



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 24
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 June 2023
Centre ID:	OSV-0005836
Fieldwork ID:	MON-0039698

About the designated centre

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

Stewarts Care Adult Services Designated Centre 24 is a designated centre operated by Stewarts Care Limited. The centre provides full-time residential support for four residents with intellectual disabilities and associated complex behaviour support and mental health needs. The centre comprises four separate single-occupancy living areas, which are located on the ground floor within a larger building in a congregated campus based setting in county Dublin. Residents have access to a range of multidisciplinary services as part of their ongoing assessment of needs and support requirements. Residents are supported by a staff team of a person in charge, social care workers, nurse and healthcare staff. The centre aims to support and empower residents to live meaningful and fulfilling lives by delivery quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied health professionals and statutory authorities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 30 June 2023	09:30hrs to 16:30hrs	Michael Muldowney	Lead
Friday 30 June 2023	09:30hrs to 16:30hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of the designated centre. The previous inspection of the centre, in January 2023, found that improvements were required under a number of regulations, and the purpose of this inspection was to assess the provider's progress in implementing and sustaining these improvements, as outlined in the compliance plan submitted to the Chief Inspector of Social Services, in order to meet compliance. Overall, inspectors found that the provider and local management team had implemented actions which were leading to a better quality and safer service for residents. However, further improvements were still required in some areas, particularly relating to the maintenance of the premises.

The centre is located on a campus setting operated by the provider and located within a larger building that contains offices and another designated centre located within another part of the building. The centre is comprised of four self-contained single occupancy apartments.

On the day of the inspection, residents were supported by staff to engage in different activities, such as visiting family, walks, and eating out. One resident was also going on a short holiday to the provider's holiday home.

As part of the inspection, inspectors completed a thorough walk-around of the designated centre accompanied by the person in charge. Each apartment contained a bedroom, toilet and bathroom facilities, kitchen and living areas, and access to garden spaces. The kitchens were well equipped, and inspectors observed a good selection and variety of food and drinks in the centre for residents to choose from. Staff told inspectors that residents were supported to plan their menus on a weekly basis, and were encouraged to be involved in the preparation and cooking of their meals. Inspectors also observed notice boards in the apartments displaying menus, activity planners, and information on safeguarding and the Assisted Decision-Making (Capacity) Act, 2015.

Overall, inspectors found that the centre was clean, however, the premises required upkeep and maintenance. Efforts had been made to make the centre more homely, for example, nice photos and pictures were displayed, and there was comfortable furniture. However, inspectors found that further work was required to soften the institutional aesthetic that remained in parts of the centre, for example, there was exposed pipes and wires, and deactivated key pads at exit doors were not conducive to a homely environment. While these matters had been noted in the previous inspection report, they had not been addressed yet by the provider. Before the inspection concluded, the provider told inspectors that the provider's long-term plan was to close the apartments as they recognised that it was not an ideal living environment.

Inspectors observed good fire safety measures such as fire fighting equipment

(which was up to date with its servicing requirements), and emergency lighting. However, inspectors observed that some of the measures required more consideration, for example, one fire door did not have a visible intumescent strip. Inspectors also observed some poor infection prevention practices which are discussed further in the quality and safety section of the report.

Inspectors met all four residents that lived in the centre. Three residents did not express their views, but did acknowledge the inspectors' presence in the centre. Inspectors observed residents to appear comfortable in their homes, and staff engaged with them in a respectful manner. One resident spoke with inspectors. They said that they liked aspects of the centre such as their bedroom, but preferred living in their previous home. They enjoyed the food in the centre, and liked to shop for groceries and help staff cook meals. They enjoyed going out for coffee, walks, shopping, and exercise classes. It was clear that they had a good rapport with the staff supporting them during the inspection.

As part of the annual review, dated January 2023, surveys were sent to residents and their representatives. One resident provided feedback which indicated that they were happy living in the centre, but also identified some areas for improvement, for example, they wished to go to the cinema more often. There was no feedback from residents' representatives.

The person in charge and service manager told inspectors that the quality of service provided to residents in the centre had improved since the previous inspection. This was attributed to different factors including increased availability of transport for residents to access community activities, appropriate staffing levels, better management of documentation, and updates to residents' personal plans and goals.

