



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

Issued by the Chief Inspector

Name of designated centre:	The Bridge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0005789
Fieldwork ID:	MON-0034716

About the designated centre

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

The Bridge is a community residential house situated in a town in Co. Louth. This house is home to four male and female residents over the age of eighteen, some of whom have mobility issues, health care needs and emotional needs. The house is a large bungalow with four bedrooms one of which has an en-suite bathroom. There is also a large bathroom, kitchen/dining area, a utility room and two sitting rooms. At the back of the property there is a large garden where seating areas are provided for residents to enjoy. The property has been adapted to meet the needs of the residents who have mobility issues. The residents are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and two waking night staff. The person in charge is responsible for three centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. A shift leader is also assigned to oversee the care and support provided each day. The residents do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre to facilitate this and other appointments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 21 February 2023	10:15hrs to 16:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and they were engaged in some activities in their local community. Notwithstanding this the registered provider did not have effective systems to manage some maintenance issues, fire safety issues and maintain concise and up to date training records. Some improvements were also required in personal plans and health care.

On arrival to the centre, a staff member went through some infection prevention and control (IPC) questions with the inspector and directed the inspector to the hand sanitisers. The inspector also observed staff conducting the same process when some visitors arrived in the centre later in the day. The staff also offered face masks to those visitors.

The inspector observed the house to have a homely feel. Three of the residents were enjoying breakfast in the kitchen and staff were supporting them in line with their food and nutrition plans contained in their care plan. Later in the inspection, staff went through the residents support needs in relation to this.

There was a relaxed atmosphere in the centre and one resident was enjoying a lie on in bed. The centre was very clean and generally in a good state of repair, although some repairs to furniture and the property were in progress at the time of the inspection. Each resident had their own bedroom, all of which had recently been painted. They were decorated in line with the residents' preferences. For example; on the day of the inspection one resident who was an avid football fan had chosen the wall colour in their bedroom to match their favourite team's colours. The resident was also going to town to shop for a similar colour throw for their bed on the day of the inspection.

All of the residents had planned to have reflexology on the day of the inspection. The inspector observed one of the residents relaxing in their bedroom afterwards, looking out unto the garden where they had a small window box which they had planted themselves. There were balloons in the kitchen and staff informed the inspector that one of the residents had recently celebrated their birthday.

One of the residents loved the local football team and they liked to attend matches where they were also able to meet their family. The resident informed the inspector that they were at a football match the previous Sunday and were happy that the team they supported had won. Residents had some goals set for the year, for example, all of the residents were planning to go on holidays and the staff team were investigating some places of interest. One of the residents enjoyed music and liked attending some concerts. Another resident liked going for spa days and also enjoyed some pampering sessions in their own home. The inspector found that some improvements were required in this as discussed later in the report.

The property was adapted to suit the needs of the residents in the centre. For example; overhead hoists were available to assist them with their moving and handling needs. Ramps were installed outside the property and residents enjoyed going up to the local town for coffee, lunch and shopping.

Weekly meetings were also taking place and a number of topics were discussed. These included, menu plans and activity options for the week. Other topics discussed included information on COVID-19 and informing residents when items were broken in their home and when and who this was reported to. Over the last number of weeks, staff had also been informing residents about a new law that would ensure that they had information and support about making decisions. A new staff member had also been employed in the wider organisation to support residents with this, and residents had been informed through pictures about this person.

The inspector reviewed feedback that had been submitted by families as part of the providers annual report consultation process. Family members said they were satisfied with the quality of care and support provided to their family member and that they were happy with the level of communication between them and the staff, along with the choices provided to their family members. They felt the needs of their family members were being met. All of the family members rated the service as 'excellent'.

There were no complaints recorded in the centre, however, a number of compliments of the services provided were recorded. Overall these were very positive with some family representatives complimenting the care provided during the pandemic and how welcoming staff always were when they visited the centre.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, staff and the local management team were providing a good service to the residents in the centre. However, the management of maintenance issues and fire safety needed to be addressed. The training records were also poorly organised which meant that some staff had not completed refresher training in a timely manner.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager to ensure effective oversight of the centre.

