



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Killeline Care Centre
Name of provider:	Killeline Nursing Home Limited
Address of centre:	Cork Road, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	10 October 2024
Centre ID:	OSV-0000423
Fieldwork ID:	MON-0043875

## About the designated centre

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

Killeline Nursing Home is located in the town of Newcastle West on the Cork Road registered to provide care for 63 residents. There are 47 single bedrooms and eight twin bedrooms all with en-suite facilities. The centre accommodates both female and male residents with the following care needs: general care, dementia specific care and acquired brain injury. There is also a dedicated wing for Alzheimer's and a secured unit for Acquired Brain Injury for people with challenging behaviour. There is 24 hour nursing care available. A full assessment shall be completed within 24 hours of admission which will include any updated information and care needs identified to develop appropriate care plans. The care plans will be completed within the 48 hour time frame and additional information can be added appropriately. We operate an open visiting policy within Killeline Nursing Home. Facilities provided are: quiet room, Polly tunnel, hairdressing, dining rooms and sitting rooms.

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

Number of residents on the date of inspection:	62
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 10 October 2024	09:00hrs to 18:00hrs	Rachel Seighthie	Lead
Thursday 10 October 2024	09:00hrs to 18:00hrs	Leanne Crowe	Support

## What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents were supported to enjoy a good quality of life, by a team of staff who were caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and inspectors heard positive comments such as 'the staff are good to me.'

Inspectors were met by the person in charge upon arrival to the centre. Following an introductory meeting, inspectors walked around the centre giving an opportunity to meet with residents and staff.

Killeline Care Centre is a purpose built facility located in Newcastle West, Co.Limerick. The designated centre is registered to provide long term and respite care to a maximum of 63 residents. There were 62 residents living in the centre on the day of inspection. The designated centre is laid out over two floors, with stairs and a passenger lift access between floors. Resident bedroom and living accommodation was provided in three distinct wings. The Violet wing provided bedroom accommodation for 35 residents and 27 residents were accommodated in the Sunflower and Marigold wings.

Inspectors spent time walking through the each of the three units and observed that staff were busy attending to the morning care needs of residents. The majority of residents living on the Violet wing were seen to spend their time in a spacious communal seating area, located on the ground floor, beside the main reception. Inspectors noted furnishings and television points were arranged in several different areas, to ensure residents' had a choice of viewing. A visitors room was located in this area and inspectors observed visitors attending the centre throughout the inspection. There was constant activity in the communal sitting room and residents were seen engaging in group activities, watching television and relaxing there during the day. Inspectors noted that nursing and care staff were present in this area at all times, to support and supervise residents.

Care for residents with dementia was provided in the Sunflower unit, which was located on the first floor of the centre. Residents living in the unit had access to a variety of communal rooms, including a traditional style dining room and a sitting room. Inspectors noted that resident bedroom doors were colourful and corridor walls were decorated with features of interest. Resident memorabilia boxes were displayed along corridor walls. Residents were observed mobilising freely throughout the unit, and some were relaxing in the company of staff in the communal sitting room. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to support residents moving freely through the unit and maintain their safety.

Inspectors observed that residents' bedrooms were personalised with items of significance, such as photographs and ornaments. Inspectors noted that there was

sufficient storage space for resident personal belongings and bedrooms were generally clean and tidy. Resident equipment viewed by inspectors was also generally clean.

The Marigold wing was a unit designated for use by a maximum of 13 male residents. Residents living in this unit had complex care needs, including responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Inspectors observed that several residents required enhanced supervision on a continuous basis. The atmosphere on the unit was calm and residents appeared comfortable in the company of staff. Inspectors noted that staff were knowledgeable about what might trigger a resident's responsive behaviours and knew how best to support those residents when they became anxious or agitated.

Inspectors observed that residents' in the Marigold wing spent time in their bedrooms or in the communal sitting room. Residents were supported to have their meals in a dining room located on the unit, if this was their preference. A spacious, secure courtyard could be accessed directly from the communal sitting room. Inspectors noted that works had been completed to repair the ground surface and surrounding area of the courtyard since the previous inspection. Colourful seating was also provided in the courtyard, for resident comfort.

Inspectors noted that improvements were also made to the organisation of utility rooms since the previous inspection. Inspectors observed that the provision of new ancillary facilities supported effective infection prevention and control. A dedicated housekeeping room for storage of cleaning trolleys and equipment was provided on the Sunflower unit and inspectors observed a new sluice room, for the reprocessing of bedpans, urinals and commodes. Inspectors observed that the laundry room was clean and well-organised. Residents' personal clothing was regularly laundered externally and there was a system in place to ensure that resident clothing was labelled and returned to each resident.

