



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

## Issued by the Chief Inspector

Name of designated centre:	Sunflower House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	04 January 2024
Centre ID:	OSV-0002998
Fieldwork ID:	MON-0038599

## About the designated centre

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

This is a service providing full-time residential care and support for up to two adults with disabilities in Co. Louth. It is in close proximity to a number of villages and towns. The centre comprises of a detached bungalow containing two bedrooms, two sitting rooms and a one bedroom self-contained apartment. Communal facilities include a fully furnished kitchen/cum dining room, a laundry facility, sitting room and a bathroom in the main part of the house and the apartment comprises of a double bedroom, bathroom, sitting room and kitchenette. Systems are in place to ensure the healthcare needs of residents are comprehensively provided for and access to general practitioner (GP) services and a range of other allied healthcare professionals form part of the service provided. Residents are also supported to use their community and frequent local facilities such as barbers, restaurants and shops. Transport is available to residents for trips and social outings further afield. The centre is staffed on a 24/7 basis by an experienced qualified person in charge (who is a registered nurse), a clinical nurse manager I (CNM I), a team of staff nurses and healthcare assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Thursday 4 January 2024	09:30hrs to 16:20hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with 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). At the time of this inspection, there were two residents living in the centre and the inspector met with both of them. Written feedback on the quality and safety of care from both residents and one family representative was also viewed by the inspector as part of this inspection process.

The centre comprised of detached bungalows in a residential area close to a large town in Co. Louth. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was clean, warm and welcoming. One resident was still in bed and the other was preparing to get up and have breakfast.

The inspector observed that both residents had their own individual bedroom and separate sitting rooms and shared a kitchen cum dining room. However, if a resident wished to have their meals in their sitting room, this decision was respected by the staff team. On the day of this inspection, one resident had their lunch in their sitting room with support from a staff member.

On review of the residents person centred plans the inspector noted that residents were supported to participate in community-based activities such as attend concerts, the theatre, visit pubs and restaurants, go for drives and walks and go for coffee in the local village. Residents had also been supported to avail of a holiday/hotel break and to keep in regular contact with family members.

Later in the morning the inspector met with one of the residents. They appeared in good form, smiled and shook the inspectors hand. They invited the inspector to see their sitting room which had been decorated for the Christmas holiday season. This room was warm, cosy and observed to be decorated to the individual style and preference of the resident.

The resident liked to go for drives and on the day of this inspection, the inspector observed that staff facilitated this for the resident and over the course of the day they went on two drives with a staff member.

The inspector met with the second resident in the afternoon. They also appeared in good form and were relaxing in their sitting room. Staff explained that at times, this resident may decide not to leave the house however, over the last year they were

engaging more in community-based activities, going for drives and had availed of a holiday break earlier in the year.

On viewing one of the bedrooms the inspector observed that it was laid out to meet the needs of the residents and, was personalised to the their individual likes and preferences.

From viewing a sample of files, the inspector noted that a number of staff had undertaken training in human rights. One staff member spoken with said it was important to ensure the individual choices of the residents were respected and, that their right to community inclusion was supported. The inspector also observed that interactions between staff and the residents was warm, respectful and person centred.

Additionally, staff had supported the residents to provide written feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary. The residents reported that they made their own individual choices with regard to when to get up and/or go to bed, what to eat and what activities to participate in. They also reported that they were happy with where they lived, their home was comfortable, they were happy with their bedrooms, happy with the care and support they received, their dignity was protected and they felt safe in their home.

One family member also provided written feedback on the service provided which was also positive and complimentary. They reported that they were very happy with the quality of care and support provided in the house, staff were courteous and helpful and the clinical nurse manager (CNM) was accessible. The also reported that they were very satisfied with the accommodation, the cleanliness of the residents' rooms and the personal space available to their family member. They said that the service met with their expectations and their overall satisfaction level was excellent.

