



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

Issued by the Chief Inspector

Name of designated centre:	Dundalk Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	02 December 2024
Centre ID:	OSV-0003405
Fieldwork ID:	MON-0041878

About the designated centre

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

The designated centre is a two storey detached house with five bedrooms in close proximity to a large town in County Louth. The service can accommodate up to five adults with disabilities. Each resident has their own bedroom (one en-suite) and communal facilities include a kitchen cum dining room, a sitting room, a sun room, a utility facility and communal bathrooms. There is a garden to the rear of the property and adequate on-street and private parking is available. Transport is also available to residents if required. The staffing arrangements consist of a person in charge, a team leader and a team of support workers. Staff are available to provide support in the evenings and morning times with a sleepover staffing arrangement provided at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Monday 2 December 2024	10:45hrs to 18:45hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive and residents communicated that the centre was a nice place to live. Residents were receiving a service that met their assessed needs by a staff team who were knowledgeable in their support requirements.

However, some improvements were required and they will be discussed in more detail later in the report. They related to:

- ensuring there was appropriate and timely oversight of issues identified by external professionals
- the premises, as some areas needed repair, replacement or decoration and one area required a more thorough clean
- to ensure a specific goal identified as important to an individual was explored and supported
- risk management in relation to certain risk assessments to ensure there were appropriate control measures in place that were proportionate to the identified risks.

The inspector had the opportunity to meet with the three residents that were living in the centre. All three said they felt happy and safe living in their home. All three said the staff that supported them were nice. They also communicated that, they got on well with each of their housemates. Two residents spoken with knew what to do in the event that they were unhappy or felt unsafe. They said they would report it to the staff or manager and they felt they would be listened to. One resident said that they 'loved living in the centre and would be lost if they ever had to move out'.

At the time of this inspection there was one vacancy in the house. The provider was reviewing referrals for the centre. From what was communicated to the inspector, there was a potential candidate for the vacancy. They were afforded the opportunity to visit the centre on a couple of occasions to help support them to make a decision if they wanted to move into the centre. It also gave the existing residents an opportunity to see if they were happy with the potential resident moving in. Two of the residents spoken with informed the inspector that they were happy that they were kept informed of the potential candidate.

Activities residents participated in depended on their interests. They included going out for walks, visiting family, and attending clubs. On the day of this inspection, the residents were observed to independently go about their day with minimal supports from staff. A staff member supported a resident to attend an appointment and afterwards they went out for coffee. Some residents attended day programmes or their paid employment. On the evening of the inspection two residents went out for dinner.

There were two staff on duty on the evening of the inspection with one staff during

the course of this inspection. The inspector observed staff supporting residents in a professional and respectful manner. Residents were observed to be relaxed and comfortable in their home and freely used different areas of their home. They were also observed to be relaxed in the company of the staff supporting them and the inspector observed friendly conversations.

The provider had arranged for staff to have training in human rights. A staff member spoken with communicated how they had put that training into every day practice. They communicated that they liked routine and wanting to get their work done. They felt that prior to having the training that they may have been focused on that and now they were more aware that the house was their place of work and not their home. They communicated that they were mindful that they were a guest in the residents' home. They went on to say that they also ensured they reminded residents of their right to make choices. They gave an example that they did not restrict the right a resident had to their own money and that they could buy what they wanted with it. They explained that they may give advice if they felt the purchase was unwise but ultimately it was the resident's own choice to spend their own money or not.

The inspector observed the house to be tidy. For the most part the house was found to be tastefully decorated including decorations for the festive season. The majority of the house was observed to be clean and in a good state of repair. Each resident had their own bedroom which had adequate storage facilities for personal belongings. Bedrooms were observed to be individually decorated to suit their preferences. For example, one resident was decorating a Christmas tree that was for display in their own bedroom. They also had their own beautiful artwork displayed in their room.

The front of the house had a small grass area and there was parking available directly in front of the property. The back garden had a garden room for use as an additional sitting room space and a place to entertain visitors in private. One resident also stored and used their treadmill in the garden room and they used it on the day of the inspection.

The team leader confirmed to the inspector that there were no volunteers used in the centre and no restrictions on visiting at the time of the inspection.

