



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

## Issued by the Chief Inspector

Name of designated centre:	Grancore
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	13 September 2022
Centre ID:	OSV-0001520
Fieldwork ID:	MON-0028846

## About the designated centre

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

The statement of purpose describes the services as providing a home to five adult residents both male and female, with acquired brain injuries (ABI). The purpose is to provide specialist neuro-rehabilitation to the residents, readjustment to daily life and community living, regain or learn new skills to manage everyday life following an injury. The supports available are entirely based on each individual's need. There is access to specialist clinical supports via the local community services, national neurological services and ABIs own service including psychology and occupational therapy. The service is open and staffed on a 24/7 basis with high staff ratios to support the residents. The designated centre is a spacious, detached three story house on its own grounds in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users. Each person living there has their own bedroom and en-suite. The accommodation comprised two apartments containing a bedroom, bathroom and living room which were entered via the main accommodation. There were three further bedrooms, sitting room and en-suites for the residents on the second floor. The third floor is not used to accommodate the residents but contains office and storage space. There were various communal areas, including a large kitchen/dining room, living rooms, sun-room and a utility room. The lay-out of the accommodation is such that the residents can have communality access in the main areas as they wish, but also private time to engage in their own preferred activities in private if they wish.

**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 (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 13 September 2022	09:00hrs to 17:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were, that this centre had good management systems in place and was well run. There were some areas of concern relating to the premises and practices regarding oversight of resident finances in this centre. For the most part these had been identified by the registered provider and were also found during the inspection and are highlighted later in the report under the relevant regulations.

This centre comprises a house spread over three floors set on its own large site in a rural area close to a village. Residents share a large kitchen-dining room and have access to a shared living room, each individual also has their own self-contained space that comprises a bedroom, bathroom and private living room. The centre is registered for a maximum of five residents and is currently home to three individuals. The inspector had the opportunity to meet with all three residents in addition to meeting with family members of two residents.

One resident was relaxing in their living room watching television in the company of a staff member and greeted the inspector. They were going on a day excursion to an aquarium in another town later in the morning and a staff member was talking to the resident about the variety of fish and animals they may see. Later they went on their trip accompanied by another resident. On return to the centre they were supported to have something to eat and to relax for the evening.

Another resident spoke to the inspector while they had their breakfast in the kitchen, they explained that staff were supporting them to learn how to take their own medication and were later observed bringing tablets to a staff member for checking prior to taking them. They told the inspector that they loved the freedom in this house and were very happy. The resident said they would change nothing about the centre and liked going out to the polytunnel to the vegetables growing there and had chosen the paint colour for the walls around the patio.

The third resident was supported by staff in their individual apartment over the day and was observed to go outside for a walk and to engage with sensory objects, play a ball game with staff as well as to enter the kitchen and request a cup of tea. The resident invited the inspector to enter their self contained apartment for brief periods on two occasions over the course of the day. Staff report that the resident had recently gone outside without staff support which was a positive experience for them and one that staff hoped could develop further.

The staff team were observed over the course of the day using a variety of communication approaches to engage with the residents who presented with a range of communication styles and abilities. The staff team were seen to support and interact with residents over the course of the day in a respectful and kind manner and made efforts at all times to adapt their communication to ensure

residents understood what was being said.

The inspector also met with residents' family members during the inspection in addition to reviewing family member questionnaires that had been sent out in advance of the inspection. Families were complimentary about the centre and the staff team and were clear that they knew who to speak to if they had a concern or query. They reported that they felt involved in the service and that communication with them was of a high standard. One family member commented that their relative felt safe in the centre and that the staff teams flexibility in engaging with their loved one had ensured they were confident in trying new experiences. Another relative stated that they were 'happy that the support available was of such high quality'. Another family stated that 'they were always welcomed to the centre when they visited' and that the 'quality of care was as good as their loved one would receive at home'.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. All residents who completed the questionnaire stated that they were happy in their home and gave examples of activities they enjoyed such as, the men's club, crosswords, going out into the garden to the sensory garden and the polytunnel, meals out, horse riding and going shopping. Residents commented that they liked the staff that supported them, were happy with staff as they 'always help out' and that they knew who to speak to if they were unhappy about something in their home.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall the findings of the inspection were that residents reported that they were happy living in the centre and that they felt safe there. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement in line with the findings of this inspection.

This centre had been previously inspected in 2021 on two occasions. During those inspections concerns were identified relating to the premises and its' suitability in meeting resident's assessed needs, in addition to an observed lack of activation for residents. Improvements in these areas were found in the second inspection of 2021 and the findings of this inspection were that the provider continues build on improvements that ensure residents are safe and that their assessed needs are met.

The person in charge was found to be knowledgeable in relation to residents' care

and support needs and to be motivated to ensure they were living a good life. They were a regular presence in the house and actively involved in the monitoring of care and support for residents. They were supported by a team leader who was found to be knowledgeable in relation to residents' likes, dislikes and preferences. Together they were motivated to ensure residents were happy and safe in their home and making choices in relation to their day-to-day lives.

