Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Mulcahy House (Respite) |
| Name of provider: | St Aidans Services |
| Address of centre: | Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 March 2025 |
| Centre ID: | OSV-0001854 |
| Fieldwork ID: | MON-0046532 |

## About the designated centre

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

Mulcahy House (Respite) is a designated centre operated by St Aidans Services. It provides respite care for up seven respite users, male and female, with moderate to severe intellectual disability and high physical support needs. The service is open seven days per week and supports adults and children at different times. At the time of the inspection, over 50 individuals availed of the respite service. The designated centre is a single story house which consists of kitchen, dining room, sitting room, office and seven individual bedrooms. There is a secure garden to the rear of the house. The designated centre is staffed by staff nurses, social care workers and care staff. The staff team are supported by a person in charge.

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

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

## How we inspect

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 |
|---|---|---|---|
| Wednesday 19 March 2025 | 09:00hrs to 16:20hrs | Sarah Mockler | Lead |
| Wednesday 19 March 2025 | 09:00hrs to 16:20hrs | Marie Byrne | Support |

## What residents told us and what inspectors observed

This unannounced inspection was carried out in response to solicited information received by the Chief Inspector of Social Services in January 2025. The solicited information outlined concerns in relation to residents' safety and well being, staff knowledge and training and medicines management. Following receipt of the notification a provider assurance report was issued to and returned by the registered provider.

Overall, the findings of the inspection were that the assurances submitted in the provider assurance report were completed or in process of completion on the day of inspection. The provider had responded to the notified incident in a comprehensive manner. However, in order to meet the requirements of the regulations, improvements were required in aspects of managing residents' healthcare needs, oversight and maintenance of documentation, premises accessibility and maintenance of suitable outdoor spaces for children. These areas will be discussed further in the main body of the report.

The designated centre comprises a seven bedroom bungalow located on the outskirts of a large town in Co. Wexford. There are seven resident bedrooms, six bathrooms, a kitchen come dining room, a utility room, a sitting room and a staff office. At the time of the inspection, one bedroom was being used as an office and one for storage. At the front of the house, there is a small garden with parking facilities. At the side of the house there is a patio area with seating. Accessibility in areas of the premises and outdoor recreational areas and facilities required review and this will be discussed later in the report under Regulation 17: Premises.

In Mulcahy House respite care can be provided for up to seven adults, or children with an intellectual disability. At no time do adults or children share their respite break. Currently over 50 individuals availed of respite breaks within the service. The length of respite breaks varied dependant on the needs and funding arrangements in place. On the day of inspection three adults were availing of a respite break.

During the inspection, the inspectors of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the three residents availing of respite, three staff supporting them, the person participating in the management of the designated centre and the interim Chief Executive Officer. Documentation was also reviewed about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

When inspectors arrived residents were in bed and over the course of the morning they had an opportunity to meet the three residents in respite as they got up for their breakfast. One resident spoke with inspectors over the course of the inspection while the other two residents used vocalisations, gestures, facial expressions and

body language to communicate. Throughout the inspection, staff were observed to be familiar with residents' communication preferences.

One resident spoke about the important people in their life, where they were from, where they went to day services, and how they liked to spend their time. They said some of their favourite things to do included watching their favourite programmes on television, gardening, shopping and spending time with their family and friends. They spoke about an upcoming event they were looking forward to and the clothes they wanted to wear to it. They also spoke about their plans for summer holidays.

Across the day of inspection residents were observed to spend time in the kitchen or sitting room or relax in their bedrooms. One resident enjoyed a walk outside with a staff member and the inspectors met them on their return to the centre. The residents were observed to sit at the table and enjoy lunch together. At times, one resident found it difficult to tolerate the environment if too many people were present or if it was too loud. Staff were observed to support the resident at these times.

Throughout the house there were documents and posters available for residents on areas such as safeguarding, complaints, rights, and the availability of advocacy services. The statement of purpose, provider's six-monthly and annual review and the latest inspection report was readily available in the hallway should residents or their representatives wish to review them. In addition, there were a number of documents available in an easy to read-format such as the residents' guide and a guide to restrictive practices.

In summary, for the most part residents' assessed needs were being met on their respite stay. Some improvements were required to ensure safe and effective services were available across all aspects of care and support such as healthcare needs, accessibility access, access to suitable outdoor spaces and accurate and effective documentation processes.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

## Capacity and capability

This risk-based inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013. As previously mentioned, it was completed to follow up on the written assurances submitted to the Chief Inspector following submission of a notification of concern.