The provider had arranged for questionnaires to be completed by residents and family members on their views of the service provided as part of the 2023 annual review. The 2024 review was not yet due at the time of this inspection. Feedback from the questionnaires indicated that people were satisfied with the service and were complimentary. For example, a family representative stated that 'staff were very supportive and very approachable'. A resident had written that the service 'met all of their needs and that they were very happy'

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 unannounced and was undertaken as part of the normal on-going monitoring for compliance in the centre. This centre was last inspected in February 2023. From a review of a sample of the actions from the previous inspection, the inspector found that they had been completed by the time of this inspection.

The inspector reviewed the provider's governance and management arrangements and found that, for the most part there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there was a clearly defined management structure in place. However, further improvement was required to the arrangements for oversight of actions that were identified by external professionals who conducted servicing of the fire safety systems.

The inspector reviewed a sample of rosters and they demonstrated that there were sufficient staff on duty to meet the needs of the residents. There were also systems in place to monitor and facilitate staff training and development. Staff were receiving formal supervision and had access to training, for example hand hygiene.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels and skill mix, were suitable in meeting the assessed needs of the residents. The staff on duty on the day of the inspection were observed to be respectful and knowledgeable.

There was a planned and actual roster maintained by the team leader with oversight from the person in charge. A sample of rosters were reviewed over a three month period from September to November 2024. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the residents.

The inspector did not review staff personnel files on this inspection. The inspector did review a sample of the Garda vetting (GV) for two staff and found that one staff member had not had their GV updated for a number of years which was not in line with best practice. The area manager confirmed to the inspector that the staff member would receive re-vetting post inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for all training completed. In addition, the inspector reviewed a sample of the certification for five training courses for all staff. This demonstrated to the inspector that staff received appropriate training in order for them to carry out their roles safely and effectively. For example, staff were trained in areas, such as:

- fire safety
- safeguarding adults
- stoma care
- cardiac first response
- medication management
- epilepsy awareness and emergency medication
- staff also received a range of training related to the area of infection prevention and control (IPC), for example standard and transmission based precautions.

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, the annual supervision oversight schedule, and spoke with the team leader in relation to supervision. This demonstrated to the inspector, that there were formalised supervision arrangements in place as per the frequency of the provider's policy. The inspector observed that supervision sessions facilitated staff to raise concerns if any.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, the inspector found that there were appropriate governance and management systems in place at the time of this inspection. There was a defined management structure in the centre which consisted of a team lead, the person in charge and the area manager, who was the person participating in management for the centre. One staff member spoken with was familiar with the reporting structure of the centre and organisation. The person in charge was not available on the day of the inspection and the inspection was facilitated by the team leader and the area manager.

In order to provide appropriate oversight within the centre, a suite of audits were carried out to assess the quality and safety of care and support provided to residents in the centre. For example, annual reviews and six-monthly unannounced

provider led visit reports were completed as required.

There were other local audits, for example the team leader completed weekly oversight audits and the person in charge completed monthly audits. Some of the topics included complaints, safeguarding, risk management, medications and staff training.

From a review of the most recent team meetings minutes since January 2024, they demonstrated that they were taking place monthly. Incidents were reviewed for shared learning with the staff team and other discussion topics included health and safety, promoting independence, safeguarding and restrictive practices.

As per the last inspection, it was not evident if there was appropriate oversight in relation to issues that were identified during the servicing of emergency lighting. The inspector observed that for approximately one year from October 2023 until the most recent service in October 2024 that certain issues with the emergency lighting were identified. There was no evidence provided to the inspector that there was follow up in relation to those identified matters. Therefore, the inspector was not assured that there was always appropriate oversight and a timely response to identified issues.

Judgment: Substantially compliant

Quality and safety

Overall, the inspection found that the residents were receiving a service that promoted and respected their views, wishes and independence.

However, as previously stated some minor improvements were required in relation to general welfare and development, premises, and risk management and those issues will be discussed under the specific regulations related to them.

The inspector found that residents were being supported in the areas of healthcare, positive behaviour supports, and with their communication as required.

From a review of the safeguarding arrangements, the inspector found that the provider had appropriate arrangements in place to protect residents from the risk of abuse. For example, an organisational safeguarding policy was in place.

There were appropriate fire safety management systems in place. For example, residents had personal emergency evacuation plans (PEEP) in place to guide staff as to supports they may require in the event of an emergency evacuation.

Regulation 10: Communication

The inspector observed that there were sufficient arrangements in place to facilitate residents preferred communication styles.

