



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

Issued by the Chief Inspector

Name of designated centre:	Magnolia Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	14 May 2021
Centre ID:	OSV-0005801
Fieldwork ID:	MON-0032452

About the designated centre

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

Magnolia services provides services to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service comprises of two stand-alone community based houses, located near towns and close to all local amenities. One of these houses provides accommodation to up to four people, while the other provides a service to a single person both facilities can operate seven days a week. During the day, service users attend a variety of day services and individualised day programmes. Some service users are also involved in supported employment. Magnolia services is supported by a staff team, which includes a clinical nurse manager, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 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
Friday 14 May 2021	09:10hrs to 15:00hrs	Christopher Regan-Rushe	Lead

What residents told us and what inspectors observed

Residents in this centre were being supported to live full and meaningful lives, by staff who had the qualifications, experience and skills to meet the individual support needs of each resident. During the inspection the inspector met with and spoke with two residents, both of whom came to meet the inspector at different times during the course of the day, in addition the inspector was able to meet with five members of staff. The inspector, residents and staff ensured full adherence with public health guidance during the course of these discussions and meetings with the residents and staff occurred in the rear garden of one of the units.

As a result of these conversations, it was very clear to the inspector that residents were being supported by staff who knew them very well and who were able to respond to both their verbal and non-verbal cues effectively. The inspector was able to spend time speaking with both of the residents and staff about how the residents had been spending their days and some of the activities that they had enjoyed being involved in and was able to conclude, from these discussions that each resident was being actively supported to meet their individualised and personal goals.

Throughout the course of the inspection, the inspector was able to see that the provider had ensured that the residents were supported to express themselves through the choice of decorations of their rooms, through the pictures and art work that were mounted and displayed throughout the centre and through the work that the provider had put into the development of the residents person-centred plans. For some residents this meant being able to begin to re-engage with their faith and there were plans in place for them to return to a volunteering role in the very near future. For another resident, there was evidence that they were being supported by a number of key staff, experienced in understanding and developing behaviour support plans, which would ultimately lead to the further reduction in restrictive practices in the centre. This meant that the provider was ensuring that they were constantly identifying opportunities to support residents through a rights-based approach, which was meaningful and was able to result in greater outcomes for residents.

Through speaking with three staff, and through a review of incident reports and restrictive practice arrangements in the centre the inspector was able to observe how the provider was ensuring their policies and procedures for protecting and promoting the rights of the individual were being implemented in practice. For example, in one building the person in charge was working with a number of professionals to gradually reduce the use of one particular restriction. While this had been a slow process, it was noted that this approach was beginning to have a positive effect on the resident, with a reduction in the number of incidents in the particular centre, and in one case the successful removal of one restriction.

During the course of the inspection, one of the residents showed the inspector a project they were working on in the garden, with one of the other residents who

lived in the house. The provider had supported the residents to install various garden ornaments and 'up-cycle' wooden cable rolls as display stands and it was very obvious to the inspector that the resident was very proud of their garden and the work that they had commenced in making these improvements.

The inspector was able to walk around the centre and saw that in the main both houses were maintained to a good standard, each resident had their own bedrooms and the bathrooms and kitchens in each of the houses had been fitted with all the usual bathroom and kitchen equipment. Although these were generally clean, the inspector noted a small number of improvements that were required to ensure that these were maintained to a good standard and were kept clean at all times to ensure that any associated risks to residents were kept to a minimum. The person in charge was very responsive to this feedback and it was reassuring to see the speed at which any actions identified by the inspector on the day of the inspection were acted upon.

Overall residents were being kept safe from any potential safeguarding risks and there were no active safeguarding concerns noted during the inspection. However, the inspector found that the provider was unable to effectively demonstrate how they were ensuring that they had validated all schedule 2 information, a primary safeguard in protecting vulnerable residents, prior to staff commencing their employment. While staff were able to talk through the processes for completing these checks with the inspector and show the system used to monitor this, there were no documents recorded on the electronic system in one case for a member of staff working in the centre.

The inspector noted that staff were confident that all these checks had been completed and there had been a delay in uploading these documents since the appointment of the member of staff. Notwithstanding, the inspector concluded that improvements in the storage and uploading of these documents needed to be made to so that the provider could demonstrate at all times that such records were in place, upon request, prior to a member of staff member commencing their employment.

The next two sections of this report will 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 provided.