Overall, inspectors found that the provider had completed an investigation and

implemented a number of actions as stated in the provider assurance report. They had completed a number of audits and reviews and developed action plans to bring about the required improvements. Although the provider was self-identifying that their systems for oversight and monitoring of documentation required further strengthening, this action remained outstanding on the day of inspection. Inspectors found that they required more time to implement some of these actions, particularly those relating to the oversight and review of documentation. These areas will be discussed further, later in the report.

There was a clear management structure in the centre. The person in charge was on planned leave at the time of the inspection.The provider had identified the person participating in the management to be responsible for the day-to-day management of the centre, as an interim measure while they recruited to cover the planned leave.

## Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents availing of respite care within the centre. There were systems in place to ensure the skill-mix of staff was maintained at all times. For example, if there was a change in the roster due to unforeseen circumstances, a risk assessment would be completed to ensure the skill-mix was suitable for the assessed needs of residents. The inspectors reviewed a risk assessment that was completed in January 2025 and found that the measures in place were adequate to ensure residents were well supported.

The skill-mix comprised the person participating in management, staff nurses, social care workers and healthcare assistants. There were also staff assigned to administration and house keeping that worked in the centre on a weekly basis. Regular relief and agency staff were sought, where possible, to support consistency of care for residents.

The inspectors reviewed the planned and actual staff rosters for a six week period between January and March 2025. All rosters were well maintained with the staff members full name, role and hours worked represented on the roster.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a good level of compliance with mandatory and refresher training maintained in the centre. Inspectors reviewed the training records for all staff and saw that all 15 staff were up-to-date in training in key areas including safeguarding,

hand hygiene and managing behaviour that is challenging.

Additionally, staff were up-to-date in trainings required by residents' specific needs. For example, all staff had received training in relation to managing epilepsy.

As part of the written assurances submitted to the Chief Inspector the provider had committed to providing supervision to staff following the reported incident. The inspectors reviewed the supervision notes which contained a reflective and learning piece in relation to the incident.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had a number of systems in place to ensure sufficient oversight of the service. Overall the inspectors found that the systems in place were effective in ensuring that the majority of residents' assessed needs were met during their respite stay. In addition, as previously stated the provider had completed actions as stated in their provider assurance plan.

The provider's systems for oversight and monitoring included six-monthly and annual reviews. Inspectors reviewed the most recent two six-monthly reviews and the latest annual review and found that the provider was identifying areas of good practice and areas for improvement. On review of these audits it had been identified that documentation within the centre required review to ensure it was accurate and in line with residents' assessed needs. This remained outstanding on the day of inspection. The inspection findings indicated that documentation in the centre was not always accurate, easily accessible or in place when required. For example, some risk assessments were not on residents' files, contracts of care contained incorrect information, and some care plans were absent.

Inspectors found that there were two systems being used simultaneously at the time of the inspection, which presented a risk that the most up-to-date documents were not available to guide staff practice. The provider had an action plan in place to progress towards a paperless system by the end of quarter two 2025. However, on the morning of the inspection, staff informed inspectors that they use the paper based system to guide their practice. During the inspection, inspectors found that there were discrepancies between some of the documents available in the residents' paper files and the ones on the provider's electronic system. For example, one resident's care and support plan printed in their folder differed from the one on the electronic system. It had been reviewed on three occasions since the version available in their personal plan folder. This posed a risk to residents as information and directions to staff were not clear and easily accessible.

Judgment: Substantially compliant

## Quality and safety

Inspectors reviewed a sample of records relating to seven residents and found that these documents positively described their likes, dislikes and preferences. However, some practices in relation to meeting residents healthcare needs were not informed by suitably qualified health professionals and there was an absence of clear guidance. This posed a risk to the residents within the centre.

Although overall the premises was well maintained, had suitable storage facilities, laundry facilities and communal areas for residents during their respite stay. The accessibility of aspects of the home was hindered by the layout of furniture. There provider had not reviewed the premises in terms of best practice around accessibility.

## Regulation 17: Premises

As part of the inspection process the inspection process the inspectors completed a walk around of all aspects of the premises. The residents availed of their respite stay in a large detached bungalow building located in a residential area in a town in Co. Wexford. The centre was close to all local amenities such as parks, shops, cafes and restaurants.

There were seven bedrooms in the centre. All bedrooms had bedside lockers and wardrobes to store their items while on their stay. On the day of inspection three bedrooms were occupied, one bedroom was allocated as a storage room, one bedroom as an office and there were two empty bedrooms. The residents also had access to a large sitting room, kitchen come dining area and utility room. All parts of the centre were presented as clean, including the bedrooms that were unoccupied.