Inspectors noted that staff knew the residents well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content. There was a varied activities schedule in place and inspectors observed that residents were engaged in activities in communal rooms throughout the day. Inspectors were informed that residents were supported to leave their units, to attend large group activities in the Violet Unit, if this was their preference. Residents who did not wish to participate in activities were observed to be relaxing in communal areas or their bedrooms. Staff were seen to supervise communal rooms, and frequent, pleasant engagement between residents and staff, was observed.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection in October 2023. Overall, this inspection found evidence of improvements in many aspects of the service and the management team demonstrated a commitment towards achieving compliance. Notwithstanding these positive findings, Regulation 3: Statement of Purpose, Regulation 15 : Staffing, and Regulation 23: Governance and management, were not found to be fully compliant.

The centre was operated by Killeline Care Centre Limited who were the registered provider for Killeline Care Centre. A director of the company represented the provider entity. The person in charge worked full-time in the centre and they had senior clinical support from an operations manager and a quality manager. The person in charge was also supported in their role by a full-time assistant director of nursing who deputised in their absence. A team, including clinical nurse managers, nurses, health care assistants, activities coordinators, household, catering and maintenance staff made up the staffing compliment. The person in charge facilitated this inspection and they were knowledgeable regarding residents' individual care needs.

The provider had prepared a statement of purpose relating to the centre which contained the information set out in Schedule 1. However, the design and layout of the premises was not aligned with the statement of purpose submitted in to the Chief inspector in September 2023, as the function of three utility rooms was changed. The provider submitted a revised statement of purpose and an application to vary the footprint of the designated centre following this inspection.

There were 62 residents accommodated in the designated centre. A review of rosters demonstrated that there were inadequate nursing staff rostered for duty at night, as one nurse was required to provide clinical supervision and direct care on the Marigold and Sunflower wings, which were located on opposite floors of the designated centre. A number of residents living on both units had complex care needs, and some residents' expressed responsive behaviours and required continuous supervision. This staffing arrangement did not ensure adequate clinical supervision and support to residents, particularly in the event of an adverse incident in the centre.

There was a training and development programme in place and records demonstrated that staff were facilitated to attend mandatory training in areas such as patient moving and handling, fire training and safeguarding of vulnerable adults. Additional training was also provided in cardiopulmonary resuscitation and restrictive practices.

There was evidence of regular management meetings to review key clinical and operational aspects of the service. Agenda items included complaints and key topics such as safeguarding and infection control. There were management systems in place to monitor the quality of care and service provided. An audit schedule was implemented to support the management team to measure the quality of care provided to residents. Clinical key performance indicators (KPIs) were recorded in areas including wounds, restrictive practices, and infection control. There was a schedule of audits in clinical care areas including nutrition, falls prevention, health and safety, and call bell response times. The majority of audits that had identified areas for quality improvement had an associated action plan. However, inspectors found that an audit of potential safeguarding incidents, which identified the requirement for the allocation of senior staff at night time, did not detail a time-frame for completing this action.

Inspectors reviewed a sample of complaints and found that complaints records contained sufficient detail of the nature of the complaint, and the investigation carried out. Records also evidenced communication with the complainant and the complainant's satisfaction with the outcome was well documented.

There was a risk management policy in place and action had been taken since the previous inspection to review and implement the risk register, in line with the policy guidelines.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Incidents were reported in writing to the Chief Inspector, as required under Regulation 31: Notification of incidents.

Records were seen to be stored securely in the designated centre. There was evidence that staff were appropriately vetted prior to commencing employment in the centre.

Inspectors reviewed a sample of contracts for the provision of care and found that they met the requirements of the regulations. Contracts viewed were signed by the resident or their representative and they included the terms of admission and fees to be charged for services provided.

A directory of residents was maintained by the registered provider, which included all of the requirements of Schedule 3.

An annual report on the quality of the service had been completed for 2023 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

## Regulation 15: Staffing

The number and skill mix of staff was inadequate with regard to the needs of the current residents, and the size and layout of the designated centre. The allocation of



one nurse to at night, to provide supervision and direct care for residents on the Sunflower and Marigold Units, did not ensure effective clinical supervision, particularly in the event of an adverse incident in the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of resident. Records viewed indicated that staff were up to date with the centre's mandatory training requirements.

Staff also had access to additional training to inform their practice which included infection prevention and control, falls prevention, care planning, and cardio pulmonary resuscitation (CPR) training.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had available a directory of residents which outlined all specified information required in paragraph (3) of Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by :

- actions from audits relating to safeguarding residents during evening hours had not been implemented resulting in increased risk to these residents. For example, a review of potential safeguarding incidents completed by the management team identified deficits in the allocation of senior staff in the evening, however the associated action plan did not contain a time-frame to address this issue.

