Inspectors were told about a plan to stagger meals to reduce this issue, which was scrapped due to resident feedback that they wished to eat with their friends. The provider discussed alternative plans to redevelop part of the premises to address this access issue.

Changes had been made in one house since the last inspection to remove office equipment from a dining room to retain the homely appearance of the residents' living space. At the time of this inspection the staff office was being changed into a small staff bedroom due to the night shift being changing to a sleepover. The inspectors discussed with management the importance of staff having a space to safely work, dispense medicine, manage residents' money and personal information, without encroaching on the living space of residents. New furniture had recently been delivered to the centre to modernise and update parts of the house, with which the residents were happy.

Residents were facilitated to use the house meeting or complaints process to raise issues about their home, staff, routines and activities, and the inspectors found good examples of these comments being welcomed, and clear records of what was being done on foot of this feedback, and how outcomes were fed back to residents. Residents commented that they would feel comfortable to make a complaint and it be taken seriously. Residents gave inspectors some examples of what they had made complaints about, such as wanting to get out more, wanting to have more visitors over, last minute staffing changes, or how they had been affected by recent changes to the doors in their home. Some residents were part of an advocacy group in which they represented their peers and people with disabilities on matters which were important to them.

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

Inspectors found this centre to be suitably resourced to provide appropriate care to residents from a team of staff who were knowledgeable of their assessed needs, interests and personalities. Inspectors found evidence that in the main, the provider was striving to provide a safe and effective service. Some areas for improvement were identified related to regulatory compliance and adherence to the provider's own policies.

The provider had identified areas for continuous development going forward

included optimising community access and resident autonomy, reducing restrictive practices, using complaints and negative feedback in a constructive manner, and facilitating staff to feel safe and supported in their roles. Inspectors observed good examples of formal and informal feedback, suggestions and complaints attained through resident engagement being used to enhance the service, working with the residents to come to a satisfactory conclusion. Some enhancement was required to ensure that this quality of resident involvement was reflected in the content of the annual review of the designated centre.

There were mixed findings in respect of governance and oversight arrangements. Improvement was required in ensuring that staff support structures including performance management, formal supervision, team meetings and staff training courses were taking place in accordance with policy and regulations. While quality and safety inspections had identified areas for improvement, not all areas in which improvement was required had a corresponding action plan, including timeliness of assessments, maintenance work, and resource requirements. Some of findings of this inspection were repeated or remained outstanding from previous inspections including matters related to staff training, premises and fire safety.

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 14: Persons in charge

There was a full time post of a person in charge in this centre, and this person was suitably experienced and qualified for the role.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed a sample of eight staff members' supervision records with their line manager. Examples were observed of meaningful discussion relevant to the staff members' roles and duties. However, these meetings were not occurring in line with provider policy including some examples of staff having one supervision meeting a year with their manager. Staff team meetings were not consistently

occurring on a regular basis in all house teams.

In a record provided of staff training, some staff had not yet completed sessions in mandatory training including positive behaviour support, safeguarding of vulnerable adults, manual handling, and safe administration of medicines. Some training records were not available for review, such as evidence of first aid training.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors reviewed a report from an unannounced provider inspection of the designated centre in February 2023. The provider had identified where effective structures and practices were in place, and where there were deficits with regulatory compliance or provider policy in areas which were meaningful to the residents, their home, their staff team and their healthcare needs. However, of the 19 areas for improvement identified in this report, 10 of these did not have a corresponding quality improvement plan to set out actions and timeframes for these to be addressed. In three of the houses making up this designated centre, inspectors were not assured that the results of these reports were being communicated to the front-line staff team or to the residents. Finally, these inspections had not taken place at least once every six months.

The registered provider had composed their annual review for 2022. Here the provider had reflected on their achievements and challenges in the preceding 12 months and set out goals and priorities of the service for the year ahead. While there was meaningful content related to the residents in this annual review, there was limited evidence that it had been composed in consultation with residents and their representatives, lacking input or commentary from them on their experiences, feedback and suggestions regarding the designated centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider had notified the Chief Inspector of Social Services regarding practices and incidents in the designated centre in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was accessible to residents, and residents told the inspectors they would be comfortable to complain about staff, their home or their experiences if necessary. Inspectors observed examples of a culture in which complaints were welcomed and used to enhance the service for its residents, such as ensuring that matters raised through other means, such as house meetings, were reviewed and addressed using this process.

Judgment: Compliant

Quality and safety

In the main, the residents were receiving support which was appropriate to their assessed needs. The provider had demonstrated improved and sustained regulatory compliance in a number of areas including resident autonomy and choice, upkeep of the houses, and practices related to medicines and infection prevention and control. The provider had ensured that actual or suspected incidents of resident abuse, neglect or insufficient support were investigated in a timely fashion when reported by the team or by the residents.