There were effective systems in place for the day-to-day management of the centre which tracked what documents required review, and when. Regular audits were being completed and the actions from these were tracked and leading to improvements in relation to residents' care and support and their homes. The provider's systems to monitor the quality of care and support for residents included six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre to the Chief Inspector. However, this had not been submitted within the timeframe as set out in the regulation nor had it been a complete application when submitted requiring resubmission of information.

Judgment: Not compliant

### Regulation 15: Staffing

The provider had ensured that staff numbers and the skill mix in the centre was in line with the assessed needs of the residents and the statement of purpose. Residents were supported by three staff during the day and two staff at night and the person in charge and team leader also maintained a consistent presence in the centre.

From a sample of rosters reviewed, all the required shifts were covered and the rosters were well maintained. Planned and unplanned leave was covered by a consistent member of relief staff. A current vacancy in the centre roster was found to be filled by consistent members of the providers relief staff panel.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and had completed a number of trainings in line with residents' assessed needs. Staff who were new had completed the provider's induction process and were scheduled to attend mandatory training prior to completing care and support for residents.

Staff were in receipt of formal staff supervision in line with the organisation's policies and procedures. The team leader completed supervision for the staff team with oversight from the person in charge. In turn the team leader was supported and supervised by the person in charge. Informal on the job supervision and support was also in place with notes reviewed from these by the person in charge. Staff who spoke with the inspector said they were well supported in their role and were aware of who to escalate any concerns they may have in relation to residents' care and support.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management structures in place in the centre with clear lines of authority and accountability in place. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. They were supported in their role by a team leader in the centre and by a senior manager who fulfilled the role of a person participating in management of the centre. There was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and in relation to their home.

The person in charge and team leader also had a suite of standard operating procedures and contingency plans in place which guided staff practice and were reviewed following audit outcomes. The person in charge also had responsibility for community services operated by the provider and persons in charge from other of the provider's centres met regularly together to share learning and to review quality of services. The person in charge was also involved in a number of committees that supported shared learning and ensured access to up-to-date information.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a register of incidents and accidents held in the centre. The person in charge was aware of the requirement to notify the Chief Inspector in line with the Regulation. The inspector found that all events that met the requirements for notification had been submitted.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy. No complaints had been received in 2022 to date however, the inspector found that nine compliments had been received in 2022.

An easy-to-read complaints process was on display and this contained pictures of the relevant staff. The complaints process was regularly reviewed at resident meetings and residents and their representatives indicated they were aware of the complaints process in their questionnaires.

Judgment: Compliant

## Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities. They were being supported to be as independent as possible and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to take part in activities in accordance with their

interests.

### Regulation 17: Premises

This centre comprises of a large house set on it's own site on the outskirts of a small rural village. All residents have their own individualised apartments with some having moved to a new apartment better suited to their assessed needs since the last inspection. The provider had completed a number of works within the centre such as painting, tiling and purchase of new furniture with further work scheduled. Substantive work had been completed by the provider externally and residents indicated that they particularly enjoyed being in the garden.

Changes had been made to the function of some rooms with a new sensory room now available for residents to use. The person in charge had set a number of centre accessibility goals that were submitted to the provider quarterly and progression against these was reviewed on an ongoing basis. The provider had a centre maintenance plan in place and this was also regularly reviewed.

Some minor maintenance was still required to ensure that the staff team could continue to complete cleaning to a high standard and to prevent trip hazards. These included repair or replacement of some areas of flooring where there were rough edges exposed or gaps between boards, in addition to new door saddles.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register which they reviewed regularly as did the provider. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary.

There was evidence that new risks were added to a risk register when identified and that areas where risk was no longer assessed as present were reviewed and closed.

Judgment: Compliant

### Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. There had been a small number of positive cases of COVID-19 in the centre in the months before the inspection, and it was evident that additional control measures were implemented to prevent further outbreaks. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the house was regularly cleaned, staff had responsibility for set areas that they reviewed for deep clean or high level cleaning requirements. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre. The inspector observed staff wearing their face masks properly throughout the inspection and changing masks following the completion of personal care.

Judgment: Compliant

### Regulation 28: Fire precautions

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, including emergency lighting. The centre evacuation plans for day and night were current and regularly reviewed. In addition the centre had a crisis and critical incident plan in place. Each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. The provider had arranged for an external specialist organisation to complete a fire safety review of the centre. Servicing of the centre boiler was completed as required and the chimneys were swept and maintained in addition to inspections completed of the wood burning stove.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had systems in place for the ordering, receipt,

prescribing, storage, disposal and administration of medicines. Effective systems were in place in relation to the administration of medications with PRN (as required) protocols in place with guidelines for staff in the administration of same.

The centre had a room identified for the purpose of storage and administration of medicines and residents who were developing independence skills in this area used this quiet space to support them when self administering their medicines. All residents had assessments in place to determine their capacity to self administer. All residents had access to the pharmacy of their choice.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plans in place. Their personal plans were comprehensive in nature and detailed their support needs and the requirements to maximise their personal development and quality of life. It was evident that resident's health and social care needs were developed through a person-centred approach with attempts to involve the residents at each stage. The person in charge reviewed resident goals and had established schedules with residents that included meaningful activities.

