



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

Issued by the Chief Inspector

Name of designated centre:	Monaghan Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	21 May 2024
Centre ID:	OSV-0005310
Fieldwork ID:	MON-0035483

About the designated centre

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

The centre comprises a large two-storey detached house with five bedrooms, located close to the amenities of the local town. It provides residential care for four adults with low support needs, and there are no gender restrictions. Each resident has their own bedroom, and there are various communal areas, including a functional outside area with a seating area for the residents. The centre is staffed by support workers from early afternoon, with staff sleeping over and providing morning supports. There is support for full days over the weekends. Residents have access to a number of local amenities, such as shops, social clubs, and restaurants.

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
Tuesday 21 May 2024	10:25hrs to 18:50hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were very positive. It demonstrated that residents were happy and content in their home, enjoyed a good quality of life and their individual choices and decisions were being supported and encouraged by the person in charge and the staff team.

However, some minor improvements were required to the premises with regard ensuring all areas were able to be cleaned and were clean, and there were some areas identified by the provider that were awaiting completion with no date provided. These areas will be discussed in more detail later in the report.

The inspector had the opportunity to meet three of the four residents that were living in the centre. During the course of the inspection, the three residents attended their external day programme and then returned later in the day.

One resident explained to the inspector that they liked to only attend the day programme in the mornings and leave after the break. This preference was respected by the staff team. When they returned to the centre they chatted to the person in charge about their day and what they had purchased for their lunch. They chose not to speak with the inspector about what it was like to live in the centre other than to say they were happy. Instead, they wanted to talk about a favourite country of theirs and explained that they had visited it many times and have family there. They were very excited about going to visit their family there in 2024.

The remaining two residents spoke with the inspector and communicated that they were happy and had no concerns. They knew how to raise a concern if they had one. They said if they were unhappy that they would tell staff, the manager or their family. They felt that staff were accommodating to their preferences, for example if they changed their mind about what they would like for dinner on a particular evening. They both communicated that they felt safe. One stated that it was great living in the centre and the other said it was a comfortable and safe environment. They felt that they were involved in how their rooms were decorated. For example, one resident told the inspector that they picked the paint colours for their room and the bed covers. They explained they loved flowers and that is why they chose the bed covers that were decorated with flowers. One resident described to the inspector what a normal week was like for them. They attended many clubs and classes, for example bowling and Special Olympics.

On the evening of the inspection residents activities ranged, depending on the residents' choices, from relaxing watching television, going for a walk and doing an aqua aerobics class.

Over the course of this inspection, the inspector observed the staff member on duty and the person in charge to use relaxed and respectful communication when speaking with the residents. For example, the person in charge asked for the

residents' consent as to whether they wished to speak with the inspector and let the inspector view their room.

Residents were observed to appear very relaxed and comfortable in their home and in the presence of staff. For example, residents moved freely around the house going to their rooms, watching television or making food for themselves. They were observed on different occasions to chat to staff and smile.

The provider had arranged for staff to have training in human rights. One staff member spoken with said that the residents have the same human rights as everyone. They communicated that prior to having the training that they felt they may have over supported the residents when undertaking tasks, which could limit their independence. Now they involve the residents in choices about their lives. They went on to say that the residents have the right to refuse and that their decisions should be respected.

The inspector observed the house to be very tidy. Each resident had their own bedroom and there was adequate storage facilities for personal belongings. They were individually decorated to suit the preferences of each resident. For example, one resident had a material head board for their bed that complimented the colour of their feature wall. Their family had recently commented that the resident's room looked like a four star hotel bedroom.

There were lots of televisions for residents to watch separately if they wanted space. Additionally, there were exercise bikes in the sun room for residents to use as one method for exercise.

There was a front and back garden accessible to the residents. There was garden seating available and a swing bench in the back garden for use in good weather. There was an outside garden room which could be used as a private visiting space.

The provider had sought residents' and family representatives' views on the service provided by way of the six monthly unannounced visits and also questionnaires as part of the annual review. Residents communicated that they liked living in the centre. One stated that they love their home and another communicated that they liked it in the centre, that staff help them with their health needs and that the staff and manager were funny. Communication received from family representatives demonstrated that people were very happy with the service. For example, one family member said that the staff were excellent and another said that the staff were very friendly.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by the resident themselves with support from staff. They replied for each question that they were happy with all aspects of the care and supports provided in the centre. Some residents elaborated on their answers, for example one resident said that staff were so nice, pleasant and very kind to them and always there when they needed them. Another said that they liked living in their home.