Judgment: Substantially compliant

<b>Regulation 24: Contract for the provision of services</b>
Inspectors reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had ensured that all incidents were notified to the Chief Inspector within the required time-frame as specified by the regulations.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The design and layout of the premises was not aligned with the statement of purpose submitted in September 2023, as the function of three utility rooms was changed. The provider submitted a revised statement of purpose and an application to vary the footprint of the designated centre following this inspection.
Judgment: Substantially compliant
<b>Regulation 34: Complaints procedure</b>

There was an accessible procedure for dealing with complaints which included a review process. A record of complaints was maintained which records contained included the investigation carried out and and the complainant's satisfaction with the outcome.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that the standard of care provided to residents living in the centre was of a satisfactory quality. Inspectors found that the provider had addressed many of the actions committed to following the previous inspection.

Residents were supported to access the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to allied health and social care professionals as required, such as occupational therapy and physiotherapy. The centre employed a tissue viability nurse who attended the centre twice weekly.

Inspectors reviewed a sample of residents' care records, which were recorded on an electronic documentation system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents in relation to skin integrity, nutrition and mobility, among other areas. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements.

The use of restrictive practices was reviewed on an ongoing basis. There were a low number of bed rails in use in the centre at the time of the inspection and work was ongoing to ensure that restrictive practices were minimal. There were systems in place to support residents that exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate, person-centred de-escalation strategies to guide staff.

Infection prevention and control measures were in place and monitored by the person in charge. The centre was found to be generally clean throughout and the provider had taken action to enhance the ancillary facilities since the previous inspection.

The centre was found to be well-lit and warm, and resident's bedroom accommodation was individually personalised. Inspectors observations of works

completed since the previous inspection, and records of scheduled works, demonstrated that the provider endeavoured to improve the existing facilities and physical infrastructure of the centre, through ongoing maintenance.

Records demonstrated that a time-bound action plan was in progress to address the findings of a fire safety risk assessment commissioned by the registered provider. A review of fire precautions found that there were regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. Staff had received fire safety training, and evacuation aids were available in each resident bedroom. Fire evacuation drills took place twice monthly in the centre.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. The provider was a pension agent for eight residents' and resident pensions were paid into a separate client account. Records detailing each resident's payments and surplus amounts were available to residents' for review.

Residents were supported to retain control over their personal possessions. There was adequate storage in resident bedrooms for their property and items of significance. Resident personal clothing was laundered regularly and returned to each resident.

There was a programme of activities that included bingo, ball games, music and exercise. Residents were observed engaging in the planned activities during the day of the inspection. Residents were supported to practice their religious faiths. There were advocacy services available for residents, if they wished to avail of them.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection.

## Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

Judgment: Compliant

## Regulation 12: Personal possessions

Inspectors found that residents had adequate storage in their rooms for their personal possessions. Residents' personal clothing was laundered regularly and returned to each resident.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the premises met the residents' individual and collective needs. The premises were well maintained internally and externally.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

There were up-to-date assessments and care plans in place. The person in charge ensured that there were arrangements in place to review care plans on a four-monthly basis, or more frequently if required.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Staff were facilitated to attend training in relation to restrictive practices and the management of responsive behaviours.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

There was a varied programme of daily activities in the centre for residents to participate in, if they chose to. The registered provider had ensured that residents were consulted about the management of the designated centre through participation in residents meetings' and undertaking resident surveys. Resident had access to an independent advocacy service.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Killeline Care Centre OSV-0000423

Inspection ID: MON-0043875

Date of inspection: 10/10/2024

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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



# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Interviews for the CNM1 position for night shifts are ongoing to ensure governance and a nurse presence in each unit during night hours (by 31/12/2024).</li> <li>• Until the CNM1 position is filled, a third nurse is rostered for three nights out of seven to maintain appropriate governance and clinical oversight. On the remaining nights, an additional senior healthcare assistant (HCA) has been allocated to support the nursing staff and ensure an adequate skill mix.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A review of the audit action plan related to safeguarding residents during evening hours was completed on 15/11/2024, and specific timeframes for addressing staffing deficits in the evenings have been added to ensure timely implementation of changes (Completed).</li> <li>• A senior healthcare assistant (HCA) is now allocated during evening hours to enhance oversight and support staff in safeguarding residents. This allocation is effective immediately and is under ongoing review to ensure effectiveness (Completed).</li> <li>• A new monitoring framework has been introduced to oversee the implementation of safeguarding actions, with progress reviewed weekly by the management team and reported during monthly governance meetings (Completed).</li> <li>• The safeguarding audit process has been strengthened to include a follow-up mechanism to verify that identified actions have been completed within the specified timeframes (by 31/12/2024).</li> </ul>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"><li>• The Statement of Purpose was revised and updated to reflect the changes in the layout and functionality of utility rooms, aligning with the current operations of the centre (Completed).</li><li>• The application to vary the footprint of the designated centre was submitted, approved, and is now reflected in the updated Statement of Purpose (Completed).</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	31/10/2024