The person in charge was also engaging with the provider's speech and language therapy department to enhance residents' communication supports. The person in charge and programme manager were satisfied that residents were safe in the centre. They had no significant concerns, however were keen for the premises works to be progressed and completed.

Inspectors spoke with healthcare staff and social care workers working during the inspection. They said that residents received an "excellent" service which had "greatly improved" since the previous inspection particularly since the new management team commenced. They said that residents' opportunities for engaging in community activities had increased, residents' healthcare needs were being met, and behavioural incidents had reduced. They described the local management team as being "very approachable" and they felt confident in raising any potential concerns.

Overall, inspectors found that the provider had implemented improvement actions and strengthened their governance of the centre which was resulting in a better quality and safer service for residents in the centre. However, improvements were still required, particularly in relation to the premises.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management

affects the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to assess the provider's progress in implementing and sustaining improvements to the service provided to residents in the centre as the two previous inspections of the centre found poor levels of compliance under a number of regulations.

Inspectors found that most of the actions outlined in the provider's compliance plan submitted to the Chief Inspector following the recent inspection in January 2023, had been completed and there was improved compliance with the associated regulations. For example, the statement of purpose had been revised, records were better maintained, and staffing arrangements had improved. However, some of the actions were outstanding and outside of their time frames for completion, particularly the actions regarding the premises.

The provider had established good monitoring systems such as regular audits and reviews of the quality and safety of care and support provided to residents. However, the oversight of these systems required improvement as inspectors found that not all areas identified for improvement were being effectively addressed, for example, inspectors observed poor infection prevention practices on the day of inspection that had been already identified in the provider's own audits.

There was a clearly defined management structure in the centre with associated roles and responsibilities. The person in charge had recently commenced in their role. They reported to a programme manager and was supported in managing the centre by two social care workers. Inspectors found that the person in charge and programme manager were driving improvements in the centre, which were leading to a better quality and safer service for residents.

The staff skill-mix consisted of social care workers, a nurse and healthcare staff. The management team were satisfied that the skill-mix and complement was appropriate to residents' needs. There were no vacancies, and since the previous inspection, the practice of moving staff within the centre had ceased which ensured better consistency of care for residents. Inspectors found the planning of staff rotas had improved, however better oversight was still required to ensure that the planned staffing levels were in line with the residents' needs.

Staff working in the centre were required to complete training as part of their professional development. Inspectors found that most staff were up to date with their training needs, and any outstanding training had been scheduled. The training logs also showed that staff were completing training in human rights and the Assisted Decision-Making (Capacity) Act, 2015, which would further enhance the delivery of care and support to residents.

The person in charge, supported by social care workers, completed formal supervision with staff. However, supervision records indicated that not all staff had received formal supervision in the frequency outlined in the provider's policy and this posed a risk to their professional development. Outside of the support provided by the person in charge and social care workers, staff had access to an on-call system and could escalate any concerns to the programme manager.

Staff told inspectors that they felt confident in raising any potential concerns with the management team. They also attended regular team meetings which provided an opportunity for them to raise concerns. Recent staff meeting minutes noted discussions on staff training and supervision, maintenance of the premises, residents' plans, and the provider's policies and procedures.

Regulation 15: Staffing

The staff skill-mix consisted primarily of healthcare assistants, two social care workers, and one nurse which was a new addition since the previous inspection. There were no vacancies, and the staff complement was appropriate to the number and assessed needs of the residents.

Inspectors viewed a sample of the recent planned and actual staff rotas. They showed staff working in the centre during the day and night. Inspectors found that the rotas were better maintained since the previous inspection, however, the oversight required further improvement as recent rotas had planned for less staff than was required. Staff told inspectors that residents had not been adversely impacted on these occasions, however improvements were required to ensure that appropriate staffing levels were planned for in line with residents' assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The training programmes included fire safety, safeguarding residents from abuse, safe administration of medication, manual handling, infection prevention and control, positive behaviour support, and supporting residents with their eating and drinking needs. Inspectors viewed the most recent staffing training log provided the service manager. Inspectors found that improvements had been made since the last inspection and most staff were up to date with their training, however some deficits were noted;

- Three staff required refresher training in fire safety, which was scheduled for July 2023.

- Five staff required refresher training in epilepsy, which was scheduled for July 2023.
- Seven staff required training in autism, which was scheduled for July 2023.

