



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

Issued by the Chief Inspector

Name of designated centre:	St Doolagh's Park Care and Rehabilitation Centre
Name of provider:	Costern Unlimited Company
Address of centre:	Malahide Road, Balgriffin, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0004042
Fieldwork ID:	MON-0038039

About the designated centre

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

St Doolagh's Park Care and Rehabilitation Centre is a purpose-built facility located in a rural setting, within close proximity to Malahide. The centre is registered to provide residential care to 72 male and female residents over the age of 18 years. The centre provides specialist care for adults with acquired brain injury (ABI) once they are discharged from hospital and medically stable. It provides long-term care and a secondary slow stream rehabilitation programme. Residents are accommodated in single en-suite bedrooms, on two floors. This modern building has its own inner courtyard and secure landscaped gardens designed to meet the needs of residents. The centre is close to hotels, restaurants, pubs, local parklands and shopping centres. There is an established bus service to and from the Malahide road.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72
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How we inspect

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 29 September 2022	08:10hrs to 17:10hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

From what residents and their visitors told the inspector and from what was observed during the day, the designated centre was a friendly and pleasant place to live in. Overall, the inspector observed residents to be content and relaxed living in the centre. The atmosphere throughout the centre was calm but energetic with residents coming and going on walks in the gardens and on planned excursions within the community.

On entering the reception area, the inspector was required to complete infection control measures, such as temperature check, mask wearing and hand sanitising. These measures were observed to be also adhered to by visitors to the centre.

Following an opening meeting, the inspector was accompanied on a tour of the premises by the person in charge. The centre is located in the countryside of north county Dublin with good public transport links to nearby suburban areas. It comprises of 72 single ensuite bedrooms, set out over two floors. With residents' permission, the inspector viewed two bedrooms and found them to be bright and homely spaces. They were personalised with ornaments, soft furnishings, photographs and media equipment from home. Some residents had been provided with a small fridge in which to store their favourite snacks and drinks. The bedrooms were observed to have sufficient storage units for residents' personal possessions and valuables.

The centre specialises in providing post-acute care services to residents who have an acquired brain injury. Throughout the day, the inspector observed that the person in charge and staff team were committed to providing quality and appropriate care to the residents, while respecting their choices and supporting them to live as independently as possible. Early in the day, the inspector observed some residents up and dressed, relaxing in the gardens with breakfast drinks, or heading out to external services that supported their rehabilitation. Most residents were observed to prefer to take breakfast in their bedrooms, as they had freedom to arise when they wished. There was an occupational therapy kitchen available for use by residents under staff supervision, in which they could bake and prepare light snacks. Such activities were encouraged to assist residents' transition to living in the community.

The design and layout of the centre promoted a good quality of life for residents. Overall the centre was warm and well decorated, with homely living areas which allowed residents to relax or participate in activities in comfort. Each floor has a sitting room, a quiet room and a dining room, all of which were clean and tidy and provided residents with pleasing views of the surrounding countryside and the centre's gardens. On the first floor there was also a welcoming room, known as the balcony room that was comfortably furnished for resident's use with seating and a large screen used for frequent movie nights. There were a selection of board games,

books and a TV available in each sitting room for residents' use outside scheduled activities.

The inspector observed a number of other facilities in the centre, to cater for the social and personal preferences of the residents. A hairdresser visited fortnightly, and there was a dedicated hairdressing room available for their use. The inspector saw evidence that the registered provider intended to replace the sink in this room with a wheelchair accessible sink to improve resident's comfort. There was an indoor smoking room that was well ventilated and equipped with fire safety equipment, and there was an activities room available for resident's use on the ground floor. However, the inspector observed that this room required some attention as it was used to store spare wheelchairs, a mattress and boxes of activity items were on the floor.

Activities were led by two dedicated activity co-ordinators Monday to Sunday. At the time of the inspection, the weekend activities were being led by care staff as the post had been recently vacated. However, a new co-ordinator was being recruited. The staff made good efforts to provide meaningful activities that residents could participate in groups or individually. Activities included an imagination gym, mindfulness and meditation sessions, art therapy, boxercise classes and chair yoga. A number of residents informed the inspector that they greatly enjoyed a weekly meet up at the in house Velvet Café, which was held in the balcony room. Residents were encouraged to participate in the running of this café, with some residents baking scones and treats in the occupational therapy kitchen and others serving at the café in the afternoon.

Residents were also encouraged to maintain links with the community. A mini-bus was hired to bring residents to local places of interest such as the Botanical Gardens and Howth Summit. Residents also informed the inspector that they enjoyed trips to local shops and cinema.