The person in charge was a qualified nurse, who provided good leadership and support to their team and knew the residents well. They were very aware of their requirements under the regulations. The person in charge reported to a director of care and support, who is also a person participating in the management of this centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Other audits were also completed in areas such as; infection control, medication practices and residents' personal plans. However, over the course of the inspection, the inspector found some issues that had not been identified through the providers own auditing practices, these included; servicing specific equipment in the centre and some fire equipment.

Some actions included in the providers quality enhancement plan had also not been completed in a timely manner. For example; storage in the garage. The registered provider however, was changing the way maintenance issues were being recorded and managed in this centre and the wider organisation. This would mean that going forward maintenance issues would be addressed in a timely manner.

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care. Staff spoken with said they felt supported in their role and were able to raise concerns if needed to a manager on a daily basis or through supervision meetings and staff meetings.

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. However, improvements were required in the oversight of training records and ensuring staff completed refresher training in a timely manner. The inspector was assured from speaking to the person in charge that, following learning from other inspections conducted by the Health Information and Quality Authority (HIQA) in the wider organisation that, a new training record system was being implemented by the provider to address this issue going forward.

A review of incidents that occurred in the centre over the last year, informed the inspector that the person in charge had notified HIQA as required under the regulations.

Regulation 14: Persons in charge

The person in charge is a qualified nurse, who provided good leadership and support to their team and knew the residents well. They were very aware of their requirements under the regulations.

The person in charge is responsible for other designated centres under this provider and to ensure effective oversight of this centre, they are supported by a clinic nurse manager. At the time of this inspection the inspector found that this arrangement was satisfactory.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care.

Staff were knowledgeable around the residents needs in the centre and of those met said they felt supported in their role and were able to raise concerns if needed to a manager on a daily basis. Staff informed the inspector that they received supervision, however the records of these meetings were not available on the day of the inspection. Staff meetings were also held in the centre and a review of a sample of these showed that staff were informed about changes to infection prevention and control systems and risk management. A senior nurse is also on call 24/7 in the wider organisation to provide support and assistance to the staff team.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. However, improvements were required to the oversight of training records and to ensure that staff completed refresher training in a timely manner. The inspector was assured from speaking to the person in charge that following learning from other inspections conducted by the Health Information and Quality Authority in the wider organisation that a new training record system was being implemented by the provider to address this issue going forward.

Staff informed the inspector that they received supervision, however the records of these meetings were not available on the day of the inspection

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place and the centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Other audits were also completed in areas such as; infection control, medication practices and residents' personal plans. However, over the course of the inspection the inspector found some issues that had not been identified through the providers own auditing practices which included servicing specific equipment in the centre including fire equipment. While the person in charge took responsive, timely action to some of these issues on the day of the inspection, these issues should have been identified by the self auditing process.

Some actions included in the providers quality enhancement plan has also not been completed in a timely manner. For example; storage in the garage.

The registered provider however, was changing the way maintenance issues were being recorded and managed in this centre and the wider organisation. This would mean that going forward maintenance issues would be addressed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre, which outlined the care and support being provided in the centre. This was kept under review as required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year, informed the inspector that the person in charge had notified HIQA as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, while the residents appeared to enjoy living in this centre, improvements were required in fire safety, personal plans, health care records and the maintenance of some equipment.

Each resident had a personal plan which outlined their assessed needs. Including an easy read version for residents to keep them informed. Records were updated on a regular basis. However, improvements were required in some of the social goals that residents had planned to achieve.

Residents were supported with their health care needs which included access to a range of allied health care professionals and medical doctors. However, improvements were required to ensure that residents had timely access to a dentist and their psychiatrist.