There were arrangements for the support, and informal and formal supervision of staff. The person in charge was supported by social care workers in the provision of formal supervision to staff. Formal supervision was scheduled every three months as per the provider's policy. Inspectors found that while all staff had received formal supervision in quarter two of 2023, ten staff had not received formal supervision in the previous quarter. However, staff told inspectors that they were satisfied with the support and supervision they received. In the absence of the person in charge, staff were supported by the social care workers and could also contact the programme manager. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors viewed a sample of the records specified in Schedule 4, and found that they were readily available in the centre and up to date.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that the provider had enhanced and strengthened their governance and management systems which was leading to a more effective provision of service for residents. These improvements were driven by the person in charge and programme manager.

Inspectors reviewed the progress of provider's compliance plan, and found that most actions had been progressed to completion. However, some actions were outstanding and outside of their time frame, particularly the actions under regulation 17.

The provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Comprehensive annual reviews, six-monthly reports, and audits were carried out to identify actions for improvement. However, the oversight and implementation of these actions required improvement, for example, the recent six-monthly report in February 2023 identified poor infection practices issues that had not been properly addressed.

There was a clearly defined management structure with associated lines of authority

and accountability. The person in charge was supported in their role by a programme manager who in turn reported to a Director of Care. There was good arrangements for the management team to communicate and escalate issues. To support the management team in their oversight of the centre, the person in charge completed a monthly report with information on staffing, safeguarding, and residents' health and wellbeing.

There were good arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised, and was available in the centre to residents and their representatives.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of service provided in the centre had improved since the previous inspection. Residents were been provided with opportunities to engage in more meaningful social and leisure activities. Inspectors found that the fire safety systems had also been enhanced. Improvements were still required however, to strengthen the infection prevention and control measures, and in the maintenance of the premises.

The centre was part of a larger building that also contained offices and another designated centre. It was located on a campus setting operated by the provider, and close to many amenities and services. It comprised four self-contained single occupancy apartments however, the design and layout of the centre presented an institutional aesthetic.

Efforts had been made to make it more homely, for example, nice pictures and photos were displayed, bedrooms were personalised to residents' tastes, and the furniture was comfortable. Some renovation works had been carried out since the previous inspection such as painting however, as described in the first section of the report, some works were outstanding to ensure that the premises were kept in a good state of repair, suitably decorated, and met the residents' needs.

Overall, the centre was clean, and the provider had implemented some good IPC measures however, improvements were still required to meet compliance with the associated standards. The provider had prepared written policies and procedures for staff to refer to, however the policies were not readily available in all of the apartments, and inspectors found that staff required more guidance on certain aspects of IPC. The COVID-19 management plan required expansion to consider other potential infections. The provider's IPC team had completed a comprehensive IPC inspection which identified areas for improvement, however inspectors found that some of these areas had not been adequately addressed.

The fire safety systems had improved since the previous inspections. There was fire detection and fighting equipment, and emergency lighting throughout the centre. The equipment was serviced and checked regularly by staff. Inspectors found that the fire doors closed properly when released, however one did not have a visible intumescent strip.

The fire panel was located outside of the centre and the provider had plans to upgrade the fire panels across their campus based settings. Fire evacuation plans were prepared and tested as part of fire evacuation drills, however inspectors found that one individual plan required further detail on the supports required by a resident.

Regulation 17: Premises

The centre comprised four self-contained apartments containing a bedroom, toilet and bathroom facilities, kitchen and living areas. Parts of the centre had been renovated and refurbished since the previous inspection, for example, bathroom storage units had been upgraded, radiator covers were painted, and new televisions were installed. However, further maintenance works were outstanding (some of which was beyond their initial time frames for completion). For example:

- There was a hole in the wall of a resident's bedroom, and soft coverings on exposed pipes were torn.
- In the hallway in one apartment, there was a crack in the wall, exposed wires, and parts of the skirting board had detached from the wall. The ceiling in the living area was damaged and stained. The bathroom door did not close properly which posed a risk to the resident's privacy. Grab rails were slightly rusty and the wood panelling around the sink was damaged.
- Deactivated key pads that were no longer in use had not been removed.
- Blinds or curtains were required over a frosted bathroom window to ensure resident's privacy was protected.
- Some repainting was required.
- Overall, the designated centre presented as institutional in aesthetic despite some of the provider's initiatives to make the centre more homely.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had implemented infection prevention and control (IPC) measures and procedures, however aspects were found to require improvement.