There was a large garden located to the front of the centre, which many residents were observed to use throughout the day of the inspection, both for exercise and to relax. The garden had been designed with wide, meandering pathways and some high planting to provide residents with privacy around the many seating areas located along the pathways. There was also a large polytunnel for residents to plant vegetables, and the inspector observed a number of residents and their visitors enjoying this area on the day of the inspection. The centre was wrapped around an enclosed courtyard garden with flowering plants and trees and seating that afforded residents opportunities to sit and enjoy this well-maintained area.

The inspector spoke with five residents, who stated that they felt safe and well cared for living in the centre. They said that that staff were very nice, 'lovely' and 'kind'. Throughout the day, the inspector observed staff speaking with residents in a gentle and respectful manner, during encounters along corridors and at mealtimes. The rapport between the person in charge, staff and residents demonstrated a familiarity with each other, and care and social interactions appeared normal and effortless.

Dining rooms were bright and clean. The inspector observed staff assisting residents with their lunchtime meal in a patient and kind manner. Residents were presented with two options of what they wished to eat at both the lunchtime and evening meals, and many spoken with said that they enjoyed the food on offer. Fresh jugs of water were delivered to residents' bedrooms each morning and water coolers were located in the dining rooms for residents to access throughout the day. The inspector observed that snacks were available to residents between meals.

Resident's families and friends were welcomed and encouraged to participate in residents' lives in the centre. The inspector observed many visitors meeting with residents throughout the day of the inspection, and some informed the inspector that they visited daily and some twice each day without issue. Visits were seen to take place in resident bedrooms, a dedicated visitor's room and in the gardens.

There was good evidence that residents were kept informed regarding the running of the centre and that their views were welcomed. There were monthly resident meetings and an annual survey on the service was issued to residents. The inspector also observed that the person in charge frequently updated resident's families via email on key issues, such upcoming activities that families could partake in, vaccination programmes for residents and any changes to visiting arrangements.

Overall, there was a warm and happy atmosphere in the centre. Some residents spoken with expressed a wish to return to living as they had before they had acquired their injuries, however all expressed satisfaction with the services they were receiving while living in the designated centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

While there were effective management systems in this centre, ensuring good quality and appropriate clinical care was being delivered to the residents, the inspector was not assured that the provider had adequate systems in place to protect residents in the event of a fire or during their discharge from the centre.

St. Doolagh's Park Care and Rehabilitation Centre is operated by Costern Unlimited Company. There was a well-defined management structure in place, which consisted of the registered provider representative, clinical operations manager and the person in charge. The person in charge was responsible for the day to day operations of the centre, and was supported in their role by an assistant director of nursing. Other staff members included clinical nurse managers, nurses, healthcare assistants, catering and domestic staff, activity staff, a maintenance person and an office administrator. The registered provider had also resourced the centre with a multi-disciplinary health care team, which included a physiotherapist, an

occupational therapist, a psychologist and assistant psychologist and two therapy technicians, to meet the specific needs of the residents living in the centre.

There were clear structures around how the centre operated and the registered provider's oversight of operations. A fortnightly management meeting was attended by the senior management team to oversee and discuss the day to day operations of the centre. Records of management meetings showed that audit results, facilities issues, complaints, staffing levels, and residents' care and welfare were discussed at these meetings. Regular audit and quality assurance systems informed the provider of the residents' clinical care and operational issues within the centre. However, the inspector identified a number of risks to residents living in the centre that had not been identified by the registered providers monitoring systems. Some risks, identified by the registered provider, were not being appropriately managed on the day of the inspection. This is further discussed under regulation 23 below.

The inspector viewed the annual review of the quality of the service in 2021, and saw that it had been prepared in consultation with residents. The review also contained quality improvement plans for the service, that would enhance the well-being and care of residents. For example, defined referral pathways and staff training opportunities.

Staff training records confirmed that all staff were up-to-date in mandatory training, such as safeguarding residents from abuse, safe manual handling procedures and fire safety. The records also showed that staff had completed supplementary training appropriate to their roles, such as infection prevention and control, acquire brain injuries, medication management and human rights approach, to support them in delivering person-centred and safe care to residents. New staff members were allocated a mentor with whom they completed a comprehensive induction pack.

The inspector reviewed two contracts for the provision of services and found them to be in line with the regulations. The contracts reviewed outlined the terms and conditions of the residency and the fees to be charged for additional services.

The records of three staff were reviewed and found to contain the documents as required by Schedule 2 of the regulation, including Garda Síochána vetting disclosures, references and verification of relevant or accredited training.

