Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	East Limerick Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	14 September 2021
Centre ID:	OSV-0004779
Fieldwork ID:	MON-0031477

About the designated centre

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

East Limerick Services consists of four detached single storey houses. Three of these houses are located close together on the outskirts of a village while the other is located 15 minutes drive away in a more rural location. The designated centre can provide a full-time residential services for up to 15 residents of both genders with intellectual disabilities who are over the age of 18 years. Individual bedrooms are available for residents and other facilities throughout the houses of this centre include bathrooms, sitting rooms, kitchens, dining rooms and staff rooms.
Support to residents is provided by the person in charge, clinical nurses managers, staff nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 September 2021	10:00hrs to 16:25hrs	Conor Dennehy	Lead
Tuesday 14 September 2021	10:00hrs to 16:25hrs	Lucia Power	Support

What residents told us and what inspectors observed

Staff members engaged with residents in a positive and respectful manner throughout the inspection while there had been improvements in the centre regarding person-centred planning. However, the ability of residents to engage in meaningfully activities on an individual basis was limited.

This designated centre was comprised of four houses with three being located close together and the fourth being located 15 minutes' drive away. While overall the centre had a maximum capacity for 15 residents, on the day of inspection only 13 residents were living in the centre although one of these was away from the centre in hospital. During the course of this inspection, all four houses where visited by the inspectors and in total eight residents were met.

It was seen that such residents appeared very happy and relaxed while in their respective houses with one resident indicating to an inspector that they were well. Throughout the inspection staff members on duty were seen to interact with residents in a pleasant, warm and respectful manner which contributed to a positive atmosphere overall in the houses that made up the centre. The overall atmosphere in this designated centre was found to be improved from the previous Health Information and Quality Authority (HIQA) inspection in October 2020 and it was also noted that staff members took great care to try to respond to requests from residents.

For example, one inspector observed how a staff member took the time to explain to a resident a notice that had been issued to the designated centre which announced a virtual meeting that was to be held the day after this inspection where a member of the provider's senior management would discuss with residents from this designated centre and other centres about the resumption of day services. The staff member made sure to communicate this in a way that was consistent with the resident's particular communication needs.

In another house it was seen that a resident requested a haircut and a staff member present made attempts to provide the resident with this. When the resident changed their mind about having their hair cut, this choice was respected by the staff member. Other instances were also seen where staff members sought to offer residents choice. For example, when supporting a resident with their breakfast, a staff member brought two boxes of different cereal to show the resident so that they could pick what they wanted for breakfast.

Some residents were also very involved in the care they received with one resident in particular seen to be very involved in maintaining their health. Guidance in supporting residents' health needs were outlined in their personal plans and since the previous HIQA inspection in October 2020 it was seen that improved person-centred planning had been introduced for the centre which informed such plans. This allowed residents to be more involved in their own personal plans and for

personal outcomes of relevance to residents to be identified.

Examples of personal outcome measures identified included helping residents improve their communication and to re-engage in activities they liked. There were indications that efforts were being made to support residents to achieve these. For example, staff were trying to arrange for a resident to attend a GAA match. It was also noted that since the previous inspection, a number of staff working in the designated centre had completed specific person-centred planning training. This contributed to the improved atmosphere noted and the training provided was commented on positively by some staff members spoken with during this inspection.

Staff were also facilitating group activities in the centre like garden parties and occasions to mark particular holidays such as St Patrick's Day and Easter. An inspector saw videos of such group activities and it was observed that residents were actively engaged in these and appeared to enjoy them. However, while such group activities were a positive aspect of the service provided, other evidence gathered during this inspection indicated that ability of some residents to engage in meaningful, community based activities on an individual basis were limited. A sample of activity records for individual residents across the centre were reviewed during this inspection which indicated that activities occurring for some residents in the centre were basic in nature.

For example, such records listed things like sitting with staff, speaking with peers, watching television and bed rest as activities while on one day a resident was indicated as not having done any particular activity that day. Records reviewed also indicated that some activities for residents did not take place due to staffing considerations while staff members spoken with indicated that they wanted to take residents out for more activities but were unable to do due to limited staffing. Family members had raised complaints around such issues which also reduced residents' choice and control over their daily lives by limiting the range of activities they could participate in.

