



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

## Issued by the Chief Inspector

Name of designated centre:	Belford House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	23 July 2024
Centre ID:	OSV-0002056
Fieldwork ID:	MON-0036110

## About the designated centre

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

Belford House is a purpose built, single storey building located in an urban setting which includes two sitting rooms, a kitchen/dining area, bedrooms, bathroom facilities and a rear courtyard. The centre provides residential services and caters for residents over the age of 18 years, both male and female, with an intellectual disability and autism. Residents may also have high medical/physical needs and/or behaviours that challenge. The centre can accommodate a total of seven residents. Staff support is provided by nurses and care staff. The centre does not provide emergency admissions and all residents avail of separate day care service facilities..

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

Number of residents on the date of inspection:	7
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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 23 July 2024	09:00hrs to 17:30hrs	Tanya Brady	Lead
Tuesday 23 July 2024	09:00hrs to 17:30hrs	Linda Dowling	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. The inspection was completed by two inspectors over one day. From what residents told the inspectors and based on what they observed, a good quality of care and support was provided in this centre.

This centre is a purpose built, large, single story property located on the outskirts of Wexford town. The centre is registered for a maximum of seven residents and is currently at full capacity. Six residents were present on the day of the inspection and the inspectors had the opportunity to meet all six. One resident was not present as they were away on holiday.

During the inspection day inspectors had the opportunity to meet and speak with six residents living in the centre, a family member, five staff including the team leader and the person in charge about the quality and safety of care and support in the centre. They also reviewed documentation about how care and support is provided for residents and about how the provider ensures oversight and monitors the quality of care and support. The atmosphere in this home was calm and relaxed, all residents and staff knew the plan for the day and these were carried out without pressure or undue rushing.

On arrival to the centre the inspectors were greeted by one resident who came to the door supported by a staff member. They shook inspectors' hands and welcomed them to their home. This resident told inspectors that it was their birthday soon and they were waiting for a family member to come and collect them for a day out. The resident called out to inspectors to show where they liked to sit at the window when watching for their relative. Later inspectors observed the resident leaving for their day out.

The inspectors met with two residents who were relaxing in the sitting room and waiting for transportation to arrive. One to attend day service and the other a social trip. One resident showed the inspectors their packed lunch and stated that they liked the driver who was collecting them and that they liked their day service. The other resident was supported by staff to pack their belongings into their handbag to get ready to go out. They reminded staff that they needed their sun cream and their hat.

Three other residents were also going on the same day trip. One told inspectors about how much they liked having a meal out as part of an excursion and another spoke of how after breakfast they would be preparing to leave and would be getting on the bus. Inspectors spoke to another resident who had been relaxing in their bedroom after breakfast and then moved to sit directly on the bus. They acknowledged inspectors by saying 'goodbye' as the seat belt was closed. Inspectors observed one resident eating breakfast at a pace that suited them. The staff supporting them were responding to complex communication cues by removing

unwanted food and offering alternatives at a time when these were requested. Staff were observed by the inspectors to be very familiar with residents' communication preferences and to take the time to listen to them and to respond appropriately.

Inspectors observed that staff spoke with residents respectfully and reassured them where necessary. Some residents told the inspectors about how nice and supportive the staff team were. One family member highlighted the open communication between they had with the person in charge, they felt very welcome to visit even unannounced and always found their family member was appropriately cared for. Residents spoke about their favourite activities such as going for a meal out, meeting friends, lunch club or relaxing and watching television. Staff told inspectors of how one resident had written a book and had it published which was something the resident had told one inspector they were going to do at the last inspection. Relationships with family and friends were important to the residents in this centre and the staff spoke of how they supported these. Residents met their family regularly and met their friends for coffee or a drink at parties and events. One resident was on a holiday break with friends and others had breaks away with family members or called out to their family for a visit.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received six completed questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". Five residents were supported by their family and one resident was supported by staff to complete their questionnaires. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. Examples of comments in their questionnaires included "I love my bedroom and like having my friend next door", "staff listen to me", "I am doing really well". Examples of comments from family members in the questionnaires included "X is looked after with kindness and love, we couldn't ask for better treatment" and "the house is a happy one". One questionnaire indicated that the arrangements for storage and location of personal equipment "could be better" and that their room was "small and not easy to move around", and one resident indicated that they "sometimes" don't get along with the all the people they live with.