Capacity and capability

The provider had systems in place to effectively monitor and oversee the day-to-day operation of the designated centre. For example, since the last inspection the provider had appointed a single person in charge to oversee and manage this service and was able to demonstrate through their annual reviews and six-monthly unannounced visits to the centre, that they were taking action to improve the overall

quality and experience of residents and the quality of the service. While for the most part these were clearly having a positive impact on supporting the provider to identify and act upon service improvements, the inspector noted that some areas which required additional attention from the provider to ensure that these systems were as effective as they could be.

The person in charge was relatively new to the service and although they had not been appointed very long, it was clear that they were having a positive effect on the overall quality of the service. For example, the person in charge was able to discuss in detail with the inspector, how they were supporting residents through the continual review of risk and restrictive practices. They were able to do this by demonstrating how they had ensured that the provider's policies and procedures for the management of such practices were being implemented and used to help guide practice in the centre. This was evidenced by a number of recent re-referrals to the provider's rights committee.

In addition, it was clear that the person in charge and the provider were using the information gathered from the centre to understand the daily operational practice in the service. This meant that the person in charge was being kept informed of any changes in the quality and effectiveness of the service and was able to take action to make improvements, where indicated.

The inspector reviewed the actions arising from the last inspection report and found that all, with the exception of the completeness of schedule two information (mentioned previously in this report), had been actioned satisfactorily. In addition, the inspector saw that the provider had ensured that they were developing action plans and implementing any required improvements required as a result of their annual review of the service, which was a positive improvement in the service. This meant that the inspector was able to conclude, that for the most part, this was a well-led service, with governance arrangements in place that were capable of ensuring the service was being delivered to a suitable standard of quality and safety.

Regulation 14: Persons in charge

The person in charge has been in post since August 2020. Previously it had been identified that the leadership and reporting structure in this service was resulting in confusion about areas of responsibility between management team. Since the appointment of a single person in charge to oversee and manage the service, the reporting and line management arrangements had now been clarified and it was clear to the inspector that this was having a positive impact on the service. For example, improvement actions in the centre had now been fully implemented and there were clear arrangements in place for oversight by the person in charge. The inspector found the person in charge was very responsive and confident and that they were able demonstrate a good understanding of their area of responsibility and the regulations.

The inspector was able to review copies of meetings held by the person in charge with staff and could observe through these minutes that there was clear communication occurring in relation to the quality and safety of the service and ongoing discussions which were highlighting key factors associated with risks in the centre, including the management and oversight of infection control, the risk register and restrictive practices.

Judgment: Compliant

Regulation 16: Training and staff development

The provider has ensured that staff were supported to access and complete a range of mandatory training sessions. The person in charge was maintaining a training log for each member of staff working in the centre and was able to show the inspector the completeness of these records. Where required, the person in charge had followed up with staff to ensure that they completed their refresher training, in accordance with the training cycles identified by the provider. The inspector could see that these were now being kept under regular review by the person in charge.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured that they were now maintaining an active and up-to-date directory of residents. This meant that critical information about the resident was available to the provider, in the event of an emergency or to support the provider understand and meet the needs of the resident more completely.

For example, amongst the records the provider is required to keep, the inspector was able to see records of the ongoing medical supports being accessed by residents and evidence that any medical recommendations were being followed up. These records supported the provider to not only ensure that residents are being actively supported with their healthcare, but to also ensure that any follow up appointments were not missed.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems and processes in place to effectively monitor and oversee the service. These were subject to regular review to ensure that any actions arising from these were being actively addressed and resolved. The person in charge supported these systems through a series of local quality audits in areas such as infection control, medication management and resident finances, to ensure that practice in the centre remained in accordance with the organisations policies and procedures.

The provider had clarified the leadership and management arrangements in the centre since the last inspection which meant that one person in charge now had overall responsibility for the day-to-day operational management of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured, since the last inspection, that the statement of purpose has been subject to regular review. This was evident as the current statement of purpose now shows the revised reporting structures and the name of the current person in charge. The inspector reviewed the statement of purpose and found that this was a clear and accurate document, which described the facilities and services available in the centre.

Judgment: Compliant

Regulation 15: Staffing

While the provider had ensured that sufficient staff were available in the centre to support residents, including where two-to-one staffing was required, an action identified during the previous inspection had not been adequately addressed by the time of this inspection.

The provider is required to ensure that they collect a suite of information in relation to each employee, this information is called schedule 2 information and includes items such as garda vetting checks, employment history and references for all employees working with vulnerable residents in designated centres. During this inspection, the inspector was facilitated to view the electronic document management system the provider used to securely store and maintain these records. The inspector reviewed two sets of records, in one example the provider was able to demonstrate that each of the required documents were in place, and they were able demonstrate they had secured and retained the required

documentation. However, in the other example, none of these records were available as they had not been scanned up to the system.