It was noted though that one resident, who was in receipt of an individualised service, participated in activities away from their home such as playing golf. This resident lived in one house of this centre on their own and it was seen that this house was well maintained and homelike with photos of the resident on display. The other three houses that made up this centre were generally seen to be well maintained and homely but in one house, inspectors did observe a part of the ceiling that was damaged. In addition, in another house an inspector saw that personal files relating to residents were stored in an open press in a communal area. This reduced the privacy of the residents living in this house.

In summary, the ability of residents to engage in meaningfully activities on an individual basis was limited which also served to reduce the choice and control that residents had over their daily lives. While this was an area in need of improvement, the processes for person-centred planning in the centre had noticeably improved. This was aided by the training that had been provided to staff members which contributed to an improved atmosphere in the centre overall.

The next two sections of the report present 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 the service being delivered.

Capacity and capability

While some improvements were found during this inspection, areas which had been identified as requiring improvement on multiple previous HIQA inspections still required further action. The resources provided to the centre, particularly in terms of staffing, was found to be directly contributing to some of these areas.

This designated centre had first been registered by HIQA in March 2018 for three years. During this initial three year period, this designated centre was subject to various regulatory activities by HIQA including four inspections and provider meetings. The inspections that had been carried out since July 2018 found recurrent regulatory breaches particularly in staffing, governance, residents' rights, activities for residents and fire safety. Following the previous HIQA inspection of this centre in October 2020, where such areas were again found to require improvement, the designated centre had its registration renewed until March 2024 but only with two restrictive conditions of registration.

Regulatory breaches relating to fire safety had been found on seven of the eight previous inspections of this centre carried out by HIQA since January 2015. Although the provider had made some improvements over the years in this area, the first of the restrictive conditions applied related to ensuring compliance with Regulation 28 Fire precautions by 31 December 2021. During the current inspection it was again found that this regulation remained non-compliant and, based on the information that was provided during this inspection, it was very unlikely that the provider would ensure compliance by the time frame attached to the restrictive condition.

The second restrictive condition involved the provider adhering to a governance plan submitted by the provider for this designated centre. This governance plan included, amongst others, measures to improve person-centred planning in the centre, the provision of additional training to staff, the establishment of a project team to improve the services provided and the recruitment of an additional person participating in management to aid the overall governance of the centre. The time frame on this condition was initially 30 June 2021 although the provider varied this until 30 November 2021 after receipt of an appropriate registration application.

On the current inspection, it was found that the provider either had or was making ongoing efforts to implement the contents of this governance plan. For example, the majority of staff had received training in person-centred planning and, although not yet in post, active efforts were being made to recruit a new person participating in management for the centre. Such actions by the provider were having positive impacts with person-centred planning found to be much improved compared to the

October 2020 inspection. Despite this, in addition to fire safety, recurrent areas in need of improvement were again found on this inspection.

One of these areas related to the provision of activities for residents. From reviewing records, including activity records and complaints from residents' families, it was noted that some residents were unable to participate in certain activities due to the staffing arrangements in place. This confirmed by some staff members spoken with and was not in keeping with the needs of residents. In addition, when reviewing rosters in the designated centre, it was noted that were some occasions where certain shifts in the centre, including nursing shifts, had not been covered. Such issues had been assessed as being higher risks for this designated centre but it was noted that efforts were being made to recruit additional relief staff for this centre.

It was also seen that the supervision of staff members had improved since the October 2020 inspection while the provider had also reviewed the quality and safety of care and support provided in this centre in January 2021 and July 2021. However, despite these monitoring systems, areas such as staffing, residents' rights, activities for residents and fire safety were found be in non-compliance on this inspection. Given that such issues had also been raised on multiple inspections of this centre over a prolonged period of time, it had not been demonstrated that this designated centre was appropriately resourced to ensure the effective delivery of care and support on a consistent basis. Under the regulations, this is the direct responsibility of the registered provider.

Regulation 15: Staffing

The staffing arrangements in the designated centre were limiting residents' abilities to participate in some activities which was not in keeping with residents' needs. From rosters reviewed it was noted that were some occasions where certain shifts in the centre, including nursing shifts, had not been covered.

Judgment: Not compliant

Regulation 16: Training and staff development

The provision of supervision and training to staff members had improved since the previous inspection.