While a number of issues were identified on this inspection pertaining to the premises, fire safety and the individual planning process, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and written feedback from one family member on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, the process of auditing the service required review

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. The person in charge was on leave at the time of this inspection and the house manager, (who was a CNM 1) was managing the day-to-day operations of the centre. The inspector spoke with the house manager over the course of the inspection and they demonstrated a good knowledge of the residents' assessed needs and were aware of the service's responsibilities and legal remit to 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).

A review of a sample of rosters from December 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the staff team and house manager on the day of this inspection. It was observed that on occasion, the service had to operate with only one staff member present (due to unforeseen staff absences) however, there was a lone working risk assessment in place as well as a management on call system which could provide support to the centre as or when required.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, basic life saving and safe administration of medications. It was observed that some staff required refresher training in some areas however, the inspector saw evidence that this training would be provided for by the end of February 2024.

Additionally, the inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 (the annual review for 2023 was not due for completion until the end of January 2023) and, a six-monthly unannounced visit to the centre had been carried out in September 2023. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner. However, this process required review as some of the issues highlighted in the audits/quality enhancement plan were not being addressed in a timely manner.

## Regulation 15: Staffing

A review of a sample of rosters from December 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the staff team and house manager on the day of this inspection.

There were two staff on duty each day and one waking night staff member on duty each night

It was observed that on occasion, the service had to operate with only one staff member present (due to unforeseen staff absences) however, there was a lone working risk assessment in place as well as a management on call system which could provide support to the centre as or when required.

Judgment: Compliant

## Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic life saving
- safe administration of medications
- infection prevention and control
- dysphagia training
- open disclosure

Some staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

It was observed that some staff required refresher training in the following areas,

- basic life saving
- positive behavioural support



However, the inspector saw evidence that this training would be provided for by the end of February 2024

The house manager confirmed in writing that all mandatory and as required training to meet the assessed of the residents was up-to-date and staff were scheduled to attend the refresher training as identified above was in January and February 2024.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 (the annual review for 2023 was not due for completion until the end of January 2023) and, a six-monthly unannounced visit to the centre had been carried out in September 2023. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issued identified in a timely manner.

For example, the auditing process identified that

- a sink needed attention/replacing in the utility room
- a number of documents required archiving
- evidence of inspection of the fire alarm system needed to be available in the centre and,
- the statement of purpose required updating

These issues had been addressed at the time of this inspection.

However, the auditing process required review as some of the issues highlighted in this process were not being addressed in a timely manner. For example, the auditing process identified issues to do with the premises and fire safety as far back as January 2023 however, at the time of this inspection, some of these issues had not been resolved and remained ongoing.

This was further discussed and actioned under Regulation 17: Premises and Regulation 28: Fire Precautions.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge/house manager was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge/house manager was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, issues were found with the maintenance and upkeep of the premises, fire safety arrangements and individual planning process.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. However, the process and steps involved in achieving some goals for residents required review.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. Staff spoken with were familiar with residents healthcare requirements and plans.

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues. Again, one staff spoken with

was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one open safeguarding plan in place for one of the residents. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, all fire doors required review so as to ensure they met the requirements of the regulations. It was also observed that over some of these fire doors there were air vents to allow for the circulation of air throughout the house however, the inspector could not determine if this compromised the fire safety of the building.

The house was found to be clean, warm and welcoming on the day of this inspection however, a number of issues were identified with the upkeep and maintenance of parts of the internal and external premises.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home. However issues were identified with the premise, fire safety precautions and the individual planning process.

## Regulation 17: Premises

The house was found to be clean, warm and welcoming on the day of this inspection however, a number of issues were identified with the upkeep and maintenance of parts of the internal and external premises as follows:

- there were cracks observed in some of the tiles in the entrance porch to the house
- the external pathway to the front of the house was not in a good state of repair as the surface was uneven and some of the paving slabs were cracked and/or broken (this pathway led to the fire assembly point and this issue was also discussed and actioned under Regulation 28: Fire precautions)
- the registered designated centre also had an annex/apartment area to the end of the property comprising of two large rooms, a bathroom and kitchenette. While residents did not use this part of the property, it required attention as the kitchenette area was in a poor state of repair

