



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

Issued by the Chief Inspector

Name of designated centre:	New Cabra Road
Name of provider:	St Michael's House
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	14 September 2023
Centre ID:	OSV-0002345
Fieldwork ID:	MON-0037418

About the designated centre

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

New Cabra Road is a designated centre operated by St. Michael's House. It provides residential care and support to adults with an intellectual disability. The centre comprises a large three-storey house located in the suburbs of Dublin city centre. Residents with additional physical or sensory support needs can be accommodated in the centre. New Cabra Road can support people with well-managed health conditions and a dual diagnosis of intellectual disability and mental health. The centre is staffed by a team of social care workers, and managed by a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 14 September 2023	09:45hrs to 15:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the designated centre. Overall, the inspector found that residents had active lives and received care and support that was individualised to their needs, wishes and personal preferences. However, improvements were required to aspects of the quality and safety of the service provided in the centre and to meet compliance with the associated regulations.

The centre comprised a large three-storey house close to the city centre and within a very short walking distance to many amenities and services including shops, cafés, and public transport. The inspector carried out an observational walk-around of the centre with staff on duty during the inspection. The premises provided ample living space, and the communal areas included a bright and comfortable sitting room, sun room, open plan kitchen and dining area, and bathroom facilities. There was also a small front garden, larger rear garden, and a detached utility room and garage at the back of the garden. The residents had their own individual bedrooms, and there were three unused rooms previously used as bedrooms.

The inspector observed nice pictures and photos of residents displayed in the hallway, and a notice board in the kitchen showed information on residents' rights and making complaints. There were no restrictive practices in the centre. Most areas of the centre were nicely decorated and homely however, some cleaning, maintenance and renovation was required.

The inspector observed good fire safety systems including fire detection, containment and fire fighting equipment. The inspector also observed that some of the infection prevention and control (IPC) measures such as access to hand-washing facilities required enhancement. The premises, fire safety and IPC matters are discussed further in the quality and safety section of the report.

The residents opened the front door to the inspector when they arrived at the centre however, they declined to speak or engage with the inspector during the inspection, and their decision was respected. During the inspection, one resident chose to go into the city centre independently, and the other resident went on a social outing with staff.

The provider's recent annual review of the centre had consulted with residents and their representatives. The residents' feedback indicated that they were "happy", liked living in the centre, and were satisfied with the supports they received. They did not have any complaints, felt safe, and said that staff "always listen" to them. Feedback from their representatives was also positive and indicated satisfaction with the service provided in the centre.

The inspector met and spoke with the person in charge and a relief social care worker working during the inspection. The inspector did not have the opportunity to

observe their interactions with residents but did observe and hear staff talking to residents in a respectful and warm manner.

The person in charge told the inspector about the residents' varied health and social care needs. They said that residents received a very good quality of service in the centre, and that their wishes and preferences were respected. They told the inspector that safeguarding concerns in the centre were being well managed which was leading to a reduction in the number of incidents. They were satisfied with the staffing arrangements, and complimented the staff team on the care and support they provided to residents. The person in charge felt confident raising any concerns with the service manager who they described as being very supportive to the staff team and residents.

The relief social care worker regularly worked in the centre, they told the inspector that residents had a good quality of life and appeared happy living in the centre. They said that there were no restrictions in the centre, and that residents had control over their lives, for example, they choose their individual activities, routines, and goals. The social care worker told the inspector about the activities residents enjoyed, such as eating out, shopping, theatre shows, and visiting museums and galleries. One resident was planning an overnight break away with their key worker. Residents could use public transport and there was also a dedicated vehicle available in the centre.

It was clear to the inspector that the social care worker knew the residents very well as they spoke about the residents' dietary requirements, positive behaviour support strategies, safeguarding plans, medicines, and health conditions. They also told the inspector about recent fire drills in the centre and the supports residents required to evacuate. They had no concerns and said they felt comfortable raising and discussing any potential concerns with the person in charge.

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

Capacity and capability

There were effective management systems to ensure that the service provided in the centre was safe, consistent and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They were supported in their role by a service manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the

centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out, and actions were identified to drive quality improvement in the centre.

The staff skill-mix of social care workers was appropriate to the needs of the residents and for the delivery of safe care. Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge maintained planned and actual rotas showing staff working in the centre. There were some vacancies, however they were managed well to reduce any potential adverse impact on residents.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspector that they were satisfied with the support they received. Staff could also contact the service manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, fire safety, infection prevention and control, incidents, health and safety issues, restrictive practices, and staff training.

The provider had prepared written policies and procedures on the matters set out in Schedule 5. There were no current complaints, however, the provider had prepared an effective complaints procedure that was also in an easy-to-read format for residents.

The provider had also prepared a written statement of purpose that contained the information set out in Schedule 1 and was available to residents and their representatives to view.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They possessed relevant qualifications in social care and management, and had the skills and experience necessary to manage the centre. They were based in the centre, and had dedicated time to carry out their administration and management duties.