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

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in June 2022 where an infection protection and control (IPC) only inspection was undertaken. It was observed at that inspection that for the most part there were good arrangements and practices in place to manage infection control risks. Any actions from the previous inspection had been completed by the time of this inspection.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. For example, there was a full-time person in charge and the provider completed six monthly unannounced visits to the centre to assess compliance levels.

There were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal supervision and had access to training, such as medication management.

The inspector reviewed a sample of rosters and they indicated that there were sufficient staff on duty to meet the needs of the residents.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were a qualified social care worker and they were employed in a full-time capacity within this centre. They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed the support strategies in detail that one resident required around their anxiety.

A staff member spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over a three month period from April to June 2024. They demonstrated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents. There was a planned rolling three week roster in place and an actual roster maintained by the person in charge.

Staffing arrangements, such as workforce planning, took into consideration any changing or emerging needs of residents. For example, the inspector observed that on occasion the start time for a staff to be on duty may be earlier if there were appointments that residents required support with. There was an established staff team and relief panel in place which ensured continuity of care and support to residents.

From speaking with one staff member and the person in charge the inspector found that they were familiar with the residents care and support needs. The residents appeared comfortable in their company, for example they were observed chatting easily with the staff.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the training matrix and a sample of training certification for all staff, staff received training in order for them to carry out their roles effectively. For example, staff were trained in areas, such as fire safety training, safeguarding adults, first aid responder, medication management and a range of training related to the area of IPC.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed three staff supervision files. They demonstrated that the supervision arrangements were occurring in line with the provider's policy. They were found to facilitate staff development and opportunities for staff to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management systems in place. There was a defined management structure in the centre which consisted of a person in charge and the regional manager who was the person participating in management for the centre.

There was an on-call system in place for evenings and weekends for the organisation for when staff members required assistance or advice. The list describing who was on-call each evening was displayed on the staff notice board. The inspector observed the completed list from April to August 2024. One staff spoken with was clear as to the lines of reporting including the on-call system when required.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations.

There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. For example, the person in charge completed weekly oversight checks and monthly reviews. This was to ensure that any identified issues would be rectified or escalated within in a timely manner. An example of some of the areas reviewed included cleaning, finances and medication. In addition, a IPC audit was completed by an IPC practitioner in 2023 .

From a review of the most recent team meetings since January 2024, they demonstrated that they were taking place monthly and incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the complaints procedure, it was evident that there were adequate arrangements in place for dealing with complaints. For example, there was a complaints policy, and associated procedures in place. An accessible version of the policy was available for residents, and a copy of the complaints process was displayed in a prominent position in the back hall. Additionally, there were designated complaints officers nominated.

There were six complaints in 2023 and one to date in 2024. Any complaints made had been suitably recorded, reviewed and resolved.

The centre had received two compliments from family representatives since the start of 2024. As previously stated a family representative complimented the standard of the resident's bedroom. Another thanked staff for taking good care of the resident's

wellbeing and health.

From a sample of team meetings, such as July and October 2023, the inspector observed that any complaints made were discussed at the team meetings for shared learning and consistency among the staff team.

Judgment: Compliant

Quality and safety

Overall, the inspection found that the residents were receiving a good standard of care that promoted and respected their independence, views and wishes. However, as previously stated some improvements were required in relation to the premises.

The inspector observed the premises was tidy and for the most part clean and in a good state of repair. There were some works self-identified by the provider that were outstanding, for example some painting.

Residents were being supported with their healthcare and emotional needs and were being communicated with using their preferred communication methods. Residents had access to allied health professionals as required. For example, residents were facilitated to access national screening programmes as required.

The inspector reviewed restrictive practices in use in the centre, for example a bank card was stored in the staff office. This was assessed as necessary for the safety of the resident and subject to review.

From a review of the safeguarding arrangements in place, the provider had arrangements in place to protect residents from the risk of abuse, for example staff had received training in adult safeguarding.