While meeting the residents the inspectors observed that the kitchen was not fully accessible due to the layout of the furniture. A resident was observed to self-propel into this area in their wheelchair. When they wanted to exit this area they were unable to do so as there was insufficient room to turn their chair. The staff team confirmed that the area had not been assessed from an accessibility stand point. This required review to ensure best practice was in place in terms of accessing all parts of the home.

The inspectors observed that outside there was a patio area and an area with soft tiles present. As the centre accommodated children the regulations required that a suitably equipped outside area is available for children to play in. There was one play car present and no other equipment and patio furniture was present on the soft tiles. This area required consideration to ensure that it was suitably equipped for children to enjoy out door play. There were no children present on the day of

inspection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

As part of the aforementioned provider assurance report submitted by the provider to the Chief Inspector, they had identified a number of actions to bring about improvements in relation to audit forms and documentation relating to medicines managements and residents' prescriptions. From a review of a sample of nine residents' prescriptions and 17 audits relating to medicines management, inspectors found that the majority of these audits were picking up on areas for improvement and action plans were in place. However, inspectors found some gaps in residents' documentation relating to medicines management which had not been picked up on through audits and this required review by the provider. This is captured under Regulation 23: Governance and Management. In addition, inspectors found that the provider's policy and guidelines around the administration of oxygen required review ad this is captured under Regulation 6: Health care.

Over the course of the inspection, inspectors reviewed the provider's systems for receipt, prescribing, storing and administration of medicines. A staff member showed an inspector the storage facilities including the main locked press for the storage of medicinal products, the press for emergency, as required medicinal products and the locked fridge for storing medicinal products. There were a number of audits and systems in place for stock checks and to ensure that residents had the required medicines and corresponding prescription on admission to respite. These included a daily medication audit and record of medicines in and out, and an overall medication management audit.

Inspectors reviewed the staff training matrix and found that staff had completed training on the safe administration of medicines including the administration of some emergency medicines and oxygen. Inspectors also reviewed a sample of competency assessments for staff as part of the safe administration of medicines training.

Residents who wished to were supported to take responsibility for their own medicines following a risk and capacity assessment. Inspectors reviewed the records for one resident who was self-administering their medicines while in respite. There was facilities to lock their medicinal products in their bedroom, or they could choose to store it in the medication storage press in the staff office.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found that generally residents healthcare needs were met; however, some practices within the centre were not in line with best and evidence based practices. For example, the provider's policy stated that oxygen could be administered to residents in the event of an emergency. The inspectors reviewed one recent incident where this practice had occurred. However, no residents were prescribed oxygen, there was no guidance in place on how much oxygen was to be delivered or for how long. This presented a risk to the residents and required immediate review.

In addition, there were deficiencies in documentation relating to residents assessments and healthcare plans. Improvements were required to ensure that the part of personal plans that relate to residents' health reflected their assessed needs. Some documents reviewed did not demonstrate the reasons for decisions or guidance relating to residents' healthcare needs. For example, in three of the nine residents' plans reviewed their feeding, eating, drinking and swallowing assessments indicated that they did not need an assessment by a health and social care professional such as a speech and language therapist or occupational therapist: however, their care/support and action plan documents indicated they required support with different consistencies of food and different types of equipment to support their independence while drinking fluids. It was not clear if the information in the care plans related to their preferences, or was required to manage a risk relating to feeding, eating, drinking and swallowing.

Judgment: Not compliant

## Regulation 8: Protection

The registered provider had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.There was a child safeguarding statement available and on display in the centre.

The recent incident notified to the Chief Inspector, had also been notified to the Safeguarding and Protection Team and a suitable investigation had taken place. There were no open safeguarding concerns at the time of inspection.

Following a review of three residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' needs ensuring their privacy and dignity was respected.

Consideration, in relation to the grouping of residents, was completed prior to

| |
|---|
| admission to the respite stay to ensure that potential safeguarding concerns were minimised. |
| 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 17: Premises | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 6: Health care | Not compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Mulcahy House (Respite) OSV-0001854

## Inspection ID: MON-0046532

## Date of inspection: 19/03/2025

**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:<br><br>• A PIC has been appointed to Mulcahy House Respite from 14.04.2025. Governance and Management oversight arrangements in place between PIC and Senior Residential Manager/ PPIM and this is scheduled at least Quarterly.<br>This will ensure that any areas identified as requiring improvement will be monitored and all actions complete in line with agreed timelines.<br><br>• The Respite Personal Plan has been redesigned and provides clear guidance on the areas identified as requiring supports for the guest, ensuring appropriate systems that identifies specific supports provided during respite stays. The new Respite Personal Plan went live on 14.04.25 and will be stored online on CID.<br><br>• During this period of system change over (14.04.25 – 18.08.25), accuracy of guest's information is audited by PIC prior to each guest's stay.<br>• The paper-based version will be retired by 18.08.25.<br><br>• PIC oversight is in place within the centre on all respite plans to ensure accuracy on the information gathered by frontline staff. This includes a management review and sign off on the Pre-admission Audit as a final check prior to guests being admitted to the respite centre. This is an additional check to ensure any discrepancies in documentation is captured and corrected prior to admission. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br><br>• An Occupational Therapy Assessment has been arranged for 15.05.2025. | |