The premises were clean, homely and decorated to a high standard and had been designed for residents who require support with their mobility needs. In general the centres was in a good state of repair, however, some minor works were required to the property and the maintenance of some equipment in the centre needed to be reviewed.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; one resident had sustained a number of minor unexplained injuries, this resident had been reviewed by allied health professionals to establish the cause of the injuries and actions had been taken to mitigate further injury to the resident.

Infection prevention and control (IPC) measures were in place to protect residents against the risk of infection. Staff had been provided with training in IPC and donning and doffing of personal protective equipment (PPE). The centre was very clean and staff were knowledgeable about specific IPC measures in place.

The inspector found that there were mechanisms in place in the centre to deal with safeguarding concerns. Since the last inspection, a number of safeguarding concerns had been notified to HIQA. One of the incidents was still under investigation at the time of the inspection and the person in charge went through the safeguards put in place following this incident. This assured the inspector that safeguarding issues were responded to and managed. All staff had completed training in relation to safeguarding residents.

Fire safety systems were in place which included the provision of fire fighting

equipment such as fire extinguishers and a fire blanket. Emergency lighting and a fire alarm were installed in the event of a fire. However, improvements were required in the maintenance of some of this equipment, the time it took to evacuate residents at night following a fire drill that was conducted and, the actions from a fire risk assessment that had been conducted in the centre in May 2022.

Regulation 17: Premises

The premises were clean, homely and decorated to a high standard and had been designed for the residents who require support with their mobility needs. In general the centres was in a good state of repair, with some minor works required to the property. For example; the storage area in the garage needed to be addressed.

Each resident had their own bedroom which was decorated to a high standard and residents had their personal possessions such a family pictures hung on the walls.

On the day of the inspection some of the equipment in the centre had not been serviced annually where required. This included some high low beds and a comfort bath. The person in charge responded to this in a timely manner and the engineer visited the centre on the day of the inspection to service some of the equipment. Notwithstanding, this had not been highlighted through the providers own audits in the centre and needed to be addressed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; one resident had sustained a number of minor unexplained injuries, this resident had been reviewed by allied health professionals to establish the cause of the injuries and actions had been taken to mitigate further injury to the resident.

The vehicle in the centre was roadworthy and insured. The registered provider had a system in place to ensure that a mechanic inspected the vehicle regularly.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate IPC measures were in place to protect residents against the risk of infection. Staff had been provided with training in IPC and donning and doffing of PPE. There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. Staff were also able to explain what PPE should be worn when managing spills or handling laundry.

There were adequate hand-washing facilities and hand sanitising gels available. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19 or others infections. One staff member was also appointed as the lead person for the management of COVID-19 in the centre.

The centre was very clean and there were enhanced cleaning schedules in place to maintain these levels of cleanliness. There were arrangements in place to decontaminate equipment after use. For example; nebulisers were cleaned after each use and routinely to assure that they were clean.

Colour coded mops and buckets were available and staff were aware of what specific areas required to be cleaned with the specific colour mop and bucket.

Residents had received vaccinations for influenza, hepatitis b and COVID-19. There were procedures in place to manage laundry and staff were aware of the correct temperature to wash clothes.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place which included the provision of fire fighting equipment such as fire extinguishers and a fire blanket. These had been serviced annually as required. Emergency lighting and a fire alarm were installed in the event of a fire, however, these had not been serviced every 3 months as required by the providers own policy.

Residents had personal emergency evacuation plans in place which outlined the supports they required to evacuate the centre. Fire drills were being conducted to ensure that residents could be evacuated from the centre in a timely manner. However, the last night time drill had taken over eight minutes to complete. This had not been reviewed to ensure a more timely evacuation for residents.

The registered provider had commissioned a fire risk assessment of the centre in May 2022. However, some of the actions had not been completed. For example; it had been recommended that a PAT-test be completed on all electrical appliances

and this had not been completed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which outlined their assessed needs. Including an easy read version for residents to keep them informed. Records were updated on a regular basis. An annual review was conducted every year, where residents and their representatives were invited to attend.

