



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

## Issued by the Chief Inspector

Name of designated centre:	Castlefield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	09 February 2023
Centre ID:	OSV-0005237
Fieldwork ID:	MON-0038933

## About the designated centre

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

Castlefield group is a community residential service providing adult residential accommodation for up to thirteen ladies and gentlemen with intellectual disabilities across three residential locations in West Co. Dublin. The houses are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The first location currently provides accommodation for four ladies, the second for four gentlemen, and the third for five ladies. The first location is a semi-detached house on a small cul-de-sac. It comprises of five single occupancy bedrooms one of which is used as a staff office and sleepover room. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The second house has five bedrooms and a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The third unit is a six bedroom semi-detached house in a cul-de-sac. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. Residents are supported by a person in charge, social care workers and healthcare assistants, and staff support is available 24 hours a day, seven days a week. The staff team provides a variety of supports for residents who in some cases are of an aging profile.

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

Number of residents on the date of inspection:

13

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 9 February 2023	09:00hrs to 14:45hrs	Marie Byrne	Lead
Thursday 9 February 2023	09:00hrs to 14:45hrs	Michael Keating	Support

## What residents told us and what inspectors observed

This risk based unannounced inspection was completed to follow up on the actions outlined by the provider following a number of inspections in 2022, and following receipt of unsolicited information in the form of in the form of concerns submitted to the Chief inspector about residents' rights, premises, staffing, and governance and management in the centre.

During this inspection, the inspectors of social services found that while there were significant improvements in the levels of compliance with the regulations, the provider needed to take a number of additional steps to ensure that residents were in receipt of a good quality and safe service. These actions included a review of staffing numbers in line with residents' needs to ensure that there were sufficient numbers of staff to meet the number and needs of residents. Actions were also required to ensure the premises were fully meeting residents' needs, and some improvements were required in relation to governance and management in the centre. These areas will be discussed further later in the report.

Castlefield group is comprised of three community houses close to each other in West County Dublin. Each house is close to a variety of public transport links and there are a number of vehicles available to support residents to access activities they find meaningful in their local community. Some residents were regularly attending day services and one resident was working in a local shop.

The inspectors used observations, discussions with residents and staff, and a review of documentation to ascertain the lived experience of residents in the centre. Inspectors visited each of the three houses that made up the designated centre during the inspection and had an opportunity to meet and engage with nine residents.

On arrival, both inspectors found that some residents were preparing to go, or had left for day services. One resident was just leaving his house to go to work and told an inspector about how much they were enjoying their new job as they left. In each of the houses residents were making plans for the day, including attending appointments and going shopping.

In one of the houses three residents were eating breakfast and getting ready for their day ahead. They each greeted the inspector and communicated with them using their preferred communication methods. Each of them appeared relaxed and comfortable in their home. They were directing their care and support. An inspector observed staff supporting them in a discreet and person-centred manner throughout the inspection. Staff were observed to knock before entering residents' bedrooms or bathrooms. One resident spoke with an inspector about their involvement in the planning of a new advocacy group for community houses run by the provider in their area. They spoke about their plans to hold meetings in the boardroom.

In another house, one resident had just left for day services and three residents were at home. They each had plans for the day including attending appointments. They welcomed the inspector and proudly showed them around their home. After this they asked the inspector to join them for a chat at the kitchen table, and one resident made them a cup of tea. They chatted about holidays they had enjoyed, things they liked to do, and things they had to look forward to. One resident spoke about visiting a family member abroad at Christmas and about how much they were looking forward to seeing them again soon. Residents also spoke about how much they enjoyed arts and crafts and making puzzles. Two residents showed an inspector a large jigsaw they had made together and spoke about how long it took them and how much they enjoyed doing it together. They had an arts and crafts and games corner in the living room with lots of different options of things to do. They had also painted a large Mural with staff on the back wall in the garden during the pandemic. It was bright, and colourful and they spoke about how hard things were at times when they could not leave the house due to restrictions relating to the pandemic. They also spoke about how nice it is to get back out doing things they enjoyed in the community and spending time with their family and friends.

In another house there were three residents at home when the inspectors visited. One resident was sitting at the kitchen table writing and chatting to staff and the other two residents were relaxing watching television in the living rooms. Later two residents spent time together in one of the living rooms. They talked about being friends for many years and shared stories about their families and their favourite things to do. They talked about their mobile phone, tablet computers and favourite television shows.