Residents' rights were found to be respected in the centre, for example through monthly meetings with them. Residents were supported to have meaningful days and encouraged to be members of their community in line with their personal preferences.

There were systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place. Additionally, there were suitable fire safety management systems in place, which were kept under ongoing review. For example, the fire detection and alert system was serviced quarterly by an external professional.

From a review of medicines management, the inspector observed that there were suitable arrangements in place. For example, medicines received by the centre from the pharmacy were counted on a stock control sheet.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. Easy-to-read documentation was used by staff to support residents to understand information provided to them. For example, on safety in the community and the safe cross code. Measles was discussed at a time when there was an increase in the community.

The person in charge communicated that there was a plan to submit a private referral for a speech and language therapy (SLT) assessment for one resident. This was in order to assess what supports they may need to better support their communication. Another resident had recently received a copy of an SLT assessment that had been completed for them. The person in charge was in the process of reviewing the report with a view to implementing the recommendations made. This was to ensure that the resident was supported appropriately with their receptive and expressive language skills.

From a review of three residents' files, the inspector observed that there was documented information on how the residents communicated in order to guide staff to effectively communicate with them.

In addition, the inspector observed that the residents had access to the radio, televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to attend courses that may be of use or interest to them. For example, one resident was participating in an educational programme that built on their knowledge of numbers and shapes. The aim was to support this resident to have more independence regarding their finances. All four residents had participated in fire safety training in 2023. In addition, two residents were in paid employment.

Residents were also provided with educational information and discussions through the monthly team meetings. For example, in February 2024 the breast check screening programme was discussed.

The inspector reviewed the activity planners for two residents from February to May 2024 that demonstrated their daily recreation and activities that they participated in. From the sample reviewed, residents were observed to participate in activities based on their interests, for example going out for food, attending dance classes, going to mass and going for day trips.

Residents were encouraged and facilitated to keep in contact with their boyfriends and family through visits. For example, one resident went for a weekly lunch date with their boyfriend.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be tidy and for the most part clean. The house was observed for the most part to be well maintained on the day of this inspection. There was adequate space for the residents, for example there were multiple communal areas. Each resident had their own bedroom. They were decorated in line with the residents' preferences, for example there was personal pictures, medals and trophies that the residents had won that were displayed in their bedrooms.

Residents had access to cooking and laundry facilities. Residents were encouraged to make use of the kitchen to cook their meals and one resident made dinner for themselves and another resident on the day of the inspection.

However, the inspector observed that some areas required further cleaning or repair to ensure they could be cleaned effectively. For example, there was some build-up of limescale on some bathroom taps and a resident's shower head, and the water closet (WC) radiator surface was peeling and rusting on the bottom.

Some mildew was observed around the door in the visitors room and around the window of a resident's en-suite. Mildew has the potential to impact on a person's health.

Some areas had been self-identified by the provider; however, at the time of this inspection there were no set dates for completion. For example, some touch-ups of the paint work to some areas internally and externally, such as the skirting boards of the WC. Other examples of outstanding work to be completed was a mechanical ventilation system was to be explored for the visitor room and utility room to help mitigate the growth of mildew.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were adequate systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available.

A risk register was maintained for the designated centre which was reflective of the

presenting risks. There were risk assessments completed for identified risks, for example:

- lone working
- infection prevention and control with regard to respiratory illnesses
- fire safety

Risks specific to individuals, such as a resident staying in the centre alone, had also been assessed and control measures identified.

The inspector reviewed incidents that occurred in the centre, for example the six incidents that occurred since January 2024. They were found to be suitably recorded, escalated if required and responded to. Learning from incidents was shared with the staff team where appropriate.

The centre's vehicle was observed to be taxed, insured and was booked in for a national car test (NCT) on 30 May 2024. Staff completed a monthly vehicle review and the inspector reviewed a sample of the reviews from January to April 2024. This was to aid with identifying potential issues with the vehicle to ensure they would be addressed in a timely manner were required.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff completed a range of daily and monthly fire safety checks, for example to ensure escape routes were clear for evacuation if required. The provider had arranged for self-closing devices to be fitted to the upstairs fire containment doors since the last inspection. This would ensure that the doors would close by themselves to support with the containment of a fire if one were to occur.