Inspectors found areas for improvement in how the provider was assured that the premises, staff knowledge and evacuation procedures facilitated a timely and safe exit in an emergency. While some doors had been equipped with the ability to self-close in the event of a fire or be held open without using wedges or props, evacuation routes still required work to ensure they were protected from the spread of fire and smoke. The provider had engaged the services of an external fire engineer to identify where improvements were required to bring the houses into compliance with the regulations, and were in the process of establishing timelines for this work to take place.

Residents were facilitated and encouraged to engage with meaningful social, recreational and employment opportunities in line with their assessed needs, capacity and interests. Examples of positive risk-taking, independence in the community, and individual choice being optimised was observed on this inspection. Residents were safe and happy in their home, while also being facilitated to raise issues with their home, staff team, activities and anything that was bothering them. An area for development was found in how the provider was assessing resident capacity with finances with a view to reducing management by staff as far as was practicable.

Regulation 12: Personal possessions

Residents were receiving support to view, access, and manage their cash, cards and money in financial institutions. In the sample reviewed, residents had financial accounts in their own name, with the provider in the process of attaining access and control of some older accounts. Some residents who had an assessed level of understanding of managing finances, or had expressed a wish to become more independent, did not have a corresponding plan in effect to support this objective.

The provider had inventory logs to keep track of residents' belongings and valuables to mitigate risk of items being misplaced, however in the sample reviewed, these inventories were not complete.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were provided opportunities to participate in activities in accordance with their interests, capacities and life enhancement needs. Residents were supported to access their places of employment, volunteer work, friends and family, holidays and recreational interests.

Judgment: Compliant

Regulation 17: Premises

There had been improvement since the previous inspection to the general cleanliness and maintenance of parts of the designated centre. Some cosmetic items remained outstanding, such as ceiling cracks, stained or discoloured carpets, damaged external paths and ramps, and rooms around the centre requiring repainting.

The kitchen and dining room of one house remained difficult for residents to comfortably navigate with their staff, housemates and mobility support equipment. The same house had an ongoing challenge getting mobility equipment past the threshold of the external doors, which was noted by the residents and through observations made while conducting evacuation drills.

Judgment: Substantially compliant

Regulation 27: Protection against infection

In the main, the environments and equipment in the designated centre were clean. Staff practices and knowledge related to hand hygiene, food storage and preparation, waste management and cleaning protocols were appropriate. Suitable storage solutions for cleaning tools and chemicals were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency escape routes were not protected in the event of a fire in this centre. Doors and glass panels along hallways and landings were not rated to provide effective containment or fire or smoke, and lacked features such as smoke seals, intumescent strips or self-closing devices to contain spread. Inspectors observed an area with electrical equipment and appliances in which it was not evident how staff would be alerted in the event smoke or fire originated in that location.

Practice evacuation drills had taken place in the centre but in two of the houses reviewed there had not been a drill which represented a night scenario in which only one staff member would be on duty to carry out the fire protocols and support residents to safely exit. This resulted in instances in which staff were not sure what they would do if residents not requiring staff assistance were to exit in two different directions from a house, or how to confirm the safe exit of residents whose nearest emergency exit took them to an enclosed back garden. The provider could not provide evidence of their assurance on how long it would take to for all staff and residents to get to a safe location at night.

In the fire drills reviewed, a recurring observation noted that residents who were more independent to evacuate themselves were being delayed in doing so due to difficulty getting their mobility equipment over the thresholds of the external doors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Good practices were observed in relation to prescribing, ordering, administering, storing and disposing of medicines. Capacity assessments to identify the appropriate level of support and independence with medicine was taking place at least annually with residents. Medicines were administered as per resident prescription and practices were subject to review and auditing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments had been completed for the health, personal and social care needs of residents who were new to the service or who had had recent changes in support needs, and these were found to be comprehensive and person-centred. There was evidence available to indicate that personal plans had been composed and reviewed with input from the multidisciplinary team.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare support was made available to residents with regard to their assessed needs. Inspectors found suitable guidance to staff on supporting the healthcare needs of new residents and residents with changing health needs. Residents were supported to avail of the National Screening Service where eligible. Where residents required ongoing review by their doctor or by healthcare professionals such as the dentist, chiropodist, optician or psychotherapist, evidence was available to indicate this was happening.

Judgment: Compliant

Regulation 8: Protection

Incidents of witnessed, alleged or suspected abuse of residents had been reported per the provider's policy on safeguarding vulnerable adults. The inspectors were provided evidence that incidents were reported to the relevant external parties for review. Residents were supported to recognise instances in which they were spoken to or treated in an unacceptable manner and facilitated to report on this. Recognising and responding to potential safeguarding concerns was an ongoing topic of discussion in staff team meetings.