In summary, residents told the inspectors they were busy and had things to look forward to. The staff team told the inspectors they were motivated to ensure residents were happy and safe and taking part in activities they found meaningful. Overall, the inspectors found that residents were supported to to make choices around how they wished to spend their time, what and when they would like to eat and drink, and to what extent they wished to take part in the upkeep of their home and garden. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required. They were implementing the actions to bring about the required improvements.

The next two sections of this report will 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 provided.

## Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. They were supported and encouraged to take part in the day-to-day running of their home and in activities they enjoy. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. The majority of the regulations reviewed were found to be compliant during this inspection with minor improvement required in Regulations 17, 28 and 5. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

## Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision. The provider had ensured that a full and complete application and registration pack had been submitted to the chief inspector within the requested time lines.

Judgment: Compliant

## Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role.

The provider had ensured there were sufficient staff on duty to meet the assessed

needs of residents. Staffing levels had also been recently reviewed which had resulted in some changes to staff shift patterns. Staffing numbers had changed at key times to support residents to take part in activities they enjoyed and to ensure safety during personal care. Some of these additional hours were provided by familiar relief or day service staff. While there was evidence of personnel changes within the staff team in the previous months all staff on duty were familiar with the needs of residents. Inspectors found that there was consistency of staff within the roster, this was also stated by a family member who commented that the recent change in staffing had been well managed.

The inspectors reviewed a sample of three months of planned and actual rosters for 2024 and found that they were well-maintained. The rosters showed that planned and unplanned leave was covered by staff working additional hours or the same regular relief staff covering the required shifts. Residents were aware of who was working every week and this was discussed during their residents' meetings.

The staff team comprised of care staff and staff nurses. There was evidence of good communication between the Person in Charge and the Team Leader through minutes of meetings.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspectors reviewed the staff training matrix that was available in the centre. All staff had completed their training listed as mandatory in the provider's policy. They had also completed additional training courses in line with residents' assessed needs such as feeding, eating, drinking and swallowing difficulties (FEDS) training. Where staff were due refresher training, this had been identified by the person in charge, for example, two staff required refresher training in managing behaviour that is challenging and one staff in manual handling. These training sessions had been scheduled and booked for staff to attend within the following two months.

The inspectors reviewed staff supervision records and informal development records for four staff for 2024. The agendas were resident and human-rights focused. From the sample reviewed, discussions were held in relation to areas such as staff's roles and responsibilities for the quality and safety of care and support for residents, training, policies procedures and guidelines, and staff's strengths and areas for development.

Staff who spoke with the inspectors said they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre during the inspection. The person in charge (CNM3) was full time with responsibility for three other centres operated by the provider. They were supported in their role in this centre by a full time team leader (CNM1). The lines of authority and accountability were clearly identified and these lines were clearly identified by the staff team.

The person in charge was present in the centre regularly and there was an on-call service available to residents and staff out-of-hours. The person in charge reported to and received support from an assigned senior service manager.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspectors. These reports were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required.

The inspectors viewed a sample of area specific audits for 2024 including monthly, quarterly and annual audits in areas such as resident's finances, risk management, residents' personal plan, fire safety, medicines management, food safety, first aid, vehicle checks, health and safety checks, complaints, cleaning and staff training. The inspectors found that the action plans for the provider's audits and reviews and the area specific audits showed that all the required actions were being completed in line with the identified timeframes.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose is an governance document which outlines the service to be provided in the designated centre. The statement of purpose was reviewed and it contained the required information. It had been updated in line with the timeframe identified in the Regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available and reviewed in the centre. The policy had last been reviewed in May 2023 and clearly laid out the complaints procedure. The complaints procedures were also available as an a easy-to-read document. There was a nominated complaints officer and their picture was available and on display in the centre.