The person in charge demonstrated a good understanding of the service to be provided in the centre and was knowledgeable on the relevant legislation.

Judgment: Compliant

Regulation 15: Staffing

The person in charge was satisfied that the current staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of residents in the centre. There were two staff vacancies, however they were being managed to reduce any adverse impact on residents. The vacancies were filled by the same regular relief staff to ensure that residents received continuity of care and support.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Staff completed training in areas such as, fire safety, safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, medication management, emergency first aid, and supporting residents' eating and drinking needs. The provider had also recently added human rights training to the training complement which staff working in the centre were scheduled to complete.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled quarterly as per the provider's policy. The person in charge maintained supervision records and schedules. In the absence of the person in charge, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was supported in their role by a service

manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate including formal monthly meetings and sharing of governance reports.

The person in charge also attended regular group meetings with other managers who reported to the senior management team for the purposes of sharing updates and learning.

The provider and person in charge had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Audits had also been carried out in the areas of fire safety, hygiene, finances, health and safety, and medication. The person in charge maintained a quality enhancement plan to monitor the actions for improvement.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised in July 2023, and was available in the centre to residents and their representatives. Parts of the statement of purpose were in an easy-to-read format with pictures to be more accessible to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, such as allegations of abuse and loss of heating, were notified to the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure which was underpinned by a comprehensive policy. The complaints procedure had been prepared in an easy-to-read format for residents.

Resident support meetings from April and May 2023, recorded that the complaints procedure had been discussed with residents to support their awareness and understanding of the procedure. Residents had access to advocacy services if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to.

The inspector viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, provision of intimate care, admission of residents, behavioural support, the use of restrictive procedures and restraints, communication with residents, risk management, medication management, and complaints. The policies had been reviewed within the previous three years (a review of the communication with residents policy was underway).

Judgment: Compliant

Quality and safety

The inspector found that residents' general wellbeing and welfare was maintained by a good standard of care and support. However, improvements were required in the areas of medicines, premises, and infection prevention and control (IPC).

The inspector found that some of the medicine arrangements and practices were not appropriate or in accordance with the provider's associated policy. These practices, including the administration, storage, and management of associated documentation and records, required more consideration and improvement to ensure that potential risks to the wellbeing of residents were managed.

The premises comprised a large house close to many amenities and services. The premises was well equipped and provided ample communal space for residents,

including outdoor spaces. While parts of the centre were homely and nicely furnished, the inspector found that other areas were dirty and not maintained in a good state of repair.

There were good IPC measures and arrangements to protect residents from the risk of infection, however improvements were required to meet optimum standards, for example, the inspector found that the hand hygiene facilities and arrangements for the cleaning of the centre required improvement to reduce the risk of infection cross contamination.

There were effective fire safety systems implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire. Staff completed fire safety training, and residents were reminded of fire safety during support meetings.

The inspector found that the person in charge was promoting a restraint free environment, for example, they had recently attended a restrictive practices webinar and shared their learning in the centre. However, the inspector observed two locked presses in the kitchen that contained some sharp items and cleaning products. Keys to open the presses were hung beside the presses. Staff told the inspector that residents were able to use the keys, however the practice required more consideration to ensure that it was necessary and did not impinge on residents' easy access to the presses.

Staff completed training in positive behaviour support, and plans were developed to support residents with their behaviours. Staff told the inspector that the plans were effective, however the inspector found that one plan required more detail in relation to a specific behaviour of concern observed by the inspector during the inspection.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Regulation 17: Premises

The inspector found that parts of the premises were not maintained in a clean or good state of repair. The downstairs bathroom was in a particularly poor state, for example:

- The veneer on the shower chair seat was very worn, and the legs of the chair were dirty with visible dark grim.
- The grout in between the wall tiles was dirty with visible dark matter.

- The floor was dirty, and stained in areas.

Other areas of the premises requiring attention included the kitchen where the counter top at the sink had detached from the wall, the ceiling was stained, and there were small gaps in the flooring. The sun room required cleaning, and repainting was needed in areas such as the hall way and sun room.

The provider told the inspector that they intended to carry out a survey of the required works to inform their plans to renovate the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some improvements were required to meet optimum standards.

There was a suite of policies and procedures on IPC for staff to refer to, and updates to associated guidance was regularly shared with them. Staff were also required to complete IPC training to support their practices. An IPC preparedness plan had been prepared, which included guidance on the management of a potential infectious disease outbreak. The person in charge had also prepared risk assessments on COVID-19 and IPC matters which noted the associated control measures to be implemented. Regular IPC checklists and health and safety audits assessed a range of IPC matters.