One resident had indicated that they wished to move from the designated centre to alternative accommodation. A psychology referral had been made and a multidisciplinary team meeting had been held to explore their wishes and preferences. The human rights officer has also been involved in the process. From speaking with staff and reviewing documentation in the centre the rationale behind the psychology referral was to establish if the resident still wants to move from the centre. They were reported to be very excited and involved in the renovations in their current home.

Kind, warm and caring interactions were observed between residents and staff throughout the inspection. Regular staff were found to be highly motivated to ensure that each resident was happy and felt safe in the centre. They spoke very fondly of residents and took the time to tell inspectors all about residents' talents, wishes and preferences. They were observed to be very familiar with residents' preferred communication styles. They took the time to listen to residents and were observed to pick up on their non-verbal cues. In two of the houses regular relief staff were on duty. Inspectors found that they were familiar to residents and that residents appeared very comfortable in their presence, and to seek them out for support. They were both found to be familiar with residents' care and support needs. While there was evidence that continuity of care and support had improved since the last inspection, due to the number of staff vacancies this was not always

proving possible.

The results of a recent annual survey completed by residents was reviewed in one of the houses. Residents again raised some concerns in relation to the design and layout of the premises. For example, one residents continued to be dissatisfied with the size of their bedroom. However, a number of actions had been progressed by the provider including a review by an interior designer. Plans had been drawn up to improve storage for the resident both in their bedroom and in the shed.

Feedback from residents was positive in their annual surveys in relation to support with accessing their finances, the safety of their belongings, their choice in relation to what and when they eat, visiting arrangements in the centre, access to their local community. They also referred to how staff listened to their concerns or complaints and supported them to make daily choices.

At the time of this inspection the provider was in the process of renovating two ensuite bathrooms to make them more accessible in line with residents' changing needs. In addition, new kitchens were due to be installed in two of the premises with works due to commence the week after the inspection. A number of residents described their input into the changes the works that were being completed. For example, one resident described their involvement in picking the counter top and the colour of their new kitchen that was due to be installed the week after the inspection. An additional communal space had been created in one of the houses since the last inspection, and residents had moved to different bedrooms. A number of residents and staff described the positive impact this had made in the house.

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

There had been a number of inspections in the centre in 2021 and 2022 where continued non compliance with the regulations were having a negative impact on the lived experience of residents in the centre. A number of regulatory actions and decisions were made during this time including the issue of a notice of proposed decision to refuse the registration renewal of the designated centre by the Chief Inspector of Social Services, the addition of restrictive condition to the registration of the designated centre in relation to Regulations 17 and 9, and the issue of a warning letter by the Chief Inspector of Social services. At each step of the process the provider submitted comprehensive plans which were followed up on the inspections in the centre. Incrementally, improvements were noted during inspections in 2022 resulting in improved outcomes for residents.

The findings of this inspection were that the improvements brought about by the

provider since the last inspection were having a positive impact for residents living in the centre. The provider was identifying areas for improvement and tracking actions to bring these about. However, some further improvements were required in relation to staffing, the premises and monitoring and oversight in the centre.

There was evidence of improved oversight in the centre both by the provider and the person in charge. Staff were in receipt of training and refresher training in line with the provider's policies and procedures. For the most part staff were in receipt of formal supervision in line with the schedule. However, some improvements were required to ensure that staff were fully supported to carry out their roles and responsibilities to the best of their abilities. The provider informed inspectors that they had plans to further strengthen oversight and a management presence in the houses, and to decrease the size of designated centres moving forward.

Overall, the findings of this inspection was that there were not enough staff to meet the number and needs of residents in the centre. This was further confounded by the fact that a number of residents were presenting with rapidly changing needs in the centre. While staff were found to be highly motivated to support residents in line with their changing needs, this was proving difficult due to restraints relating to staffing numbers. For example, on the morning of the inspection one of the houses was single staffed. One resident required a lift to day services and two residents had appointments with their physiotherapist and general practitioner. While some residents had risk assessments to stay home and access their community independently, others preferred to be supported by staff. As a result, inspectors were informed that residents were sometimes going with staff to other residents' appointments.

Despite ongoing recruitment campaigns the provider had not been able to recruit to fill some staff vacancies in the centre since the last inspection. There were three vacancies and the provider was still in the process of completing a staffing review to determine if additional staff were required to meet residents' assessed needs. Inspectors were informed that this process had been delayed, but that it was planned after the inspection. While it was evident that the provider had made every effort to ensure continuity of care and support for residents, this was not providing possible due to the number of staffing vacancies.