Judgment: Compliant

Regulation 23: Governance and management

While monitoring systems were in place for this designated centres high levels of non-compliance in some regulations reviewed did not ensure that the services provided were appropriate to residents' needs, consistent and effectively monitored. The recurrent areas of non-compliance found on this inspection and on multiple other HIQA inspections over a prolonged period of time did not provide assurance that this designated centre was appropriately resourced to ensure the effective delivery of care and support on a consistent basis.

Judgment: Not compliant

Regulation 34: Complaints procedure

Records of complaints made were maintained which described the nature of the complaints made and actions taken in response to these.

Judgment: Compliant

Quality and safety

Fire safety remained an area in need of improvement. Good practice was found in relation to the provision of healthcare and infection prevention and control.

All four houses which made up this designated centre had fire alarms, emergency lighting and fire extinguishers in place. Such fire safety systems were being serviced regularly by external contractors to ensure that they were in proper working order. Fire drills were also being carried out at regular intervals to ensure that residents, in as far as possible, knew what to do in the event that an evacuation was required. Guidance on supporting residents' to evacuate was contained within personal emergency evacuation plans while records reviewed indicated that staff had undergone training in fire safety.

However, it was found on this inspection that appropriate fire containment measures were not present in one house of this designated centre. Such measures include the provision of fire doors and are important in preventing the spread of fire and smoke while also providing a safe evacuation route in required. While fire doors were present in the other three houses that made up this designated centre, the inspectors did observe that some of these doors required review to ensure that they were operating as intended. It was also noted that internal safety checks carried out by staff members working in these houses had raised issues regarding the maintenance of such fire doors going back to December 2020 but these had not yet been appropriately addressed.

While fire safety remained an area in need of improvement, it was seen that appropriate measures were in place to prevent the spread of any infectious diseases such as COVID-19. For example, hand gels was available throughout the four houses of the designated centre, staff were observed to wear personal protective equipment (PPE) and any visitors to the centre had to sign in and check their temperature before entering. From reviewing records in the centre, it was noted that relevant training in areas such as hand hygiene and the use of PPE had been provided to all staff members working in the designated centre.

Such records also indicated that staff had undergone safeguarding training and no concerns in this regard were identified during this inspection. It was seen that guidance on supporting residents with their intimate personal care was available within residents' personal plans which is important in safeguarding residents' dignity and bodily integrity. Also contained with residents' personal plans was information on supporting residents with their assessed health needs. During this inspection it was found that residents were being supported to enjoy the best possible health with access to relevant health and social care professionals facilitated where required.

Regulation 13: General welfare and development

Opportunities for some residents to engage in meaningful activities on an individual basis were limited.

Judgment: Not compliant

Regulation 17: Premises

This designated centre was generally seen to be homely and well maintained but a part of the ceiling in one house was observed to be damaged.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk assessment had not been put in place following a compliant raised regarding the ability of emergency services to access some houses of the designated centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate measures, including training and the provision of PPE, were in place to prevent the spread of any infectious diseases such as COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire containment measures were not provided in one house of this designated centre. While the other three houses did have fire containment measures in place, it was observed that some fire doors required review to ensure that they were working appropriately. Internal staff checks had high;lighted issues around the maintenance of such doors going back to December 2020 but these had not been appropriately addressed at the time of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans which provided guidance on support their needs. Residents were involved in the development of such plans via a much improved person-centred planning process where personal outcomes were identified.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy the best possible health with access to relevant health and social care professionals facilitated where required

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during the current inspection with all staff having undergone relevant training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' choice and control over their daily lives was reduced due to limits on the range of activities they could participate in. Personal information relating to residents was seen to be stored in an open press in a comunal room on one house.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for East Limerick Services OSV-0004779