The provider had prepared written IPC policies and procedures, however they were not readily available in all of the apartments for staff to access, and inspectors found from speaking with staff that they required more guidance on the use of colour-coded cleaning equipment and management of bodily fluid spills. As also noted during the previous inspection report, the COVID-19 management plan was found to require expansion beyond just COVID-19.

A detailed IPC audit had been carried out in May 2023 and identified actions for improvement. Inspectors found that some of the issues identified in the audit, for example, use of unlabelled cleaning bottles, had not been properly addressed. Inspectors also observed poor practices such as drying of mop heads on a bathroom radiator which posed a risk of infection cross contamination, and rust on a shower storage unit which required mitigation.

While the centre was generally clean, inspectors observed that some of washing machine drawers required cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre to protect residents from the risk of fire. The systems included fire safety training for staff, servicing of fire detection and fighting equipment, and scheduled fire drills (including night-time scenario drills). However, some enhancements to the systems were required.

Inspectors tested a sample of the fire doors with self-closing devices and they closed properly when released. However, one fire door did not have a visible fire intumscent strip which required assessment by the provider. The fire panel was not located within the centre for staff to refer to. The provider has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

Since the previous inspection, the fire safety risk assessment had been updated.

Inspectors also found that the maintenance of the fire documentation had improved and was now more accessible for staff to refer to. Individualised emergency evacuation plans had been prepared for each resident, however inspectors found that one plan required more detail on the supports required by a resident in the event of an evacuation.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 24 OSV-0005836

Inspection ID: MON-0039698

Date of inspection: 30/06/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in charge has full oversight over the rosters of DC24. The person in charge will ensure that appropriate staffing levels are maintained within the center and are planned for in line with residents' assessed needs.</p> <p>From 3rd of July 2023 a weekly roster management review has been in place where the Person in Charge submits the planned rosters to the Programme Manager and Workforce Planner to ensure the appropriate DNA and staffing levels are maintained.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has ensured that the staff in the designated center have completed all mandatory training along with Fire, Autism training Epilepsy training and IPC required by July 30, 2023.</p> <p>The Person in charge has implemented a robust Training Matrix in June 2023 and will continue to review this with support from the Learning and development department and continue to review team performance on HSE LAND. The Person in charge will continue ensure that training is a theme discussed in all staff supervisions this is to ensure compliance is maintained.</p> <p>On July 03, 2023, The Person in Charge implemented a planned supervision system in</p>	

place. The Person in Charge will be supported by the Social Care Workers in ensuring that all staff receive supervision timely.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Register Provider has committed to ensuring outstanding premises works addressed during the inspection to be completed within the timeframe. An assessment of these works has been completed on 25th of July 2023 and has been assigned to contractors to complete by December 2023.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
On July 25, 2023, The Register Provider requested Tech Services Assistant Manager to complete a full assessment of outstanding premises works addressed during the inspection. The outstanding works have been assigned to the contractors on July 7, 2023. And overall are expected to be completed by December 2023.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Person in charge has ensured that all staff have completed IPC training by July 30, 2023. The Person in Charge has escalated for an IPC Internal Audit to be completed by the end of August 2023.

The Person in Charge has enhanced the Daily cleaning schedule to include cleaning regime for washing machines and dryers.

The Person in Charge completed a robust risk assessment which identifies the risk of

infection cross contamination along with all other IPC risks pertaining to the area.

The Person in Charge ensured that there is full oversight of good IPC practice in the centre by identifying an IPC Lead that will ensure that the centre adheres to IPC guidelines, protocols and policy in place and that IPC is discussed at handover and any concerns to be escalated to person in charge.

The Person in Charge will ensure that all IPC concerns addressed during the inspection are actioned and completed by December 2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Fire Panel and emergency lighting within DC24 has currently been reviewed and will be updated the plan for same has been submitted.

The Person in Charge has escalated the issue of the fire door to Tech Services, and assigned a contractor to ensure that the door is replaced with a new fire door with strip which is due to be completed by August 31, 2023.

The Person in Charge reviewed all emergency evacuation plans on July 30, 2023, and updated with the improvements required by outlining details of support required for residents during an emergency evacuation.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/12/2023

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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	31/12/2023
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)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	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	Substantially Compliant	Yellow	31/12/2023

	and effectively monitored.			
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	31/12/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/03/2024