



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

Issued by the Chief Inspector

Name of designated centre:	Navan Adult Residential Service
Name of provider:	The Rehab Group
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	05 July 2023
Centre ID:	OSV-0002674
Fieldwork ID:	MON-0036593

About the designated centre

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

Navan adult residential services is located on the outskirts of a town in Co.Meath and is operated by The Rehab Group. It provides community residential services for a maximum of five adults with a diagnosis of autism spectrum disorder, male or female, over the age of 18. The designated centre is a two storey house which consists of two living rooms, kitchen/dining area, conservatory, a staff sleep over room, two bathrooms and five individual bedrooms (two of which were en-suite). There is a garden to the rear of the centre which contained an ancillary building which consisted of an office, utility room and sensory room. The centre is located close to amenities such as shops, cafes and banks. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 5 July 2023	10:45hrs to 21:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, residents were receiving a person centred service that met their assessed needs. Improvements were required in relation to premises, governance and management, protection against infection and fire precautions. These will be discussed further in the report.

The inspector had the opportunity to meet four of the five residents who lived in the centre. All five residents in this centre attended an external day programme five days per week. Three had attended on the day of the inspection and the other two were on a scheduled closure break from their day programme. One resident had taken that opportunity to go to visit family for a few days and therefore was not present on the day of the inspection. The other resident went out for a walk and then relaxed for part of the day as said they were tired.

Three of the residents communicated to the inspector that they had a nice day. They said they wanted to relax for the evening. Some residents spoken with said they were happy living in their home and that the staff who supported them were nice. They told the inspector how they could raise an issue or concern to a staff member or the person in charge if they were unhappy about anything. They said they felt staff would listen to them. One resident, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the inspection in their home. They had gone out for a while with their family after their day programme finished and then their family stayed for a short visit on return back to the centre.

The person in charge facilitated the inspection with support from the team leader. In addition, there were two other staff members on duty the evening of the inspection. Members of the staff team spoken with demonstrated that, they were familiar with the residents' support needs and preferences. For example, one staff member who joined the staff team in March 2023 was very familiar with the communication methods of one resident. They demonstrated many of the signs that the resident may use to communicate and what each sign meant.

In addition to mandatory training, the person in charge had arranged for staff to have training in human rights. One staff spoken with said that the training helped strengthen their understanding that it is 'the residents' lives and their choices'. That residents should be empowered and supported to be more aware of their rights and the importance to up skill residents in this area. That 'they have the right to make unwise decisions as nobody gets everything right and that it is important to reflect afterwards with the resident how their decisions went'.

The inspector completed a walk-through of the premises. The physical environment of the house was clean and for the most part, in good decorative and structural repair. Some decorative and repair works were required in some areas around the

property. For example, painting was required to a number of areas and grouting in some areas of showers required cleaning or replacement.

Each resident had their own bedroom and one resident had an en-suite facility. There was sufficient storage facilities for their personal belongings in each room. Residents' rooms were individually decorated to suit their personal preferences and had personal pictures displayed.

The centre had an adequate sized back garden with garden furniture and access to another building that contained a sensory room with and another room for the staff office.

The inspector observed some interactions between staff members and residents and they appeared patient and person centred. For example, staff were observed to sing with one resident and reassure them when they were anxious over the Internet not working for a time. Another resident was supported to attempt to fix their computer in case that was the reason the Internet was not working. Staff were able to resolve the issue with the Internet and the residents were very happy it was back working.

The inspector also had the opportunity to speak to one family member in person, they stated that they felt comfortable raising any concerns they had to the person in charge or a staff member. They felt that when they did raise a concern that their feedback was taken on board and they felt listened to. They said that the staff were remarkable. They felt they had a good working relationship with the person in charge and there was never a phone call not returned. They said that their family member was now part of the community and back doing activities they loved, for example, horse riding. They said they couldn't sing the centre's praises highly enough.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was unannounced and undertaken as part of ongoing monitoring of the centre's compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Overall, the provider and person in charge had ensured that there were effective systems in place to monitor the service and provide a good quality service to residents. However, improvements were required in governance and management arrangements in place.

