



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

Issued by the Chief Inspector

Name of designated centre:	Macotar Lodge Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0039245

About the designated centre

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

Macotar Lodge Services is a designated centre operated by Ability West. The centre can provide residential care for up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one premises located in a village in Co. Galway, providing residents with their own bedroom, shared bathrooms, kitchen and dining space, sitting room, utility and staff office. A garden area is also available at the front and rear of the centre. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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	10:00hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a unannounced follow-up to the risk inspection carried out in this centre in January 2023. It was facilitated by the person in charge and later attended by the person participating in management. Over the course of the day, the inspector had the opportunity to also meet briefly with two residents; however, neither engaged directly with her about the care and support they received. While this inspection identified that improvements had been made, there were still significant improvements required, some of which, resulted in an immediate action being issued to the provider on the day of inspection, to address fire safety concerns. This will be discussed further, later in the report.

These six residents had lived together in this centre for a number of years and were of an aging profile. Most of them had high support needs and required a lot of support from staff with regards to aspects of their health care, manual handling, personal care and they also needed assistance and supervision during mealtimes. Prior to the last inspection, some of these residents had experienced changing needs. The person in charge told the inspector that since that inspection, these residents' needs were unchanged.

Upon the inspector's arrival they were met by the person in charge. Two residents were availing of their active aging programme in the comfort of their home, which was being facilitated by day service staff. The other four residents had already left the centre for their day services. There was a casual and pleasant atmosphere, with residents relaxing after being supported with their morning routines. One resident who had communication needs, was sitting in their bedroom, and with the support of staff, was introduced to the inspector. The other resident was having a lie on in bed and was later observed to move about the centre, at their leisure.

Since the last inspection, much maintenance and repair works had been completed to the centre, to include, re-painting of rooms, replacement of flooring, installation of vents throughout the house, replacement of laundry equipment and installation of a patio door. All of which, benefited the overall aesthetic presentation of the centre. During conversation with the inspector, the person in charge told of how maintenance works were now promptly responded to, and that in the coming weeks, the provider had plans to review the work completed and to also identify if further maintenance works were required.

Better staffing levels were put in place since the last inspection, which had a positive impact on residents' safety and on their social care. For instance, three staff were now consistently on duty each afternoon and evening, allowing for residents to have access to staff support to get out and about. The person in charge told of how this had allowed residents to go to the shops with staff, to go to local cake sales and to attend a local tractor run. The previous inspection identified a risk posed to residents' safety as a result of insufficient staffing levels in the evening time. Now that a better staffing arrangement was in place, this meant that should two staff be

required in the evening time to attend to a resident's personal care, this still left one staff member available to provide supervision to the remaining residents. Improvements were also found to the arrangements for the re-assessment of residents' needs, with a full review of residents' needs having occurred in recent weeks.

While the improvements made to this centre's staffing resources had resulted in better outcomes for residents, there were still a number of other aspects of this service that required significant further improvement, to ensure that the provider was effectively overseeing that the service delivered to residents was safe and of good quality.

The specific findings of this inspection will be discussed in the next two sections of this report.

Capacity and capability

Since the last inspection, the provider had improved the centre's staffing resources, had attended to maintenance and repair works that were required and had also ensured that residents' needs were re-assessed. Although it was evident that improvements had also been made to governance and management arrangements, these improvements had not resulted in the provider effectively addressing all issues which were identified from the last inspection in January 2023. This inspection found where significant improvements were required still to risk management, fire safety and to the provider's own oversight and monitoring systems for this centre.

Staffing levels had improved, with three staff on duty each day and two staff rostered each night, and this revised staffing arrangement was informed by residents' updated assessments of need. A review of the staff roster by the inspector, demonstrated that this level of staff support was consistently provided to residents over the previous number of weeks. This had also resulted in the person in charge having protected time each week, to fulfill their managerial duties. However, where agency staff were required to support this centre's staffing arrangement, the provider had not ensured that these agency staff received appropriate induction, to familiarise them with the care and support needs of these residents, prior to commencing working in the centre. Given the high support needs of these residents, this was a failing in the provider's oversight arrangements, not to ensure that there were appropriate arrangements in place to support the safe use of agency staff, so as not to pose any potential threat to the quality and safety of care delivered to these residents.

Although the provider had improved the resources available to this centre, there were still significant improvements required to oversight and monitoring arrangements. As part of this inspection, the provider was issued with an immediate action to address safety concerns relating to fire safety and residents' evacuation. The previous inspection in January 2023, resulted in an action being issued to the

provider to ensure the safe and timely evacuation of residents from this centre. Similar concerns were again found on this inspection, whereby, there was a lack of urgency and effective oversight, on the part of the provider, to ensure that this issue was responded to and rectified. This resulted in the provider being issued with an immediate action to address this. Furthermore, following a fire safety concern being identified by the inspector during a walk-around of the centre, a further immediate action was also given to the provider to address this. Assurances were given to the inspector that these would be immediately addressed; however, although the provider had their own regular monitoring and oversight systems in place in relation to fire safety, these had been ineffective in identifying, and responding to, these specific concerns.