- additionally, on the day of this inspection, there was a smell of damp coming from the kitchenette.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to behaviours of concern was identified, the following control measures were in place

- staff had training in positive behavioural support
- residents had a positive behavioural support plan in place
- residents had access to behavioural and psychiatry support
- staff familiar with the assessed needs of the residents worked in the service

Judgment: Compliant

### Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, the fire safety arrangements in this centre required review. For example,

- all fire doors required review so as to ensure they met the requirements of the regulations
- it was also observed that over some fire doors there were air vents to allow for the circulation of air throughout the house however, the inspector could not determine if this compromised the fire safety of the building
- the pathway which led to the fire assembly point was uneven and some of the paving slabs were cracked and broken. This was potentially unsafe and

required addressing as one of the residents needed to use a wheelchair when evacuating the building.

Some of these issues were highlighted in the services quality enhancement plan as far back as January 2023. However, the provider had not made adequate provisions to address them and they remained ongoing at the time of this inspection

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, as discussed earlier in this report, residents were supported to go on holiday/hotel breaks as part of their person-centred plans. Residents were also supported to attend festivals, concerts, go shopping, go for drives, walks and keep in contact with family members

However, the planning process involved in achieving some goals for residents required review. For example, some goals identified in July 2023 (such as taking a night time ferry trip or an outing to the zoo), had not been achieved because the planning process was not effective in ensuring they were realised in a timely manner.

The inspector observed in residents person centred plans that although these goals were identified in July 2023, they had not been achieved by November 2023 and by that time and it was recorded that the weather conditions were too cold to further pursue these goals.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- occupational therapy
- dietitian

- dentist
- chiropody/foot clinic
- speech and language.

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with were familiar with these plans.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

It was observed that the way in which the service recorded how they supported 'mens health' required review as parts of this section of the residents healthcare plans was not filled in or completed. When this was brought to the attention of the house manager they said they would review and address this issue.

Notwithstanding, residents had as required access to a clinical nurse specialist in health promotion and had as required access to GP services.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Judgment: Compliant

## Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one open safeguarding plan in place for one of the residents. The issue in question has been reported to the national safeguarding team and the Health Information and Quality Authority (HIQA) and a number of measures had been taken to ensure the residents safety.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one. They were also able to name the designated safeguarding officer for the service and guide the inspector to the safeguarding policy and procedures
- easy-to-read information on advocacy was available in the centre and feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to their relative
- there were no complaints about any aspect of the service on file for 2023
- from a small sample of files viewed, staff had training in safeguarding of vulnerable adults and open disclosure.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Staff were observed to be respectful of the individual communication style and preferences of the residents. Where required, easy-to-read materials and/or pictures were utilised to support residents with communication. For example, a visual roster was available so as residents knew who was working each day.

Some staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Sunflower House OSV-0002998

Inspection ID: MON-0038599

Date of inspection: 04/01/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The issues that were identified through our robust auditing process were approved to be completed and had been submitted to the funding authority.</p> <p>The negotiations with the funding authority is at an advanced stage for a significant up lift in the services maintenance budget. The result of this negotiation is expected by 16.02.24</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A new floor will be fitted in the entrance porch of house 04.03.24</p> <p>The external pathway to the front of the house is been replaced with an alternative appropriate surface. 31.03.24</p> <p>The annex/ apartment area to the end of the property has had their heating timer adjusted. 01.02.24</p> <p>The apartment and kitchenette is being upgraded. 04.03.24</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors will be inspected to ensure they met the required standards. 04.03.24</p> <p>Air vents above 2 fire doors on wall are being addressed 04.03.24.</p> <p>The external pathway to the front of the house is been replaced with an alternative appropriate surface. 31.03.24</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A full review of the goals process was conducted and completed. 31.01.24</p> <p>Goals will be an agenda item on all team meetings 31.01.24.</p> <p>Key workers will now submit quarterly updates to manager on status of goals and highlight any barriers to achieving set goals. 31.01.24</p> <p>All staff have attended a goal setting in-service. 31.01.24</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
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.	Not Compliant	Orange	31/03/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	16/02/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2024

Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2024
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