Communication skills were assessed annually by staff. A staff spoken with was familiar as to residents' preferences and support needs with regard to communication. They spoke about how some residents preferred to have their weekly food menu using words to describe what they had chosen and others preferred pictures. The inspector observed this practice was respected as the weekly menu was on the notice board in the kitchen and reflected what staff had communicated.

There were monthly residents' meetings that took place and discussed different topics that may impact on the residents. The inspector reviewed a sample of meetings from September to November 2024 and some of the topics discussed included the possibility of a new referral to the centre, social events, maintenance, and they were asked if they had any issues to bring up.

In addition, monthly key-working meetings took place to discuss topics that may affect each resident on an individual basis, for example health issues they may be having. The meetings aimed to help facilitate better understanding of topics discussed.

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

Judgment: Compliant

Regulation 13: General welfare and development

For the most part, residents had access to opportunities for leisure and recreation as per their choices and preferences. For example, the inspector observed many areas with televisions and there was a treadmill available for exercise. Residents that lived in this centre had minimal support needs with regard to spending time alone or going out in the community. From the three residents spoken with, they all confirmed they were happy with the choices provided to them and felt that they could make choices about how they spent their day. They all felt that they got out enough and that staff would support them to avail of leisure activities should they need help.

Residents were supported to have family members visit them in the centre and they also visited family or friends.

From a sample of two residents' goals reviewed, the inspector observed that they

were also supported to develop goals for themselves to work towards. They included goals, such as going on a spa day, attending a show at a theatre, and visiting family in New York.

However, the inspector found that in one instance it was not evident if a resident was supported to explore or complete a particular goal with regard to cars and driving. From speaking with the team leader and a staff member, cars were of great importance to that resident. The inspector could not establish what work was done with the resident to establish what a goal in that area would look like for them and what steps were taken to try to achieve a previously related goal. For instance, a goal related to the topic was set in 2023 for the resident to learn to drive a car virtually. However, the inspector did not see any follow up in relation to this goal. From a review of the minutes of the resident's personal planning meeting in 2024, other previous goals were discussed and whether they were achieved but not that goal. From speaking with a staff member they communicated that they goal was not achieved and they were not aware of any exploratory work done with the resident in that area.

The inspector reviewed the daily notes for two residents across a one week sample which described the residents' 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, some attended a day programme, some worked in part-time employment, they attended parties and also attended specific weekly clubs.

Residents were supported to undertake educational courses that suited their interests. For example, one resident had recently completed a course in art in a local college and was due to graduate the day after the inspection.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The inspector observed the premises to have all the facilities of Schedule 6 of the regulations available for residents use. For example, residents had access to cooking and laundry facilities and a resident was observed to make themselves some food in their kitchen.

For the most part, the premises was found to be aesthetically well kept and in a state of good repair, and it was found to be clean. However, the inspector observed that some areas required improvement.

The areas related to:

- mildew was observed in between the seals of the washing machine and a slight amount was observed in the detergent drawer

- some of the stick on tiles on the main bathroom wall were observed to be coming off
- the floor covering in the staff room was damaged and had areas missing which would mean the floor could not be cleaned properly.

The area manager arranged for the majority of the mildew to be cleaned on the day of the inspection. They also communicated to the inspector that they had recently been in talks with the person in charge with regard to the other premises work; however, no date could be provided for when the works would commence.

The inspector observed there were other measures in place to help meet the requirements of this regulation. They included, each resident had their own bedroom with sufficient space for their belongings. The inspector observed that there was adequate space in the centre for the residents. For example, there was a separate conservatory, sitting room, and a garden room in the back garden that could be used for residents to have space and have visitors in private should they want.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

For the most part, the inspector found that there were appropriate arrangements in place with regard to risk management. There was a risk management policy and associated procedures in place. There was an accurate risk register in place that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, assessed and that for the most part there were appropriate control measures in place. However, from reviewing one risk assessment it was not evident if the risk assessment and control measures were thoroughly assessed. This was required in order to ensure that the risk to the individual with regard to their epilepsy and spending time alone was reduced.

In another example observed, the inspector found that the control measures were not proportionate to the associated risk. The person was advised to stop participating in using a peeler in case they cut themselves instead of alternatives being sourced.

The inspector observed that the centre's vehicle was recently serviced, was insured and had an up-to-date national car test (NCT).

The inspector observed that there was a lint removal oversight arrangement in place to ensure lint did not build-up in the dryer which could have the potential to cause a fire.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that, 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.