Since the last inspection, the provider had also completed additional monitoring of the centre, however, this process also required some improvement. In the days following the last inspection, the provider completed an internal review of specific aspects of this service, and the report from this review outlined a number of recommendations. Although the person in charge and person participating in management could tell the inspector what specific action they had taken in response to these recommendations, there was no demonstrable account maintained of these actions, to allow the provider to effectively oversee and monitor the progress made towards improving the quality and safety of care in this centre.

Regulation 15: Staffing

Since the last inspection of this centre in January 2023, the provider had completed a re-assessment of residents' needs, ensuring the outcome of these assessments informed the number and skill-mix of staff required to be rostered both day and night in this centre. From a review of the staff roster, it was evidenced that the provider had ensured consistency in the level of staff working in this centre, both day and night, to meet the assessed needs of these residents. However, some improvement was required to the maintenance of the staff roster, to ensure it clearly identified the full names of staff and their start and finish times worked.

In recent weeks, in order to support this revised staffing arrangement, the provider had required the use of agency staff. However, considering the high support needs of the six residents who lived in this centre, the provider had not ensured that these agency staff members received induction on residents' care and support needs, prior to working directly with them. In one instance, the inspector observed where one agency staff member had worked three shifts, two of which were night duty, prior to receiving induction.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although the provider had improved resources in this centre since the last inspection, significant improvements were still required to the centre's oversight and monitoring arrangements. As part of this inspection, immediate actions were issued to the provider. One of these related to an issue that was previously highlighted on the last inspection, and there was an overall lack of urgency on the part of the provider to effectively, and timely rectify this.

For instance, with respect to residents' evacuation, this was an action identified for the provider to address after the last inspection. In response to this, the provider completed a further fire drill and in light of the outcome, had installed a patio door to one resident's bedroom, to aid evacuation. This door was fitted almost two weeks prior to this inspection, and at the time of this inspection, the provider had not yet taken any further action to assess if this new measure was going to be effective in improving the time frame of residents' evacuation. The second concern warranting immediate action, was in relation to a fire safety hazard identified during a walk-around of the centre. Although the provider was carrying out regular fire safety checks of this centre, these monitoring systems failed to identify and respond to this issue.

Similarly, where the use of agency staff was required in this centre, the provider had not ensured adequate oversight of the implementation of this arrangement, to ensure appropriate induction was carried out with these staff, to safeguard the safety and quality of care delivered to residents, while this arrangement was in place.

Furthermore, although the provider was conducting internal reviews of the quality and safety of care, they had not ensured that these reviews were resulting in the development of time bound action plans, to allow the progress towards addressing any areas of improvement to be effectively monitored by the provider.

Judgment: Not compliant

Quality and safety

Since the last inspection, the provider had improved the arrangements in place for the re-assessment of residents' needs, with maintenance and repair works also being completed to the overall premises. However, there was still significant improvements required with regards to risk management and fire safety.

The person in charge had revised each resident's assessment of need, which gave better clarity on the specific care and support each resident required, in line with their changing needs. With this in mind, the provider had also organised for a further revision of residents' needs in the coming weeks, to establish if any resident was progressing towards requiring specific nursing care and support. The previous

inspection identified, whereby, due to staffing deficits, there was a negative outcome to residents' daily personal care and ability to attend scheduled medical appointments. This was no longer the case, with residents now having adequate staff support to attend their medical appointments, and to have the staff support they required each morning with their personal care.

Even though the provider had a risk management system in place for this centre, similar to the last inspection, it again failed to identify, respond and assess for the specific risks that were identified upon this inspection. In relation to fire safety, the provider could still not provide assurances that that residents could be evacuated from this centre, in a timely manner. Although the provider had put in additional measures to aid residents' evacuation, they had not completed any further fire drills to ascertain if these measures were going to have an impact on improving the time frame of residents' evacuation. Furthermore, regular fire safety checks had failed to identify a fire safety risk that was identified by the inspector upon a walk-around of the centre. This fire safety risk was in relation to the hot-press room, which was observed to store items in excess of its capacity, some of which were non-laundry related items. Although fire drills were occurring, from speaking with the person in charge, it was identified that these drills were repetitive in the way they were being conducted, whereby, even though there were five fire exits in the centre, during a fire drill, all residents only ever exited through the same fire door each time. Some of these residents used comfort chairs when sitting out and current way in which fire drills were being conducted, didn't assure that these residents could evacuate using any of the five fire exits available in the centre.