The inspectors observed that the complaints process was also discussed at resident's meetings. Eight complaints submitted by residents or their representatives in the preceding four months of 2024 were reviewed. These had been reviewed and followed up on by the relevant parties. It was recorded that they were closed in a timely manner and the satisfaction of the complainants was also documented.

It was also acknowledged by the inspectors that the centre had received a number of compliments.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that residents had opportunities to take part in activities and to be part of their local community. They were making decisions about how they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends. They lived in a warm, clean and comfortable home.

Residents were supported by a staff team who despite recent changes, they were familiar with, and who were familiar with their care and support needs. Residents engaged with inspectors and outlined how they were happy in the centre and felt safe living in their home. Recent health changes for some residents had been well managed by the provider and staff team and they had ensured residents needs were consistently and regularly reviewed.

## Regulation 13: General welfare and development

The provider and person in charge were working to ensure the residents were supported to take part in activities they enjoyed. It was evident to inspectors through discussions with residents and staff, family members feedback and documentation review that residents regularly had opportunities to take part in

activities both in the community and in their home.

Residents met friends at day services or via work opportunities throughout the week. They spent time with friends and family going for meals, on days out, chatting over coffee or going to the theatre and cinema. Some residents spoke of going shopping or taking walks or going for drives in the local area. Residents spoke of training courses they had completed and how they were supported to attend these. Residents went on holidays and had weekends or nights away at locations they had chosen. One resident was involved in film making and had recently written a book.

It was evident in the house of activities that residents enjoyed, either reading magazines, completing jigsaws or colouring or art. Residents were involved in the management of their home when they wished and participated in everyday tasks they enjoyed.

Judgment: Compliant

### Regulation 17: Premises

This designated centre comprises of one large, single storey, purpose built premises. The inspectors completed a walk around the premises with the person in charge and with the team leader over the course of the day. The premises was found to be warm, clean and tidy throughout. While the premises had been designed and laid out to meet residents' needs the inspectors found that as residents' needs were changing that some changes to the premises may be indicated to fully promote accessibility for all. This had been identified by the provider and as outlined above was stated by residents and families in their questionnaire feedback.

There was a busy driveway to the front of the premises used by a number of the provider's vehicles and to the rear of the premises were private garden areas that were well maintained.

Each resident had their own bedroom with storage for their personal items. The bedrooms were personalised and reflective of the individuals living there however, they were tight for space when personal mobility equipment was in use. There were large communal areas including living rooms, kitchen-dining room and a conservatory/sunroom. The provider had completed a number of decorative and maintenance actions since the last inspection of the centre including an upgraded kitchen and painting. Some ongoing wear and tear damage was observed such as paintwork required after moving of wires. These had however, already been identified and actioned by the provider.

The inspectors reviewed the cleaning schedules and the infection prevention and control (IPC) documentation including daily, weekly, monthly and six monthly schedule and records and found these were completed as required. The centre was

found to be clean with good infection prevention and control practices.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The provider's risk management policy had been reviewed in April 2024. The risk register and risk log reviewed were found to be reflective of the presenting risks and incidents occurring in the centre. The inspectors reviewed the risk assessments in the residents' plans and a sample of the general and organisational risks and found that they were up-to-date and regularly reviewed. In addition, inspectors found that where risk assessments were in place that the associated control measures were specific and detailed to guide staff practice. For instance, one assessment regarding the risk of a fall was rated as a high risk and there was evidence of all associated measures such as staffing levels, specific footwear and the use of monitors or sensors.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team. A quarterly review of incidents was completed by the person in charge and team leader. There were systems to respond to emergencies and to ensure the vehicles in the centre were roadworthy and suitably equipped. Inspectors observed residents leaving for day trips and outings and the staff spoke of the specific training they received for using the wheelchair clamping and safety systems.

Judgment: Compliant

### Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments. One plan required review to reflect current practice and equipment required for night evacuation following a residents changing needs. The inspectors observed emergency evacuation procedures on display in the hallway.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were

reviewed by the inspectors for 2024. These required review to ensure it was clear what had been reviewed and how often.