Inspection ID: MON-0031477

Date of inspection: 14/09/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Recruitment is taking place in a very challenging and competitive environment. Two new recruits have commenced in October and two further candidates are being progressed. • PIC continues to submit to HR further job applications for the East Limerick Service. • PIC is linking with A/DON, Bawnmore, to review current roster and support around enhancing clinical and managerial oversight in all houses. This is to ensure the best use of current staff. • Bawnmore management team provide supports with covering nursing and HCA shifts that cannot be covered within the East Limerick Service area. • In the event of staff shortage in Doon, the daily shift planner is reviewed to ensure all houses have support required at pivotal times during the day. • A second recruitment campaign is underway for the post of Head of Integrated Services. Frist round interviews are taking place on the 15th of October. • A business case will be prepared to request additional day time supports that will focus on individualized, community based activities for residents. This will be submitted to the funder for approval. **The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.**	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • PIC linking with HR to progress recruitment of staff. • A second recruitment campaign is underway for the post of Head of Integrated	

Services. Frist round interviews are taking place on the 15th of October.
• A business case will be prepared to request additional day time supports that will focus on individualized, community based activities for residents. This will be submitted to the funder for approval.
• PCP project team will continue to monitor the role out of the PCP process within East Limerick. The next meeting of the steering group is scheduled for 28th October 2021
• In the interim the ADON is providing support to the PIC.
• Fire Safety engineer has visited the three houses that are collocated and will link with Facilities manager to agree necessary upgrades.
• Alternative accommodation is being sourced for current resident in one house. This will allow for necessary upgrade works to take place in respect of fire. The specification work has been completed that identifies the necessary work to be carried out.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• A business case will be prepared to request additional day time supports that will focus on individualized, community based activities for residents. This will be submitted to the funder for approval.
• PIC has commenced review of activities in each house to ensure optimal use of available staff support for individualized and community based activities.
• PCP priorities will be reviewed to ensure they adequately support any gaps in the roll out/implementation of activities. Barriers to the implementation of activities will be identified and a risk assessment completed in the event that staffing is identified as an additional control required.
• PCP project team will continue to monitor the role out of the PCP process within East Limerick. The next meeting of the steering group is scheduled for 28th October 2021
• Weekly Person supported meetings will involve review of individual's activities over the previous week. This will highlight any gaps for individuals, such as lack of community engagement, individualized activities, and range of activities.
• CNM1 will support weekly meetings. PIC will meet with CNM1 to determine how best to support and review this process. Weekly house meetings will give residents choice in the range of activities available or to identify new activities.
• PIC is linking with A/DON to review roster and support around how best to utilize nursing and CNM1 cover.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: • Facilities Manager has linked with company to progress repairs to roof. Internal repair to ceiling will also be arranged. • Fire Safety engineer has visited the three houses that are collocated and will link with Facilities manager to agree necessary upgrades. • Alternative accommodation is being sourced for current resident in one house. This will allow for necessary upgrade works to take place in respect of fire. • The specification work has been completed that identifies the necessary work to be carried out to achieve fire compliance.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • PIC will develop risk assessment following a complaint raised regarding the ability of emergency services to access one house.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire Safety engineer has visited the three houses that are co-located and will link with Facilities manager to agree necessary upgrades. • Alternative accommodation is being sourced for current resident in one house. This will allow for necessary upgrade works to take place in respect of fire. • The specification work has been completed that identifies the necessary work to be carried out to achieve fire compliance. **The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.**	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Personal information in one house has been removed and is now stored in a locked press. • A business case will be prepared to request additional day time supports that will focus on individualized, community based activities for residents. This will be submitted to the funder for approval. • PIC has commenced review of activities in each house to ensure optimal use of available staff support for individualized and community based activities. • PCP priorities will be reviewed to ensure they adequately support any gaps in the roll out/implementation of activities. Barriers to the implementation of activities will be identified and a risk assessment completed in the event that staffing is identified as an additional control required. • PCP project team will continue to monitor the role out of the PCP process within East	

Limerick. The next meeting of the steering group is scheduled for 28th October 2021
• Weekly Person supported meetings will involve review of individual's activities over the previous week. This will highlight any gaps for individuals, such as lack of community engagement, individualized activities, and range of activities. CNM1 will support weekly meetings. PIC will meet with CNM1 to determine how best to support and review this process. Weekly house meetings will give residents choice in the range of activities available or to identify new activities.
• PIC is linking with A/DON to review roster and support around how best to utilize nursing and CNM cover.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/03/2022
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	31/03/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Not Compliant	Orange	31/03/2022

	number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
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.	Not Compliant	Orange	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Not Compliant	Orange	31/12/2022

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	31/03/2022

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2022