Judgment: Compliant

Regulation 9: Residents' rights

In the main, evidence was observed on how residents' choices and feedback contributed to the operation of the designated centre. Inspectors observed a culture in which interactions with residents and staff conversations about the residents, treated them in a respectful manner. In instances in which it was found that residents had not been treated with dignity in their home, action was taken to address the matter going forward.

Some residents were part of a resident advocacy group, and residents as a whole were facilitated to have their voices heard, to raise matters which were important to them and their peers.

While some initiatives were still in progress, the inspectors observed examples of the provider striving to optimise the autonomy, independence, positive risk-taking, and choice of the residents in accordance with their capacity and wishes.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage) OSV-0004129

Inspection ID: MON-0030699

Date of inspection: 08/05/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Supervisions will be completed biannually in line with Cheeverstown's policy with all of the staff in the centre. A schedule will be devised for same to ensure these are completed within the timeframe. These will be completed by 30/09/23 Staff Team Meetings will take place on a monthly basis and will have a clear agenda. The PIC will devise and send out a schedule for these meetings in advance. All mandatory training will be completed by all staff in this centre by 30/10/23 A training needs analysis will be completed for this centre to identify the supports for the residents.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Provider visits were completed within the 6 months' timeframe; one was completed in Feb 23 with the previous one completed in August 22. The provider will continue to complete these reports biannually as per regulations and will be available in central locations in the designated centre	

All sections in the provider report will be actioned and will have a robust quality improvement plan with timeframes set out and will take place 6 monthly.

A new questionnaire for residents has been devised and will be reflected in the annual report and the provider visits.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
A new Managing My Money Plan document will be completed for residents based on the assessed level of understanding to support them on managing their finances,

All personal property and possession logs will be kept up to date (for possession valued at 30 euro and above or sentimental valued items, as per organisation financial policy)

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Some cosmetic works have been completed for some of the houses in this centre, with painting works to main areas of the homes (Date completed 30th June 2023).

In Orwell ceiling cracks will be filled and stained and discolored carpets replaced. Target date for completion 20th December 2023.

Damaged external paths and ramps have been reviewed by a contractor immediate remedial work has been completed (Date completed 30th June 2023).

Rushbrook house requires structural and refitting to flooring and cabinetry. Funding has been requested to complete these works. Target completion date 30th December 2023.

For Shelton, there was a scope of works completed by the OT/DON based on the review of client needs, layout and condition of property Q4 2022. This project proposal has been submitted to Property Management Committee, and funding has been requested to complete the project. Target date for completion is 30th June 2024.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Orwell is scheduled for essential Fire Remediation works in 2023.
(the relocation house for residents when works ongoing is not available until September)
Doors and glass panels along hallways and landings, and in in utility room, that are not rated to provide effective containment or fire or smoke, and lack features such as smoke seals, intumescent strips or self-closing devices to contain spread will be replaced.
(Target completion date is 31st October 2023)

The Health & Safety Officer has completed an assessment of the shed and all associated fire hazards. There are recommendations which will be implemented -
• A smoke detector will be installed. (Target completion date is 31st August 2023
• The plug board will be removed and replaced with permanent electrical sockets.
(Target completion date is 31st August 2023)
Rushbrook is scheduled for essential Fire Remediation works in 2023.
(the relocation house for residents when works ongoing is not available until September, Orwell is first scheduled)
Doors and glass panels along hallways and landings, and in in utility room, that are not rated to provide effective containment or fire or smoke, and lack features such as smoke seals, intumescent strips or self-closing devices to contain spread will be replaced.
(Target completion date is 3oth November 2023)

In Shelton a new emergency exit route (pathway) to bring residents to an Assembly Point in the event of a fire will be paved. The lip of the backdoor will be addressed ensure safe exiting of the house for a person with a rollator. (Target completion date is 20th December 2023)
A nominated Assembly Point in the back garden will be identified with the residents, staff team and Health & Safety Officer (completed on June 28th 2023).

Shelton is scheduled for overall Fire Remediation works as part of 2024 work plan.
(Target completion date is 30th June 2024)
Rossmore is scheduled for overall Fire Remediation works as part of 2024 work plan.
(Target completion date is 30th June 2024)
In Shelton Simulated Fire drills will take place with all staff to include the night time sernario to familiarise all staff on the safe evauation of residents and staff. A fire assembly point will be identified to the front and the rear of the building and this will be evident in the residents PEEPS. (Target completion date is 31st July 2023)

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	31/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/10/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2023

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/06/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	19/06/2023

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/06/2023
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered	Not Compliant	Orange	19/06/2023

	provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2024
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Not Compliant	Orange	31/08/2023

	case of fire.			