The inspector afforded the person facilitating the access to these records additional time, prior to the end of the inspection, to make these records available. However, these were not available for review by the time the inspection had concluded, and while the inspector was given assurances by the provider that they would have these records in place prior to each employee commencing employment, this could not be confirmed. This meant, the provider could not effectively demonstrate to the inspector that they had taken all required precautions in the pre-employment checks of staff, which is one of the primary measures in safeguarding residents from the potential risk of harm.

Judgment: Not compliant

Quality and safety

Overall the provider was ensuring that the service being provided to residents living in this centre was of a good quality and safe. Residents were supported to live meaningful lives with activities of their choosing. These activities and other support needs were documented in clear and comprehensive person centred-plans which demonstrated the achievements and progress residents were making towards their goals.

Residents in the centre were able to enjoy good health and social care support provided by a skilled workforce with timely access to health and social care professions. There were regular health reviews and it was evident that residents were being supported to make informed choices about their own healthcare, for example; residents were being supported to understand and access national healthcare screening programmes, where these were clinically indicated.

In addition, and within the context of the COVID-19 pandemic, the provider had put in place critical infection control measures in order to keep residents safe from the risk of an outbreak of infection. The inspector was able to see these measures being used to good effect during the inspection, with staff and residents observed to be using face coverings where social distancing could not be maintained. There were a suitable number of hand sanitising stations placed at critical points around the centre, and staff were observed to be using these on a regular and frequent basis.

The provider had put in place a number of measures to ensure that the risk of harm to residents was minimised, these including fire safety systems, restrictive practices where clinically indicated and risk management plans. The inspector reviewed each of these systems and found in general that these were effective in keeping residents safe from the risk of harm.

On the day of the inspection, the inspector noted that a fire door did not fully close when activated by the fire alarm system. This was resolved by the time the inspection concluded. However, during the walk around of the designated centre, the inspector noted that there were a number of areas in the premises that required maintenance, these were brought to the attention of the person in charge.

Notwithstanding these minor issues, the provider had ensured that each resident had their own room, which was decorated to their own taste and that the significant majority of the internal and external grounds of the centre were being very well-maintained.

Regulation 17: Premises

The designated comprised of two separate buildings located approximated 10kms from each other. While both of the premises were maintained to a good standard, in one of the houses the inspector noted some repairs that had not been completed.

For example, in one bathroom, the bath seal had failed and come away from the bath. Which could result in an increased risk of damage from water or present an infection control risk if left un-repaired. In the kitchen of the same building the inspector noted that the door to the microwave oven was not fitting securely and there were no records available to show when this had been serviced.

However, overall the centre was found to be homely and offered good space both inside and out for the residents to relax in and enjoy.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which met the requirements of the regulations. The inspector reviewed this and found that this would adequately guide staff in the identification and control of potential hazards. The person in charge showed the inspector their risk register, which is where they kept a log of all know risks, both organisational and relating to the day-to-day risks that may present to residents and staff. This register of risks was being kept up-to-date and had been last reviewed 12 May 2021.

The inspector reviewed a sample of the risk assessments included on the risk register and found them to be comprehensive with clear control measures in place to mitigate or minimise the likelihood of the risk occurring. In addition, many of the risks provided guidance on the relevant policies in place to support good risk control, for example, for the storage of and access to chemical cleaning products.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that measures were in place to protect and control the risk of infection. These arrangements included good cleaning routines, with clear separation of products intended for use in different place in the centre in order to prevent the risk of cross-contamination. The person in charge maintained records of routine cleaning schedules and also schedules developed in response to the COVID-19 pandemic. This ensured that there was regular cleaning and sanitisation of frequently used touch point and areas often used by staff and residents.

The inspector observed appropriate adherence to social distancing, hand cleaning and the use of face coverings throughout the day of inspection. It was also evident to the inspector that the provider had worked with the residents to support them to understand the importance of good infection control measures and the risk of COVID-19, and this was documented both in the residents personal assessment and planning documents, as well as the notes from the residents meetings held in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall there were good arrangements for the detection, control and evacuation in the centre in the event of a fire. The inspector saw evidence of regular fire drills, which demonstrated that residents and staff could be evacuated in a timely manner from the centre. There were alarm systems in place with smoke and heat detectors located throughout the centre. Where required, fire containment measures were in place, including door automatic door closure mechanisms, which activated when the fire alarm system sounded. Each fire door also had intumescent seals in place as an additional safeguard.

During the inspection, the inspector noted that one bedroom door was not fully sealing when the fire alarm system sounded, which meant that it was not operating as intended. This was resolved by the provider prior to the conclusion of the inspection.