The inspector reviewed all four of the residents' personal emergency evacuation plans (PEEP) and they were observed to be up to date and provided clear information to guide staff regarding any evacuation supports required. Quarterly fire evacuation drills were taking place and the inspector reviewed the documentation of the last four drills. They contained details of scenarios used that recorded the possible source of the fire. They recorded what door was used for evacuation in order to demonstrate that residents could be evacuated from different parts of their home. An hours of darkness drill was observed to be completed with maximum resident numbers and minimum staffing to demonstrate that staff could safely evacuate residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were adequate arrangements in place for medicines management within the centre. Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored in a locked medication box located in each resident's bedroom.

From a sample of two residents' medication self-assessment documentation, the inspector found that person in charge had ensured that each resident was encouraged to take responsibility for their medicines, following an assessment of capacity and risk assessment.

The inspector observed, from a review of two residents' medicines documentation that an up-to-date prescription was on file for the residents that listed the details of the medicines they were prescribed. Medicines were observed to have pharmacy labels attached to support correct administration as prescribed.

The inspector reviewed two residents' medication stock counts in the presence of the person in charge and the stock was observed to be correct. This demonstrated that medicines were being administered as prescribed.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified, for example a sample of two residents' files demonstrated that residents had an annual healthcare review completed by their general practitioner (GP).

Healthcare plans outlined supports provided to residents to experience the best possible health, for example an eating, drinking and swallowing plan was in place were required. From a sample of three residents' files, it was evident that residents were facilitated to attend appointments with health and social care professionals as required, for example an occupational therapist, chiropodist and psychologist.

On review of other arrangements in place to meet the requirements of this regulation, it was observed that all of the residents were supported to avail of vaccinations, for example the flu vaccine. Additionally, eligible residents were supported to avail of applicable national health screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was promoting a restraint free environment. There was one restrictive practice used within the centre at the time of the inspection. One resident's bank card was kept locked in the staff office and it was assessed as being required for the resident's wellbeing and financial safety. This restrictive practice was subject to review every six months. The staff were supporting the resident with making informed choices around their finances. For example, by using a decision making checklist and a pros and cons list for purchases. Educational and skills building work was being completed with the resident with the goal for them to become independent with their finances.

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. For example, there were positive behaviour support plans in place with information to guide staff as to how best to support the residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, there was an organisational adult safeguarding policy in place last reviewed in May 2023 and staff were trained in adult safeguarding. One staff spoken with was clear on what to do in the event of a safeguarding concern. Potential safeguarding risks were reported to the relevant statutory agency and a safeguarding plan put in place in order to minimise the chances of further safeguarding risks to the residents.

From a sample of one resident's finance documentation, the inspector observed that their finances were checked each time there was a transaction. The person in charge completed monthly checks to ensure their money was appropriately accounted for and safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. For example, one resident chose to only attend their day programme in the mornings and staff were observed to have respected their choice.

The inspector observed that residents were kept informed of situations that may impact them. For example, when there was a water restriction in place in the local area whereby the water was not suitable for drinking, a meeting was held with the residents to explain what this meant for them.

There were monthly residents' meetings taking place to support the residents to make choices and keep them informed. Different topics were observed to be discussed including rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Monaghan Accommodation Service OSV-0005310

Inspection ID: MON-0035483

Date of inspection: 21/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• An extensive lime scale cleaning procedure to be completed to remove the build-up of lime scale within the areas mentioned. This will be completed by 14/07/24• An internal water filtering system will be fitted which will eliminate the amount of lime scale coming into the property. This will be completed by 30/9/24.• Touch up painting both internal and external will be completed by 30/09/24.• There has been some adaptations made to the vents in the Visitors Room and Utility Room. This will be monitored by PIC to see if it helps with the reduction of mould and mildew in these rooms. A review of this will be completed by 30/09/24 to assess the effectiveness of this and if required further action will be taken.• A visual cleaning schedule will be created to support one resident with the effective cleaning of the ensuite to eliminate the growth of mould/mildew in this area. This will be completed by 14/07/24. Staff will support the resident with this and checks will be completed to ensure this is done properly.• The radiator in the downstairs WC will be repainted or if required replaced by 30/09/24.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2024