While there were some previous on-going issues related to the emergency lighting, from the evidence provided on the day of the inspection they were addressed by the time of the last service in October 2024.

Since the last inspection, the inspector observed that the centre had new fire containment doors installed complete with self-closing devices, intumescent strips and cold smoke seals, to further improve containment arrangements.

The inspector reviewed a sample of three of the residents' PEEPs. They were observed to be up to date and provided information to guide staff on evacuation supports residents may require. Periodic fire evacuation drills were taking place. The inspector reviewed the documentation of the last four drills and they included an hours of darkness drill. From speaking with the team leader, a resident and from reviewing the hours of darkness fire drill documentation, this demonstrated to the inspector that all residents could be safely evacuated with minimum staffing levels.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents had been appropriately assessed. Healthcare plans outlined supports provided to residents to experience the best possible health. For example, the inspector observed a support plan on how to support a resident with regard to bowel care, and epilepsy. Staff were also found to be appropriately trained in order to support residents with their healthcare needs as required.

The inspector observed from a review of two residents' healthcare information that they were supported to attend appointments with health and social care professionals as required. For example, they were observed to access a dentist, a general practitioner (GP), a chiropodist, an audiologist and an optician.

One staff spoken with was found to be knowledgeable with regard to the residents' assessed needs and their healthcare plans. For example, they were able to communicate relevant information from epilepsy care plans that were in place.

The inspector also observed from the two files reviewed that residents were supported to avail of vaccinations as per their wishes, for example the flu vaccine. Key-working sessions were completed with the residents individually to provide them

with relevant information. This was in order to support them to make informed decisions with regard to if they wanted to avail of vaccinations.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support. If required, residents had access to a behaviour support specialist; however, at the time of this inspection there were no required behaviour support plans. From a review of documentation and from speaking with the team leader, residents were supported as required to access a mental health team to support them with behaviours or feelings that may cause them distress.

The person in charge had completed a self-assessment questionnaire in July 2023 focused on restrictive practices to establish if improvements were required within the centre. The results were fully compliant. The person in charge was found to be promoting a restraint free environment and there were no identified restrictive practices in place. While one control measure listed in a risk assessment was potentially restrictive, this is being actioned under Regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse, including an organisational policy, clear procedures and there was an established reporting system in place. For instance, there was an identified designated officer and there was a poster displayed in the centre with their details.

While there were no safeguarding risks at the centre at the time of inspection, staff were found to be trained in adult safeguarding. One staff spoken with was clear on what to do in the event that there was a safeguarding concern.

Residents managed their finances independently; however, there were arrangements that once weekly that two staff completed finance checks of the residents' online banking with them. The inspector reviewed a sample of two residents' finance documentation across September to November 2024 and found that the checks were occurring as communicated by the team leader.

There were no intimate care plans in place as residents were independent in taking care of their own personal care needs.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dundalk Supported Accommodation OSV-0003405

Inspection ID: MON-0041878

Date of inspection: 02/12/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Emergency Lighting was reviewed by contractor and provided assurance that it is fixed completely as of the 9/12/2024. • Extra fire related checks have been added to the monthly audit to ensure oversight, this was completed 02/01/2025. 	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: <ul style="list-style-type: none"> • Action plan has been reviewed with the resident and they are booked to start lessons on virtual driving on 13/01/25. • PIC has put a 6-month PCP review in place for all PCP's to ensure oversight that all action plans/goals are been worked on or been actioned, this was completed 02/01/2025. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • New Washing machine cleaning checklist now in place and regularly checked. All mildew has been cleaned. PIC has added this to the monthly check to ensure oversight that this is been completed. Completed 09/01/25. • Staff room will be completely redecorated and new flooring will be fitted by the 31/01/25. • New tiles will be fitted in the main bathroom, this will be completed by 01/03/25. 	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none">• PIC, Team Leader and Regional Manager in consultation with the Practice Development Lead in Health and Medicines Management have developed a risk assessment in respect of resident with epilepsy remaining at home alone, all required control measures are clearly outlined. This was completed 06/01/25.• The risk assessment referencing use of a peeler has been reviewed, this was completed on 09/01/2025.• PIC has added a risk assessment review on to the monthly audit to ensure oversight, this was completed on 09/01/25.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	13/01/2025
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	01/03/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2025
Regulation	The registered	Substantially	Yellow	02/01/2025

23(1)(c)	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.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/01/2025