The inspector noted that there were sufficient fire extinguishers and blankets located throughout the centre, which had all been subject to regular servicing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had participated in the development of their comprehensive assessment and personal plan. The inspector saw from the records reviewed that the provider had placed significant emphasis on understanding each resident's choices and wishes for how they wished to live their lives. The documents collated in relation to this were found to be very detailed and individualised and demonstrated clearly how the provider had engaged the resident in the development of these.

Despite the restrictions posed by COVID-19, the provider had continued to plan with the residents, and developed activities both within the centre and outside the centre in the wider community, that the residents could access depending on the levels of restrictions. For example, one resident had recently trained for and completed their first 5kms walk, and there were pictures included in their review documentation.

For each resident, maintaining social contacts with friends and family were important features of their personal plans, the inspector saw in these documents that the provider was supporting residents to maintain socially distanced contact with their friends and family as restrictions began to ease.

The inspector found that the approach taken by the provider was person-centred, and provided a number of positive opportunities for residents to engage in both meaningful work or education based activities, coupled with a good mix of fun, enjoyable and social activities.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre were supported by effective planning and timely access to good healthcare supports. The inspector saw a number of examples of residents being referred for medical review and subsequent planning for follow up appointments and treatment, where this was required. Some residents, had become eligible for assessment screening for national healthcare programmes and the provider was able to demonstrate how they had worked with these residents to raise their awareness of these programmes and to facilitate appointments in the relevant clinics. Records also indicated that residents had regular and 'as required' access to both their G.P. or other primary or secondary healthcare clinicians, and they were supported to access these services and attend these appointments by the staff working in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had notified the chief inspector of a number of restrictive practices in use in the centre. The nature and purpose of these practices were reviewed by the inspector. While none of these practices restricted the freedom of movement of the residents in their homes, the inspector noted that one restriction in place was to help promote the residents right to dignity. This restriction had been subject to regular review by the behaviour support specialist as part of the overall behaviour support plan in place to support the resident, and it was noted that there had been a small reduction in the overall use of this in the last year, which was a positive outcome for the resident in question. In addition, the inspector noted that where restrictive practices were required, that these had been referred to a rights committee. This ensured that each restrictive practice was being subjected to additional review to ensure that it remained an appropriate response to the residents behaviour support needs.

The inspector noted that behaviour support plans included good guidance to staff in supporting residents at critical times during the day, and in one example the inspector reviewed an ABC (Antecedents, Behaviours and Consequences) chart. This has been developed over a period of time and was a useful guide to staff on the triggers and responses to avoid or implement in the event lead up to a potential incident. It was evident that these were helpful in supporting both the residents and staff in these situations as the number of incidents of this nature occurring in the centre had reduced.

The inspector also noted that staff had received training in behaviour support including training in de-escalation techniques, this ensured that staff were appropriately trained with the required knowledge and skill to support the varied needs of the residents living in this centre.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were systems in place for the reporting and investigation of any safeguarding concerns. Staff had received safeguarding training and were provided with refresher training on a regular basis. At the time of the inspection there were no active ongoing safeguarding investigations. The inspector reviewed a previous safeguarding concern, and found that this had been appropriately referred and investigated, which resulted in the incident not being identified as a safeguarding concern. This outcome was in full agreement with the resident concerned, who was very happy with the overall outcome.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the rights of the residents living in the centre, were central to the decision relating to their care and support and operation of the designated centre. In each of the residents person-centred planning documents, there was a specific section focused on promoting and securing the rights of each resident. The inspector saw examples of residents being prepared for and support to vote on key elections or referendum, and also saw examples of how residents were being supported to access the support of advocacy services or groups in the local area for additional support if required.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 15: Staffing	Not 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	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 Magnolia Services OSV-0005801

Inspection ID: MON-0032452

Date of inspection: 14/05/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has a robust system in place to ensure that all documentation required under Schedule 2 is in place for all staff. The provider has reviewed the system for accessing the Schedule 2 documentation to ensure that information can be accessed at all times. The provider now has a system in place to assure that Schedule 2 information is available to review remotely within the designated centre. The provider is also developing a further system to support the PIC to access information pertaining to Schedule 2 documentation. This will provide assurance that all documentation is available when required to demonstrate that all required precautions in the pre-employment checks of staff is in place.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance have been contacted and will complete the necessary repairs to the bath within the specified timeframe. The microwave has since been replaced.	

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	01/08/2021
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 disruption and	Substantially Compliant	Yellow	09/06/2021

	inconvenience to residents.			
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