The person in charge had responsibility for managing complaints in the centre. The inspector reviewed the four complaints received to date in 2022, and saw that each was investigated and responded to appropriately. The records confirmed that the outcome and satisfaction of the complainant was also recorded for all complaints received. There was an up to date complaints policy in place, which contained details of the appeals procedure.

Regulation 16: Training and staff development

Training records showed that all staff were up to date with their mandatory training

and that many had access to supplementary training appropriate to the service being provided to residents.

There was a formal induction programme in place for new staff, and all staff were appropriately supervised day, night and at the weekends.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed three staff files and saw that they were maintained as set out in Schedule 2 of the regulations. The files were stored safely and accessible on request.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to improve the registered providers' oversight of some areas of the service. Issues identified are as follows:

- Risks highlighted in a report, by an external fire expert, on the fire doors throughout the centre had not been addressed by the registered provider. The registered provider had not developed an agreed action plan or timelines within which the required works would be completed. The report had been generated three months before the inspection date.
- The registered provider did not have adequate risk management systems in place. For example, they had not developed a risk assessment with appropriate risk reduction measures to control the risks associated with the damaged fire door closers on some bedroom doors.
- The registered provider's monitoring systems were insufficient in that they had not identified the following, as seen by the inspector:
 - two oxygen cylinders were not adequately securely stored. This risk was appropriately addressed on the day of the inspection.
 - inappropriate storage of resident's equipment, such as electric wheelchairs, in corridors.
 - Two clinical hand-wash basins did not meet the national standards.
 - Although the registered provider was aware that there mechanical and electrical faults with fire door closers on some bedroom doors, these faults were not recorded and monitored in the log of weekly fire door inspections.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector viewed a sample of resident contracts and saw that each set out the terms and conditions of their residency and contained the required authorisations. The contracts contained information on the cost of care and details regarding fees that may accrue for additional services.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place, which was displayed in the entrance foyer of the centre. The person in charge managed complaints received, and the Clinical Operations Manager was the designated complaints appeals officer.

There was evidence of effective management and recording of all complaints received in 2022.

Judgment: Compliant

Quality and safety

There was evidence that that the registered provider was delivering good quality clinical care to residents and that they had good access to healthcare. Residents had opportunities to participate in activities in accordance with their interests and capabilities. However, improvements required with the temporary discharge of residents and with fire precautions in the centre.

The inspector reviewed a sample of resident's care records, focusing on new admissions, those who sustained an injury due to a fall, wound care and those displaying behaviours that challenge (how people with certain conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents' health and social care needs were comprehensively assessed on pre-admission and again on admission, using a variety of evidence based clinical tools such as those on mobility, communication, nutrition and skin integrity. Person centred care plans were then developed to support and guide staff to meet these needs. There was evidence of ongoing consultation with

the residents and their families in relation to care planning, which were regularly reviewed and updated as required. The records reviewed also showed that residents were closely monitored for any changes in their health and well-being, and that as any changes occurred residents had timely access to appropriate medical and health professional services.

The inspector reviewed the documentation that provided relevant information on residents' medical status when they were temporarily transferred to another facility, such as to hospital after a fall. The inspector was provided with evidence that on returning from such facilities, the discharge letter was filed, and relevant medical and care information transcribed to the resident's records and provided to the resident. However, on the day of the inspection, there was no documented evidence to show that residents were discharged from the designated centre, to such facilities, with the necessary information detailing their medical needs or medication management. The inspector was informed that the resident's electronic information system did not retain such records, and that copies of discharge letters were not made and stored. This is further discussed under regulation 25: Temporary absence or discharge of residents below.

Residents who spoke with the inspector reported that they felt safe living in the centre, and practices observed demonstrated that residents were protected from abuse. The registered provider had adopted the national safeguarding policy and procedures to guide staff on safeguarding residents, by preventing and responding to any allegations of abuse. All staff had received training in safeguarding vulnerable adults, and there were posters throughout the centre highlighting the importance of protecting vulnerable adults from abuse. The inspector reviewed the care records of a number of residents vulnerable to abuse and of residents who, at times, displayed behaviours that challenge. These records showed that the multi-disciplinary team had worked together to identify the triggers for such behaviours, and had agreed on the measures to be implemented to positively manage, and protect the residents and others, from such behaviours.

Residents could receive visitors in the privacy of their single occupancy bedrooms, in a designated room or in the gardens. The person in charge regularly communicated with residents' families via email, with updates on visiting, activities taking place and vaccination schedules. There were also five computer tablets available to residents for use in communicating with friends and family.

The registered provider had a well-organised, and monitored, system in place to ensure that the petty cash held for a number of residents living in the centre was secure and easily accessible to them. Residents were satisfied with the arrangements in place for the laundering and storage of their clothing, and all bedrooms had adequate wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was also available in residents' bedrooms, for use to store their valuables.