There was a defined management structure which included, the person in charge and a team leader. They both provided leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service for the period May 2021 to May 2022 and the review until May 2023 was in progress and was due to be completed shortly after the inspection. In addition, the provider had arrangements in place for carrying out unannounced visits twice per year. The inspector reviewed the last two completed with the most recent completed in March 2023. Additionally, there were other local reviews conducted in areas, such as medication management.

The provider identified that there were incompatibility and safeguarding issues between some residents. While they had put measures in place to help alleviate some of the potential causes and had escalated the issues to their funder on several occasions, the issues were still ongoing for the last number of years. The incompatibility at times was causing anxiety or stress for the residents.

The inspector completed a review of a sample of the centre's rotas and they demonstrated that the centre was adequately staffed to meet the assessed needs of the residents.

There were supervision arrangements in place for staff as per the organisation's policy. In addition, there were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were aware of their regulatory responsibilities, for example, to notify the Chief Inspector of Social Services (The Chief Inspector) when any adverse incident occurred within the centre.

The person in charge worked in a full-time role in the centre and they were supported by a team leader. Staff members spoken with felt that the person in charge was very approachable and supportive.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster for the centre. The centre had sufficient staffing in place in order to meet the assessed needs of the residents.

There had been an over reliance on agency staffing due to different reasons over the last number of years. However, the provider tried where possible to ensure staffing in the centre was with staff familiar to the residents in order to provide continuity of care. After a recent recruitment drive the centre had a full staffing complement in place since March 2023.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were supervision arrangements in place for staff as per the organisation's policy and the person in charge had a supervision schedule for the year.

The person in charge monitored staff training and development needs and there was a staff training matrix to provide high level oversight of the training needs. The person in charge had arranged for staff to receive training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

However, some training was required for staff in relation to infection prevention and control (IPC) and is being actioned under Regulation 27: Protection against infection.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included a team leader who reported to the person in charge, who in turn reported to the regional manager.

The provider had completed an annual review of the quality and safety of the service and was undertaking the last 12 month period review at the time of this inspection. The provider had carried out unannounced visits twice per year. There were other local reviews conducted in areas, for example medication management and documentation. In addition, the person in charge ensured regular team meetings took place so as to promote shared learning within the team.

The provider had identified that there were incompatibility issues between some residents and some residents' behaviours were found to be impacting on others living in the house over the last number of years. This was causing stress and anxiety to residents at different times. On occasion residents had to retreat to their bedrooms or alternative rooms in order to not witness another resident display behaviours that challenge, for example shouting or cursing. The provider had put measures in place to help mitigate some of the potential causes of the incompatibility issues. For example, additional staffing, behaviour therapy input and the use of a sensory room. The person in charge and regional manager had also repeatedly escalated this to their funder and an alternative placement was sought for one resident. However, at the time of this inspection there were no fixed plans or time frame in place for any changes.

Furthermore, there were outstanding maintenance issues that were identified by the provider in 2019. The person in charge had received quotes for some of this work in February 2023 and were found to have followed up with the housing association responsible for approving the work. However, the quotes were not yet approved at the time of this inspection and there were no dates by which the work would be carried out. In addition, not all works identified on the original list were quoted for in February and there were no dates for completion of those additional works.

For example, upgrading the ceiling in the landing to increase the fire rating standard. It was advised that the status of the outbuilding in relation to planning permission and building regulations required clarification in the original 2019 list. The inspector could not verify if either of those issues had been reviewed since and if there was a plan of action with regard to them. The person in charge had sought to enquire with the housing association after the inspection with regard to these issues; however, by the time of this report no clarification was provided.

Judgment: Not compliant

Quality and safety

The findings of this inspection indicated that residents were in receipt of care that met their assessed needs. However, improvements were required with regard to premises, protection against infection and fire precautions.

Each resident had an up-to-date assessment of need in place which identified residents' health, social and personal care needs. The assessment informed each resident's personal support plans which were up to date and guided the staff team.

The person in charge was promoting a restraint-free environment. While there were some restrictive practices used within the centre, for example, a window restrictor, they were used to promote residents' safety. Residents had access to specialist

support to understand and alleviate the cause of any behaviours that may put them or others at risk.