• The OT will complete a review of the environment to ensure the best practice is in place in terms of accessing all parts of the center. In addition to this, the OT will provide guidance on toys/ facilities for children attending the service – appropriate to their age and support needs.

• In the interim, a local review of the environment was completed on 24.03.25 by PPIM to ensure the kitchen was fully accessible for wheelchair users. This led to the repositioning of furniture which has now given adequate space to ensure full access for wheelchair users.

• Statement of Purpose and Function: review complete 11.04.25. The information outlined in the premises section of the SOP has been updated to reflect accessibility within the building and this will be reviewed further following OT assessment and recommendation on 15.05.25.

• The Pre-Admission Audit has been updated and commenced on 14.04.25 and this audit occurs 2 weeks prior to each respite stay. This audit now includes PIC review on the environmental considerations for each individual prior to admission – e.g. full access within the centre. This prompts the PIC to any alterations that may be required to meet the needs of the guest within the respite environment – Equipment/ change of environment. This additional check will also prompt the PIC to review the need for an OT assessment for new referrals, if required.

• A range of children's items were purchased and implemented on 05.04.25 to ensure children have the opportunity to access a range of indoor and outdoor play items, which included items appropriate to the age profile of the children that are currently attending the service. Such items include sport equipment/soft play items/sensory play – water and sand, video game devise. This is available within the center in addition to accessing community play and activity areas.

• A review of the children's bedrooms was complete and there is plans in place to upgrade the bedding and accessories within the bedrooms to ensure it is presented as a child-friendly environment. These items will be rotated between Adult and Children's stays.

| Regulation 6: Health care | Not Compliant |
|---|---|

Outline how you are going to come into compliance with Regulation 6: Health care:

Oxygen Therapy:
• Organisational review complete and the policy was updated with the changes agreed and these were effective from 02.04.25.
• Policy updates include:
• Cessation of the use of Oxygen as an emergency measure. Staff are now guided on accessing support from emergency services in the event of an emergency, unless the individual is prescribed Oxygen.
• Where an individual is prescribed Oxygen Therapy, this is clearly identified on the Kardex, and an associated PRN guide is in place to outline specific direction individualised

to the individual.
• This practice has been rolled out organisationally and oxygen cylinders have been removed from all centres were there is no prescription for use of same.
• A review took place on all guest attending respite who are currently prescribed oxygen therapy. It was identified that there were 2 guests prescribed same as a historical practice, this is currently under review.
• O2 storage has been considered within the respite centre and an outdoor storage cage has been added to a storage area external to the building and this will be used for storing O2 cylinders should a new referral require oxygen therapy.

Guidance documentation:

• Redesign of Respite Personal plan and Pre-admission auditing has been complete (As outlined in action plan – Reg 23).
• A comprehensive review was also completed on 07.04.25 by PPIM, within the area of Feeding, Eating, Drinking and Swallowing support for guests attending the respite center. This involved a review of all guests' needs, preferences and clinical guidance if required in this area.
• The newly devised Respite plan sets out a range of questions within section 2 (Health and Wellbeing) relating to this area of support.
• This assessment prompts the auditor to establishing if the support requirements are:
A - preference
OR
B - clinically recommended. If yes, the SALT plan is attached.
• Within this assessment, staff are prompted to explore areas such as diagnosis, recommendations from SALT or OT, guest's ability to feed themselves or hand over hand, utensils, food and drink preferences, likes and dislikes, food allergies.
• Following completion of this assessment, documentation will be updated in line with the pre-admission audit, two weeks prior to guest stay, with a final review and sign off by PIC to ensure all information is accurate and up to date.

## Section 2:

## Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 17(3) | The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities. | Substantially Compliant | Yellow | 30/07/2025 |
| Regulation 17(6) | The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the | Substantially Compliant | Yellow | 31/05/2025 |

| | | | | |
|---|---|---|---|---|
| | premises of the designated centre to ensure it is accessible to all. | | | |
| Regulation 23(1)(c) | The registered 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. | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Not Compliant | Orange | 18/08/2025 |