Residents had access to fresh drinking water throughout the day, and snacks were provided at regular intervals. Written menus were displayed on dining room tables, and showed that at lunch time there was a second choice of meal on the menu and

three choices at tea time. The inspector was informed that residents could also request an alternative choice of meal if desired. There was clear communication between care staff and the chef to inform them of the needs of residents on modified diets. The inspector observed the lunchtime meal being enjoyed by residents, and that it was wholesome and nutritious.

Some arrangements were in place in relation to promoting fire safety in the centre. Suitable fire safety equipment was provided throughout the centre, and documentation reviewed by the inspector evidenced the fire alarm and equipment were serviced at appropriate intervals. Fire safety training and fire drills on compartments had been completed by staff within the previous year. However, the inspector was not assured that the registered provider had adequate arrangements in place for reviewing fire precautions. This is further discussed under Regulation 28 below.

Regulation 11: Visits

The registered provider had suitable arrangements in place to ensure that residents could receive their visitors seven days per week. Residents were able to receive visitors in their bedrooms or in a dedicated room within the centre.

Visitors were required to complete appropriate infection control practices on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control of their personal property, possessions and finances. There was a secure storage unit in each bedroom.

Laundry services were provided to residents and this service was seen to be well-organised.

All resident monies kept by the registered provider were maintained in line with best practice for safeguarding residents finances.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents had a choice of nutritious foods at meal times, and that the dietary needs of all residents were met. Snacks and fresh water were also available throughout the day.

The person in charge also ensured that there were an adequate number of staff available to assist residents at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was no documented evidence of a transfer letter containing relevant information about residents when they were temporarily discharged to a receiving designated centre, hospital or place. This could potentially negatively impact on outcomes for residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to ensure adequate precautions were in place to protect residents in the event of a fire. For example;

- The inspector observed that the fire door closers on eight bedroom doors were mechanically or electrically broken and therefore would not close the bedroom door when activated. As a result, they could not protect the bedroom occupants from the spread of fire and smoke in the event of a fire in the centre. This finding was identified by a competent fire person during a fire door assessment in June 2022. However, at the time of the inspection, no action plan had been agreed by the registered provider following their receipt of the expert's report. This risk was brought to the attention of the management team by the inspector on the day of the inspection, and appropriate control measures were immediately implemented to ensure the safety of residents living in the centre.
- The registered provider had not engaged the services of an external fire safety expert to complete a Fire Safety Risk Assessment on all aspects of the service, including the entire premises and the likelihood of fire in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident's health, social and personal care needs were comprehensively identified using a variety of validated assessment tools, and the assessment outcomes used to inform person centred outcomes. Care plans were reviewed at intervals not exceeding four months, or as the resident's status changed.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to abuse concerns, in line with best practice. Staff had up-to-date knowledge and skills regarding protecting residents from abuse, and any incident or allegation of abuse was investigated and acted on.

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
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Doolagh's Park Care and Rehabilitation Centre OSV-0004042

Inspection ID: MON-0038039

Date of inspection: 29/09/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider has reviewed the Audit that was commissioned by the center and works are agreed to commence in November 2022 to address risks identified by the external audit on fire stopping.</p> <p>The person in charge has completed risk assessments in relation to the fire stopping issues identified and this is a controlled risk on the risk register.</p> <p>The person in charge has implemented a daily audit of all fire doors to ensure all risks are identified on the premises and addressed.</p> <p>Oxygen storage was issue was addressed on the day of the inspection immediately.</p> <p>The registered provider has commissioned works to implement clinical sinks as identified by the inspector.</p> <p>The external company employed to complete the firestop project aim to have the extensive works completed by the end of April 2023. The plan involves a final site measure for the new door sets, to produce and certify new doorsets and commence fitting in January 2023.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The National Transfer Document is used when residents are transferred out of the facility to other healthcare facilities. The person in charge had difficulty in retrieving the</p>	

document on the day of the inspection.

Guidance and training on how to retrieve information on the national transfer document was delivered to staff.

The person in charge has implemented an audit system to review all transfers from the facility.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The person in charge has implemented a daily check list for all doors within the building to ensure closing mechanisms are in working order.

The building is certified by a competent person and a fire certificate is in place for the service. Following this inspection, the registered provider has engaged the services of an external competent fire engineer to complete a fire safety risk inspection of the premises and this is planned for December 5th 2022. Any non compliances or findings identified in the fire safety risk assessment of the premises will be actioned by the provider.

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 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	30/04/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	10/11/2022

	designated centre, hospital or place.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/12/2022