The inspector reviewed the arrangements in place to protect residents from the risk of abuse. It was found that any concerns of potential abuse were screened and reported to relevant agencies. There were some open safeguarding concerns at the time of the inspection and the provider had safeguarding plans in place to help alleviate potential risks.

The person in charge facilitated an environment that promoted and respected the rights of residents. Residents spoken with communicated that they were being offered choice in their lives which included how they spent their day.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their preferences. In the case of one resident, where possible with their agreement, food was provided that was consistent with their dietary recommendations. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities.

The premises was homely and observed to be clean and tidy. However, some improvements were required to the paintwork of some areas, and replacement of some areas to ensure they were conducive to cleaning. For example, the flooring in the staff room was lifting in places. Slight mildew was observed in a number of places, for example bathrooms and some bedroom windows.

The inspector reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, colour coded chopping boards and mops and buckets were provided in order to help prevent cross contamination. However, some improvements were required to IPC training and the storage of mops.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEP) in place which outlined how to support residents to safely evacuate in the event of a fire. However, some improvements were required to some fire doors to ensure sufficient fire containment.

Regulation 17: Premises

The premises was homely and observed to be clean and tidy. The provider had a part time painter that was working on painting parts of the house over the coming months. Lots of areas required paint work to be touched up. For example, windowsills, the water closet, shower room and its ceiling, some door frames, and some doors.

Other areas that required improvement were:

- some pillows did not have protectors on them and were found to be stained
- the heating timer on the landing had a small hole above it
- slight mildew was observed in some areas, for example, on some grouting on shower tiles, the blind in a resident's en-suite and the staff bedroom window
- the kitchen counter surface was damaged in three places
- some slight build-up of limescale or silicone was observed at some sinks, which would prevent the areas from being effectively cleaned.

There were a number of other areas the provider had self-identified. For example, the timber floorboards below and adjacent to the shower trays on the first floor were to be inspected and repaired as necessary as there were reoccurring leaks that were receiving temporary fixes. However, despite the efforts of the person in charge and the regional manager, at the time of the inspection these issues were ongoing since 2019 with no fixed time frame. This delay is being actioned under Regulation 23: governance and management.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed that residents were supported to buy and participate in making their own food. Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks at all reasonable hours. This included being free to take snacks and drinks to their rooms should they wish. The inspector reviewed a sample of shopping receipts and reviewed what food was available on the day to residents in their presses, fridge and freezer and found that there was sufficient food available and also enough food to provide residents with options.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. There were hand washing and sanitising facilities available for use and infection control information to help guide staff and residents.

There was a contingency plan in the event of an outbreak of an infectious illness which included a staffing contingency plan and isolation plans for residents. The

person in charge had completed a self-assessment tool against the centre's current IPC practices.

The team leader had identified that cleaning schedules had some frequent gaps observed and this was being dealt with through team meetings.

However, some refresher training was required for some staff:

- three staff were due refresher training in hand hygiene
- two staff were due refresher training in standard and transmission based precautions
- one staff was due refresher training in personal protective equipment (PPE)
- one staff was due refresher training in respiratory hygiene and cough etiquette.

In addition, two mops were observed to be inappropriately stored in buckets which would not allow for adequate drying of the mop head and potentially lead to bacteria growth.

As previously stated there were some issues identified in relation to slight mildew and to ensure some areas were conducive for cleaning and they are being dealt with under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management, for example the centre had fire safety equipment in place which was regularly serviced. Fire evacuation drills were taking place which included using different scenarios. Actions from the last inspection with regard to fire precautions had been completed by the time of this inspection.

However, improvements were required to some fire containment doors as two of the doors would not close fully by themselves. In addition, one fire containment door appeared to have a larger gap between the door and the door frame than the other doors which may impact on the ability of that door to minimise the spread of fire and smoke in the event of a fire.

In addition, the inspector could not verify information in relation to the fire rated protection of the landing ceilings from 2019. This is being actioned under Regulation 23: Governance and management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in creating support plans.