The hand hygiene facilities in the centre required enhancement, for example, some of the bathrooms did not have hand towels or waste bins within easy access (these items were located in hallways outside of the bathrooms). The cleaning schedules also required enhancement to reduce infection cross contamination risks, for example, there was no procedure for cleaning the washing machine that received soiled laundry. The inspector also observed infection hazards, such as rusty equipment and fittings in the kitchen and bathrooms. that could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems. There was fire detection and fighting equipment, and emergency lights in the centre, and there were arrangements for the regular servicing of the equipment. Staff also completed daily and quarterly fire safety checks. The inspector observed that all of the fire

doors, including bedroom doors and the kitchen door, closed properly when the fire alarm activated. The fire panel was addressable and easily located in the hallway with information on the different zones.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Some of the exit doors were key operated however, the provider had planned for them to be fitted with easy open mechanisms to support prompt egress in the event of an emergency.

Staff had completed fire safety training, and told the inspector about some of the fire precautions, and supports that residents required when evacuating. Fire safety had been discussed at residents' support meetings and easy-to-read information on fire evacuations had been prepared to support them in understanding the arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written policies and procedures for the management of medicines in the centre, including on the prescribing, storage, disposal and administration of medicines. However, the inspector found that improvements were required to ensure that the medicine practices and arrangements in the centre were safe and in line with the provider's policies and procedures, particularly in relation to the administration and storage of medicines.

The majority of one resident's medicines were modified (crushed) by staff before administration. However, there was no direction on the resident's medication administration sheet (as required by the provider's policy) or in any other documentation from a healthcare professional, to indicate that the medicines could be modified.

Therefore, the inspector was not assured that the practice was appropriate. The inspector also observed that the equipment used to crush medicines required cleaning.

While most medicines were securely stored in a double locked press in the staff room, one long-term medicine was inappropriately stored in the bottom drawer (amongst food) of the main food fridge in the kitchen.

The inspector also found that some of the written guidance and information on medicines required review, for example:

- Guidance on how residents take their medication referred to medication no

longer prescribed.

- Guidance on a specific medication (for use as required) did not align with the details on the resident's medication administration sheet.
- There was no guidance on the symptoms that would indicate administration of a particular medication for use as required.
- Improvements were required to clearly record when medicines had been opened to ensure that they were used (or disposed of) in accordance with their guidance for use.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training and there was a written policy to guide their practices. Individual behaviour supports plans had also been prepared to support residents with their behaviours.

There were no restrictive practices or interventions in the centre, however the provider had prepared a written policy on this matter.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures.

Staff working in the centre completed safeguarding training to support them in preventing, detecting, and responding to safeguarding concerns. There was also guidance in the centre for them to easily refer to. Staff spoken with were able to describe the safeguarding procedures. The inspector found that safeguarding concerns in the centre were being appropriately responded to, reported, and managed, for example, safeguarding plans were prepared and measures were put in place to protect residents.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity. There was also a policy on intimate care to guide their practice. Easy-to-read information, for example, social stories, had also been prepared to support residents' understanding and independence in this area.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for New Cabra Road OSV-0002345

Inspection ID: MON-0037418

Date of inspection: 14/09/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to the area of non-compliance found under Regulation 17 (1)b: Technical Services Department will assess, and review all works on the 14/11/2023 which will inform a schedule of works to completed in a timely manner and in consultation with the Residents Areas to be included updating of downstairs bathroom, replacement of kitchen countertop. Replacement of bathroom flooring. Review of paintwork needed throughout the house including radiators, kitchen ceiling and sunroom.</p> <p>In response to the area of non-compliance found under Regulation 17 (1)c Cleaning folder reviewed and updated. Professional cleaning booked. Technical Services Department will assess and review all decorative changes needed.</p> <p>In response to the area of non-compliance found under Regulation 17 (1)7 As above</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: All bathrooms furnished with hand towels and waste bins. The cleaning schedule reviewed and updated and in agreement with Infection protection Officer. Infection Protection Officer will also complete an infection protection audit.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In response to the area of non-compliance found under Regulation 29 (4)(a) Medication Fridge ordered and due for collection 24/10/2023.</p> <p>In response to the area of non-compliance found under Regulation 29 (4)(b) The MAS for the resident who has medications modified has been updated to indicate this on the MAS in line with SAM policy.</p> <p>New protocol for pill crushers to be washed in the dishwasher daily and air dried overnight to ensure good IPC practices.</p> <p>Residents "How I take my medication" was updated to include only medications which they were currently prescribed.</p> <p>PRN guidelines in place from prescribing Psychiatrist outlining when to administer medication.</p> <p>Review of all medications completed and any medication that was opened without a date was disposed of and communication given to all staff at staff meeting that a date must be written on medications when they are opened in line with SAM policy. PIC also advised that this should be checked during medication audits to ensure it is noted in a timely manner.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/06/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	16/10/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	24/10/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and	Not Compliant	Orange	16/09/2023

	to no other resident.			
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