Much work had been commenced in recent weeks to ensure all essential repair and maintenance works were completed. This had improved the general presentation of the centre, with rooms being repainted and some fitted with new flooring. However, during a general walk-around, it was noted that the centre would benefit from a general de-clutter and additional storage arrangements to be made accessible to residents' bedrooms. In one resident's bedroom, who had assessed health care needs, staff were required to utilise all available surface areas in order to store equipment and PPE required to meet the day-to-day health care needs of this resident. Office spaces, the hallway, the hot-press room and utility were also areas used to store additional items required by the service, which took away from the homeliness of this centre.

Although the inspector does acknowledge the improvements that the provider made to this service in recent weeks, this inspection did identify where significant improvements were still required to ensure the provider's effective oversight of specific aspects of this service, to ensure residents received a good and safe quality of service.

Regulation 17: Premises

Following on from the previous inspection, the provider completed a substantial

amount of maintenance work, including, new patio doors, re-painting, installation of vents, replacement of broken equipment and addition of new flooring. In the weeks subsequent to this inspection, a further review of maintenance works required was scheduled to occur.

However, following a walk-around of the centre, the inspector observed where the centre would benefit from a general de-clutter and additional storage to be made accessible to residents. For instance, in one residents' bedroom, the inspector observed poor storage arrangements, which was impeding the surface space accessible to the resident. Gloves and other items relating to this resident's healthcare needs were stored on counter tops, leaving limited room for the resident's other personal items. Similar issues with regards to storage accessibility were found in the hot-press room, staff office, utility and hallway.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Similar to the last inspection, improvements were still required to the provider's overall identification, response and assessment of risk in this centre.

As previously mentioned, the provider had failed to identify and respond to risks associated with fire safety and residents' evacuation. This inspection also identified gaps in the provider's system for the safe management of agency staff members, which posed a potential risk to the quality and safety of care in this centre. There was an overall failure in the provider's risk management system, whereby, these specific risks were not identified, or responded to by the provider.

The assessment of risk also required further improvement. Although there were risk assessments in place in response to identified risks, these required review as they currently did not support the person in charge and provider in the on-going review of specific risks relating to this centre. For instance, the centre's risk register did not reflect the specific hazards and the current and additional control measures required in response to the specific risks in this centre relating to staffing and fire safety.

Judgment: Not compliant

Regulation 28: Fire precautions

Following on from the findings of the last inspection, the provider had still not ensured that residents could be safely evacuated from this centre, in a timely manner. For example, following on from a further fire drill that was conducted since the last inspection, the outcome of that fire drill demonstrated that staff could still

not support residents to evacuate this centre in a timely manner. In response to this, the provider implemented additional measures to aid residents' evacuation. These additional measures were in place almost two weeks at the time of this inspection. However, the provider had not yet conducted any further fire drills, since the implementation of these additional measures, to ensure that these measures were going to be effective in improving residents' evacuation time frames.

Although regular fire safety checks of this centre were occurring, these checks had failed to identify the risk that current storage arrangements within the hot-press room, posed to fire safety. Upon inspection, the inspector observed this room, which was adjacent to the centre's utility, to store clothing and other non-laundry related items, in excess of its capacity, posting a potential fire risk.

A review of how fire drills were conducted in this centre also required review. Presently, even through there were five fire exits in this centre, all residents exited through the same fire exit upon each fire drill. Some of these residents sat out in comfort chairs during the day and no fire drill had yet occurred, to assure that these residents would be able to exit through the remaining four other fire exits in this centre, should they be seated in these comfort chairs, during an evacuation.

There was a fire procedure in place, however; this required updating to ensure that it clearly outlined how staff were to respond, should a fire occur in this centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Since the last inspection, the person in charge had conducted a full re-assessment of residents' needs and had updated residents' personal plans, as and when required. This re-assessment informed the staff roster for the centre, resulting in an increased and consistent number of staff on duty during the day and night. This had a positive impact on residents' social care needs, with residents now getting out and about more regularly. Furthermore, this also had a positive impact on personal care arrangements, as a sufficient number of staff were on duty to support residents with this aspect of their care.