In addition, residents were supported to develop life goals and they were reviewed monthly at key-working sessions. For example, one resident wanted to arrange a birthday party for themselves and another resident wanted to arrange a holiday.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was found to be promoting a restraint free environment. There was some use of chemical restraint with clear protocols in place for use. Staff spoken with were familiar with when and how to use it. There was one window restrictor in use and it was assessed to be required for a resident's safety.

Where required, residents received support from a behaviour therapist in order to help them and staff to understand and alleviate the cause of any behaviours that may put them or others at risk.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Staff spoken with were familiar with the steps to take should a safeguarding concern arise. There were open safeguarding issues within the centre and there were safeguarding plans relating to each. The person in charge and regional manager were working on solving the incompatibility issues within the centre that were causing the safeguarding concerns; however, the issues remained ongoing at the time of this inspection. This is being dealt with under Regulation 23: Governance and management.

Residents were independent for the most part around their own intimate care and any supports required were known to staff. Staff completed daily finance balance checks of residents' finances. The team leader and the person in charge completed some periodic financial checks.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to exercise choice and control across a range of daily activities and decisions. There were monthly residents' meetings and individual key-working sessions taking place.

Three residents spoken with told the inspector that they got choices about their day, what activities they wanted to participate in, what they ate and they chose how their room was decorated. The organisation provided an advocate to work with residents as required with regard to certain areas of their lives that they may need extra support in.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Navan Adult Residential Service OSV-0002674

Inspection ID: MON-0036593

Date of inspection: 05/07/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Safeguarding and Incompatibility</p> <ul style="list-style-type: none"> - Meeting held with Regional Manager Person in Charge, and HSE Adult Coordinator on 4th August to discuss incompatibility issue. - HSE adult coordinator identified a potential alternative placement for one resident. - HSE adult coordinator advised Regional Manager to discuss this with the Disability Manager. - Regional Manager had a meeting with Disability Manager HSE on 8-8-2023 to discuss the potential alternative provider. A timeframe of 9 months was agreed in order to resolve. - Regional Manager to continue to link in with Disability manager in order to monitor progress. - Regional Manager and PIC to continue to meet in order to discuss and update actions required. - Continued input from PIC, Regional Manager (DO), and Behaviour Therapist, in order to mitigate as far as possible any safeguarding risks arising from incompatibility issues in the interim. - Monthly Review meetings with the Quality and Governance Directorate taking place, and will continue to take place until all actions are completed <p>Maintenance</p> <ul style="list-style-type: none"> - Following the inspection, the Housing Association has reassessed and identified areas of concern and is developing an action plan to prioritise works and made maintenance recommendations to Newgrove. Completed -17/07/2023 - Regional Manager had a meeting with Newgrove Housing Association on 9-8-2023 where they provided an update on approved actions and a timeline of 6 months will be put on the compliance plan to complete these actions. - 	

<p>Fire Actions</p> <p>Meeting took place on 9-8-2023 with Regional Manager and Newgrove Housing Association. Newgrove furnished Regional Manager and PIC with Fire Cert for their records. Newgrove committed to investigating the recommendations by the engineers on the 2019 report, and to commit to ensuring that the ceiling is upgraded, compliant and signed off accordingly by professional fire engineers.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • All Pillows have been replaced and fitted with protectors. Completed- 22/07/2023 • The Hole on the timer has been fixed. 10/08/2023 • Paintwork is ongoing, a part time painter is working to complete all areas of the service that require painting. 30/09/2023 • External contractor has been engaged to clean the Mildew. Completed -31/07/2023 • Cleaning instructions have been put in place for staff re cleaning Mildew. Completed - 04/08/2023 • Contactor to be sourced for the repair of damage on kitchen counter – 30/09/2023 • Following the inspection, the Housing Association has reassessed and identified areas of concern and is developing an action plan to prioritise work. 17/07/2023 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Instructions for storage of mops have been put up to provide guidance for staff. Completed – Completed - 04/08/2023 • All staff working in the service have completed all the training identified in the report. Completed- 31/07/2023 • All relief staff working in the service have been notified of refresher 31/08/2023 	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire Consultants has been requested to come on site and review fire doors to ensure all are closing correctly and where issues are identified these will be rectified, this will be completed by 30/09/2023

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2023
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	30/04/2024

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2023