Monthly staff meetings were now being held in each of the houses. These were well attended and inspectors were informed that staff could add agenda items as required. From the sample reviewed agenda items included complaints and compliments, residents quality of life and plans, risk management, health and safety including fire safety, incidents, staff training, audits, safeguarding, infections prevention and control, policies, procedures and guidelines, staffing, and any other business.

## Regulation 15: Staffing

From reviewing rosters and speaking with residents and staff, inspectors found that

there were not enough staff to meet the number and needs of residents in the centre. A number of staff voiced their concerns to inspectors in relation to staffing numbers in the centre and the impact of this on their availability to provide care and support for residents. For example, they spoke about having reduced time to spend with residents and having difficulties supporting some residents to reach their goals. They discussed the need for increased support hours in some of the houses in line with residents' assessed needs. Inspectors found that while the provider was aware of this, they had not been successful in their recruitment drives and had not progressed the planned staffing review in the centre. Inspectors were informed that this staffing review was planned after the inspection and that area specific recruitment drives were planned.

Inspectors found that improvements had been made to the maintenance and upkeep of rosters since the last inspection. Some improvements were also noted in terms of continuity of care and support for residents. There was evidence that regular relief were covering shifts in some of the areas. However, a large volume of shifts were still being covered by different relief staff and some agency staff in other areas. For example, from the sample of rosters reviewed, in one of the houses there were weeks where relief staff were completing more hours than regular staff, and in another one of the houses for some weeks reviewed up to five different relief staff were covering shifts.

Judgment: Not compliant

## Regulation 16: Training and staff development

A training needs analysis had been completed by the person in charge since the last inspection. A training tracker identified mandatory training and specific training in line with resident's assessed needs. A number of staff had recently completed mandatory trainings such as fire safety awareness, and five staff were scheduled for manual handling training just after the inspection. Each staff member now had a file on site to show what training they had completed, and the dates they were due to complete refresher training. Some of the additional training which staff had completed since the last inspection included human rights training, and communication training. A number of staff described the positive impact that training such as human rights training had made in how they thought about their roles and responsibilities and in how they supported and encourage residents to make choices and take control of decisions.

There was a supervision schedule in place for 2023 with three meetings scheduled for each staff. From a sample of supervision records reviewed, staff's roles and responsibilities including their keyworker roles were discussed. Two staff who spoke with the inspector had not had supervision in line with the schedule, but inspectors were informed these were scheduled for just after the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had taken a number of steps to improve oversight and monitoring in the centre since the last inspection. For example, improvements were found in relation to the oversight of complaints, safeguarding, residents' finances, and staff training in the centre. Overall, the inspectors found that the provider required time to implement planned improvements in the centre in order to further improve the quality and safety of care and support for residents. For example, there was an audit schedule in place and this required more time to be fully implemented.

The centre remained under resourced in terms of staff, and inspectors also found that improvements were required to the systems in place to support, develop and performance manage staff to exercise their responsibility for the quality and safety of service they deliver. The provider outlined their upcoming plans to inspectors which included changing the size of designated centres and further improving monitoring and oversight in centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy and the complaints procedure was available in an easy to read format in each of the houses. There was also a picture of the complaints officer and human rights officer on display in the houses.

There were systems in place for the oversight of complaints, including a complaints register and evidence of review and response to complaints by the management team. From reviewing a sample of complaints residents and their representatives were being supported and encouraged to make complaints.

Judgment: Compliant

### Quality and safety

Overall inspectors found that the actions taken by the provider in 2022, and in 2023 so far were having a positive impact for residents living in the centre. These included supporting two residents to transition from the centre in line with their changing needs and will and preference. This had resulted in the removal of a

multioccupancy bedroom in one the houses and the creation of an additional communal space for residents in one of the houses. In addition, it had afforded another resident the opportunity to move to a ground floor bedroom in line with their changing needs. As previously discussed, works were occurring on bathrooms in one of the houses and works were due to commence in two of the kitchens just after the inspection.

Overall, the three premises were found to be warm, clean, and homely. Shared spaces were homely and appeared comfortable. Residents were observed during the inspection to spend their time in their preferred spaces. Residents' had their own bedrooms which were decorated to their own tastes and contained personal possessions and furniture. Photos and art work were on display throughout the houses, and soft furnishings contributed to how homely and comfortable the houses appeared. There was limited private and communal spaces available for residents in two of the houses. Inspectors were informed that the provider was aware of this and had engaged the services of an interior designer to make the most of the available spaces.