Judgment: Compliant

Regulation 6: Health care

Improvements to residents' assessment arrangements since the last inspection, resulted in residents' health care needs being fully re-assessed. While residents' health care needs remained unchanged since the last inspection, the provider also

had plans in place to further review residents' health care needs in the coming weeks, to identify if any resident was progressing towards requiring nursing support. There was also a positive impact on residents' access to allied health care professionals, as the increase in staff support during the day, ensured residents were now able to attend scheduled medical appointments.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0039245

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A roster is now in place which clearly identifies the full names of all staff and working times, the times on the roster are now on a 24-hour system.</p> <p>There is an induction process in place. Prior to commencement in the service, all new staff and/or agency staff will meet with Person in charge /Team leader and do a walk-through of the premises. Fire evacuation and risk management will form part of the induction with the Person in charge /Team leader. There is an induction folder available and this will be provided to any new staff / agency staff to ensure they have read and are familiar with all aspects of the service and sign off on the induction prior to commencement. All new staff / agency staff will carry out a shadow shift with experienced staff members which will provide knowledge regarding the service and service users and allow any new staff to ask questions they may have which will help with the induction process.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A full review of the fire logs has now been completed. Weekly fire drills are now scheduled to look at different scenarios that potentially may occur and on different shifts. When both Person in charge and Person participating in management are satisfied that all potential scenarios and risks have been reviewed and the timing of the fire evacuations are safe, then fire drills will be completed on a monthly/quarterly basis. If</p>	

there is any change to any of the residents' needs, the residents' Personal Emergency Evacuation Plans will be updated and there will be a fire drill completed to review the evacuation time.

A plan is in place to allow decluttering and to free up space. This includes the laundry room. A review of all fire doors will be completed by Person in charge and the person participating in management with support from the Ancillary Services Manager. Ancillary Services Manager visited the service on 14/03/2023. There will be a review of all documentation which will allow planning to archive and remove any documentation that is not required to be currently on site. The Person in charge will review all documentation and archive appropriately.

The Person participating in management will continue to provide supports to Person in charge/Team leader via phone, email and onsite visits.

A clear line of support for staff in terms of on call is confirmed for weekdays and weekends 'out of hour' service. A revised 7/7 on-call structure has been identified by the Senior Management Team, and arrangements for this are currently being finalised. It is intended that the new on-call arrangements will be communicated across services and implemented by end of March 2023.

Person in charge / Team Leader will complete weekly and monthly audits, If Person in charge or Team leader have any concerns they can contact Person participating in management for support.

All new staff / agency staff will complete an onsite induction with the Person in charge / Team leader prior to commencement in their role.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Improvements to the external grounds of the house have been completed where a gathering of dead leaves, debris, branches and moss have been removed to reduce the risk posed to residents.

A plan is in place to allow decluttering to free up storage space. Ancillary Services Manager visited service on 14/03/2023. There will be review of all documentation which will allow planning to archive and remove any documentation that is not required to be currently on site. Person in charge will review all documentation and archive appropriately.

The Ancillary Services Manager visited the house with the Person in charge and the Person participating in management on 14/03/2023 to do a complete review of the property to ensure storage space is maximized and identify alternative storage solutions.

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>There is an induction process in place. Prior to commencement in the service, all new staff and/or agency staff will meet with Person in charge /Team leader and do a walk-through of the premises. Fire evacuation and risk management will form part of the induction with the Person in charge /Team leader. There is an induction folder available and this will be provided to any new staff / agency staff to ensure they have read and are familiar with all aspects of the service and sign off on the induction prior to commencement. All new staff / agency staff will carry out a shadow shift with experienced staff members which will provide knowledge regarding the service and service users and allow any new staff to ask questions they may have which will help with the induction process.</p> <p>A risk management awareness session was held with staff on the 21/02/2023. Risk Management training will take place for the Person in charge in April 2022. A full review of all risk assessments will be completed by 31/03/2023. The Person participating in management will support the Person in charge to complete the review of the risk assessments. The Quality and Compliance Manager visited the service and met with the Person in Charge on 14/03/2023.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A full review of the fire logs has now been completed. Weekly fire drills are now scheduled to look at different scenarios that potentially may occur and on different shifts. When both Person in Charge and Person participating in management are satisfied that all potential scenarios and risks have been reviewed and the timing of the fire evacuations are safe, then fire drills will be completed on a monthly/quarterly basis. If there is any change to any of the residents' needs, the residents' Personal Emergency Evacuation Plans will be updated and there will be a fire drill completed to review the evacuation time.</p> <p>A plan is in place to allow decluttering and to free up space. This includes the laundry room. A review of all fire doors will be completed by Person in charge and the Person</p>	

participating in management with the support from the Ancillary Services Manager. There will be a review of all documentation which will allow planning to archive and remove any documentation that is not required to be currently on site. Person in charge will review all documentation and archive appropriately.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/04/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly	Substantially Compliant	Yellow	31/03/2023

	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.			
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.	Not Compliant	Orange	31/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/04/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	21/02/2023
Regulation 28(3)(d)	The registered provider shall make adequate	Not Compliant	Red	21/02/2023

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Orange	31/03/2023