The fire safety systems in the centre such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirements.

There had been fire drills completed in line with the frequency outlined in the provider's policy. The inspectors reviewed these and found that they were completed at different times, and specifically at times when the most residents and least staff were present. All staff had completed fire safety training.

Fire containment measures within the centre required review as inspectors found pipes passing through the ceiling into the attic space in a storage area had not been sealed and one door frame was observed to be cracked where as automatic closer mechanism was located.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Inspectors reviewed a sample of residents' assessments and personal plans and found them to be person-centred and detailed. It was clear from review of plans where residents' strengths and needs were and there was clear documentation of residents' wishes and what they liked to do or not do.

While there was evidence that plans were devised based on the completed assessments, resident social goals as stated were not clearly linked back to their plans. Inspectors found that social goals were set week to week following keyworker discussion with residents, however, some of the recorded 'goals' related to staff tasks or the achievement of health targets such as activities of daily living.

The residents in this centre led busy and active lives and were being offered opportunities to develop and maintain relationships and to hold valued social roles. This had not translated into how the individual social goals were documented and progress towards meeting them recorded. Daily and weekly schedules and options to support choice making were available for all residents. Residents daily activities were self directed for the most part other than the scheduled attendance at chosen structured day services. Residents enjoyed activities in their home as varied as use of the footspa, watching television, multisensory activities, arts and craft, reading or helping about the house. In the community residents enjoyed walks, drives, meals out, going to the cinema or planned outings to areas of interest.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors reviewed the residents assessments and personal plans and found that their healthcare needs were assessed and healthcare plans were developed and reviewed as required. Where specific healthcare incidents, accidents or illness occurred there was evidence of prompt responses by the person in charge and staff team. Clear hospital admission and transfer information was present to guide staff and this was reviewed and updated following any change. The inspectors found that the person in charge ensured all recommendations were implemented and reviewed after accidents, incidents or illness.

Residents were accessing health and social care professionals in line with their assessed needs such as an occupational therapist, chiropody, speech and language therapy, general practitioner (GP) and dentist. A record of all their appointments was recorded and the residents were being supported to choose to access the relevant national screening programmes in line with their wishes and preferences. Where residents attended specialist consultant medical services such as neurology they were supported to attend appointments and all recommendations were observed to be implemented and included in residents' plans.

Judgment: Compliant

### Regulation 9: Residents' rights

Through a review of documentation, discussions with residents, staff and family members it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spend their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them. Their opinions were sought on a daily basis and staff were listening to them and their views were defining the service. Residents' privacy was maintained in their home and they were observed to seek out staff support if and when they needed it. Throughout the inspection the inspector observed the residents chose what they wanted to do and when.

The inspectors found that resident meetings were happening in line with the providers policy. From a review of minutes they were found to contain information that related to how residents spent their time, were involved in their community and home and provided information on resident rights. Residents had access to social stories and easy-to-read documentation that supported them in further

understanding their rights or plans that were in place for them personally.

Where residents had requested to make large purchases for example, the inspectors found through a review of documentation that they had received support through the person in charge and keyworker, their family and advocate services. Their consent was obtained with the support of easy read documentation. The providers personal possessions policy sets out specific criteria which had been followed. It was evident through review of documentation residents where possible are encouraged to sign their own plans.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Belford House OSV-0002056

Inspection ID: MON-0036110

Date of inspection: 23/07/2024

## 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
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• A review is taking place in relation to changing needs, this will focus on accessibility and mobility equipment for two residents.</li> <li>• All works in relation to wear and tear damage and paintwork have been completed</li> <li>• Works have been completed in the hot press to seal the pipes passing through the ceiling into the attic.</li> <li>• Works have been carried out on the door frame to repair the same. This work is now completed</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• The individual Residents plan has been completed to reflect current practice and equipment used for night time evacuation.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> <li>• A review is taking place in relation to resident's goals and how these are identified, linked and recorded in their person centered plan and care plans.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as	Substantially Compliant	Yellow	31/03/2025

	assessed in accordance with paragraph (1).			
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