Residents were busy and had things to look forward to. Those who spoke with inspectors said they were happy and felt safe in their homes. They were complimentary towards the staff team. There was evidence of increased oversight and procedures in place to safeguard residents' finances. Residents had access to information on the complaints process and on how to access independent advocacy services. Residents' meetings were occurring regularly. A number of residents talked to inspectors about what they would do if they were not happy or if they did not feel safe in the centre.

The provider had taken a number of steps to ensure that residents were more involved in decisions relating to their care and support and the organisation's human rights officer had completed a number of audits and reviews in the centre, and was supporting some residents in the centre at the time of the inspection.

## Regulation 12: Personal possessions

Inspectors reviewed a sample of records that demonstrated residents' involvement in the management of their own finances. Daily financial checks were place in each of the houses to ensure residents' finances were safeguarded. This now formed part of staff handover in the houses. There was also evidence of financial audits and oversight of these by the local management team.

Overall, residents were supported to retain control of their personal belongings. One resident was in the process fo being supported to get additional storage for their belongings at the time of the inspection. Residents were supported to do their own laundry if they wished to.

Judgment: Compliant

### Regulation 17: Premises

The renovation of two ensuite bathrooms in one of the premises had commenced at the time of the inspection and the renovation of two kitchens was due to commence the week after the inspection.

While improvements had been made to the premises in the centre, communal space remained limited in the kitchen in two of the houses. Inspectors were informed that an interior designer had reviewed the spaces and that as part of the renovation of these two kitchens new seating was being installed to make the most of the available space. In addition, one downstairs bathroom had limited space for time when one resident required support with their personal and intimate care. There also remained an absence of private space for residents to spend time with their visitors if they wished to in two of the houses.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean in each of the houses, and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Compliant

### Regulation 8: Protection

Overall, the findings of this inspection were that the registered provider was supporting residents to develop their knowledge, self-awareness and skills for self-

care and protection.

Allegations and suspicions of abuse were being reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

Judgment: Compliant

### Regulation 9: Residents' rights

Weekly residents' meetings were occurring and agenda items included activities, goals, complaints, safeguarding, advocacy, planned works in their home, rosters and staffing, and human rights including the FREDA principles. Information was available and on display in the houses in relation to human rights, complaints, and on how to access independent advocacy services.

As previously mentioned one residents described their involvement in planning for the development of a local advocacy group. A number of residents also described their involvement in planning changes and renovations to their home to inspectors.

Residents and their representatives input on the quality and safety of care and support was being sought through the complaints and compliments procedures and in annual satisfaction surveys. A number of staff had completed human rights related trainings since the last inspection, and described how this impacted how they thought about residents' rights and the importance of supporting them and encouraging them to make choices and decisions in their day-to-day lives.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Castlefield Group - Community Residential Service OSV-0005237

Inspection ID: MON-0038933

Date of inspection: 09/02/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The PIC will undertake an weekly audit of rosters ,which will be reviewed monthly by PIC /PPIM.</p> <p>The Registered Provider is continuing to recruit for all vacancies within the centre, A recruitment day has also been organized for March 2023.</p> <p>The provider has committed to undertaking a staffing review with Human Resources department to ensure skill mix and numbers are appropriate to the needs of the centre. This will be reflected in the staffing in the Statement of Purpose.</p> <p>The PIC has added an additional section to the daily shift plan to ensure that the names and grades of relief and agency staff are recorded on the roster. This will also include the name of the agency, where applicable, employing the individual.</p>	
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 provider has identified actions through their six-monthly audits and these actions will be completed within noted timeframes by staff identified on the plan.</p> <p>The provider has committed to undertake all work identified within the premises .</p> <p>The PPIM has weekly visits to the centre and has scheduled monthly meetings with the PIC</p>	

The PIC has assigned dates and times for monthly Staff meetings so that they can be added to the off-duty schedule, encouraging greater employee participation. Staff teams are represented at Governance and Oversight meetings

The PIC has scheduled supervision meeting for all staff members for 2023.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The Provider has identified all maintenance work which needs to be completed throughout the centre.

Two en-suites have been completed in one area with full fixtures and fittings.

The provider is currently renovating the kitchens in 2 areas within the centre.

Garden works are due to be carried out in the centre which will improve accessibility

An interior decorator is drawing up plans for the renovation of one bedroom for one person supported which will incorporate the garden shed for storage.

The PIC and PPIM carry out walk throughs of centre to identify any areas which require improvement.

Areas have been identified in the house which supports residents to meet visitors in private

## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/06/2023

	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.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their	Substantially Compliant	Yellow	30/06/2023

	personal and professional responsibility for the quality and safety of the services that they are delivering.			
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