Written feedback from family representatives indicated that they were kept informed of changes to the residents care and support needs on a regular basis.

Residents were supported to develop goals for the year which included going on holidays and going to a spa or concerts. However, the records maintained in relation to this needed to be updated and consistently recorded and some goals needed to be implemented consistently in line with the residents personal preferences. For example; one resident had set a goal in October 2022 to visit a spa on a monthly basis, however this had only occurred on one occasion up to the time of the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported with their health care needs. The inspector was informed of a positive initiative in the organisation which focused on the promotion of women's health. One resident in the centre was part of this group. This group was due to commence meeting again in the coming weeks as since COVID-19 pandemic these group meetings had been cancelled.

Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health.

Residents had access to a range of allied health care professionals including, a dietician, occupational therapist and physiotherapist. They also had access to general practitioner (GP) and a psychiatrist to support their health care needs. However, there were issues with access to a dentist in the community which meant that some residents had not been reviewed in almost two years. This needed to be addressed by the registered provider. In addition, some appointments for residents to attend the psychiatrist had been cancelled which meant that residents were not being reviewed in line with their personal plan.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that there were mechanisms in place in the centre to deal with safeguarding concerns.

Since the last inspection, a number of safeguarding concerns had been notified to HIQA. One of the incidents was still under investigation at the time of the inspection and the person in charge went through the safeguards put in place following this incident. This assured the inspector that safeguarding issues were responded to and managed. All staff had completed training in relation to safeguarding residents.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Bridge OSV-0005789

Inspection ID: MON-0034716

Date of inspection: 21/02/2023

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: <ul style="list-style-type: none"> • A review group has been established to look at the method of recording training within the service to ensure only mandatory training for the particular designated centre is displayed on the data base. To be completed by 30.06.23 • Staff supervision records are stored in locked file box in the designated centre. Both PIC and House manager have access to the file only. To be Completed by 20.03.23. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • A new software maintenance package which allows for requesting tracking and reviewing maintenance issue has been purchased by the service, until the system is in place all maintenance issues are being addressed by PIC with the Operations Manager. This software system will be rolled out to all areas. To be completed by 30.06.23 • A full review of services of the fire alarms and emergency lighting in the designated centre has been carried out and any actions necessary were addressed. Completed 22.02.23. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • A new software maintenance package which allows for requesting tracking and reviewing maintenance issue is being purchased by the service, until the system is in place all maintenance issues are being addressed by PIC with the Operations Manager. This software system will be rolled out to all areas. To be completed by 30.06.23 	

- A Service on the Comfort Bath has been booked and will be completed before 30.03.23.
- A High Low beds in the centre had been serviced on the day of the inspection. A system has been put in place to highlight all equipment service dates so that they can be booked in a timely manner.
- Shelving for storage will be placed in garage -To be completed by 30.04.23

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Night time fire drills were conducted using hoists to evacuate residents from their beds in a real fire ski sheets would be used. A bespoke manakin has been ordered and will be available to the centre to ensure that night-time fire drill can be conducted with use of ski sheets going forward. Completed 30.04.23
- Actions from the Fire Risk assessment conducted in the centre are on the quality enhancement plan and are being processed. The PAT & Periodic testing of all electrical appliances within the DC to be completed by 30.05.23.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The house manager and PIC will audit all resident goals to ensure that there is consistency in recording and maintaining of goals that the residents were supported to develop.To be complete by 20.03.23

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- Due to the long waiting list to see the community dentist the residents have dental appointments arranged with a private dentist for April 2023.To be complete by 30.04.23.
- Psychiatric reviews for all residents were completed on 15.03.23.

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 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	30/06/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise	Substantially Compliant	Yellow	30/06/2023

	disruption and inconvenience to residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/05/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2023
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for	Substantially Compliant	Yellow	20/03/2023

	pursuing objectives in the plan within agreed timescales.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/04/2023