Resident's plans were subject to regular review by the multidisciplinary team, and it was evident that interventions considered their rights. Residents choose whether to engage in outings or activities or not and there was flexibility as they directed their daily plans. Residents were observed planning activities for the day of inspection, discussing things they done and places they had been with staff over the course of that day in addition to relaxing in the house.

There was evidence increased daily activity observed in daily logs and residents sensory needs had been considered when planning for their participation in activities. The inspector observed the sensory room that was available, an increase of sensory objects and physical actions such as use of a boxing bag or skittles.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider promoted a positive approach in responding to behaviours that challenge and staff had attended training in de-escalation and intervention. Residents had positive behaviour support plans in place and streamlined support plans had recently been reviewed. These clearly guided staff to support individuals

to manage their behaviour. The person in charge had ensured that residents attended specialist appointments and that findings from these were incorporated into the resident's personal plans.

There were a number of restrictive practices in operation in the centre to promote the safety of residents which included the use of holds and physical guidance. These were found to have been assessed and were subject to regular review with evidence that where possible restrictions were reduced. The provider supported a restrictive practice review meeting that also provided oversight and review of all restrictive practices in place.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected for the most part by the policies, procedures and practices relating to safeguarding and protection however, improvement was required in relation to financial safeguarding.

Safeguarding plans if required were developed and reviewed. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. The inspector reviewed a number of residents' intimate care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

The financial oversight systems in place did not provide an assurance that all residents' finances were fully safeguarded. Where a resident was assessed for example as having capacity to manage their money there was no oversight in place of any transactions nor of the potential involvement of others with the residents accounts. Where residents were supported to manage their money by a representative the provider and person in charge only had oversight of cash that was provided to the resident and no oversight of savings or use of residents monies potentially by others. The providers' policy states that residents should be supported to retain control of their own money and resources but this was not reflected in the observed practice.

Judgment: Not compliant

### Regulation 9: Residents' rights

There was evidence that residents were supported to make decisions in their day to

day lives. The physical changes in the centre, such as moving to a new apartment and the use of the sensory room or medication room had ensured that residents privacy and dignity were promoted. In addition there was evidence that independence skills were promoted whenever possible.

Resident's consent was sought through the use of easy read and symbol supported forms. All those who lived in the centre met on a monthly basis to discuss matters important to them and to decide on the organisation of their home. There was evidence that residents were provided with information regarding their rights as part of these weekly meetings.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Grancore OSV-0001520

Inspection ID: MON-0028846

Date of inspection: 13/09/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> <li>• NF33As submitted to reflect changes with board of directors.</li> <li>• In accordance with section 48(2)(c) of the Act, Electronic fund transfer completed.</li> <li>• Prescribed information for person participating in management submitted.</li> <li>• Reference form for PIC resubmitted with original signature.</li> <li>• Copy of brochure used submitted.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• Repair of spotlight in resident bedroom. Works completed 27.09.22.</li> <li>• Fire containment system wires exposed on ceiling to be concealed. Works completed 27.09.22.</li> <li>• Cracked tile in resident’s bathroom to be repaired/ replaced. Completed 27.09.22.</li> <li>• Regrouting of shower area in wet room and in unused bathroom. Works to be completed by 31.10.22.</li> <li>• Tile to be repaired / replaced in utility area. Works to be completed by 31.10.22.</li> <li>• New saddle board to be installed in sensory room and spare bedroom. Works to be completed by 15.11.22.</li> <li>• Cracked floorboard to be repaired / replaced in resident sitting room. Works to be completed by 31.10.22.</li> </ul>	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• Safeguarding action plan developed to ensure financial protection is afforded to all residents.</li> <li>• National financial safeguarding committee developed. Committee to audit and assess financial arrangements of residents nationally. National strategy currently being implemented to address historic financial arrangements to ensure compliance in line with Assisted Decision-Making Act. To be completed by November 2022.</li> <li>• “Management of personal Monies &amp; Property of Persons Served” policy to be reviewed. Policy to outline the providers responsibility and arrangements in place in ensuring financial oversight of bank accounts where they are managed by other stakeholders (i.e. Family). To be completed by December 2022.</li> <li>• PIC to ensure bank statements are reconciled with resident / family (as appropriate) on a regular basis.</li> <li>• Residents to have access to bank account. To be completed by December 2022.</li> </ul> <p>Assessment of resident’s capacity to manage own finances to be completed on admission to designated center. Money management plan to be developed with resident outlining oversight and supports required in line with their assessed needs.</p>	

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	29/09/2022
Registration Regulation 5(5)	In accordance with section 48(2)(c) of the Act, an application under this Regulation is not complete unless accompanied by the prescribed fee.	Not Compliant	Orange	13/09/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	15/11/2022

	state of repair externally and internally.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2022