



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangemockler
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 September 2021
Centre ID:	OSV-0003622
Fieldwork ID:	MON-0029342

About the designated centre

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

Camphill Community Grangemockler consists of five large separate houses all within short walking distance to each other. These houses are located in a rural area on the site of a farm and are in close proximity to a small village and some towns. Each resident had their own bedroom and facilities within the centre include sitting rooms, kitchens, dining rooms, utility rooms and staff offices. The centre provides a residential service for up to twenty-one adults, male and female, with intellectual disabilities, Autism and those with physical and sensory disabilities. In line with the provider's the model of care, residents are supported by a workforce consisting of paid staff and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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 - 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
Wednesday 22 September 2021	10:00hrs to 18:00hrs	Tanya Brady	Lead
Wednesday 22 September 2021	10:00hrs to 18:00hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This inspection was undertaken to ensure a good quality of care and support was being delivered to residents in this centre. This inspection sought to verify actions that the provider had outlined in their six month national improvement plan, as submitted to the Chief Inspector of Social Services, which concluded in April 2021. The inspection was carried out by two inspectors and all units that make up this designated centre were inspected. The inspectors met with all residents present in the centre on the day of inspection and met with members of the staff and management team.

This centre comprises four houses with two apartments co-located with one house. All units are positioned across a rural site which also contains a farm and office buildings. The centre is registered for a maximum of 21 residents however, currently only 16 residents live there.

Two of the houses which made up this designated centre were located beside one other, both of which were visited by an inspector. The first of these houses provides a home for four residents. Upon on the inspector's arrival one of these residents was away from the house attending day services in a nearby town run by the same provider and so was not met by the inspector. Another resident indicated that they did not wish to speak to the inspector.

The two remaining residents of this house were met by the inspector. The first of these residents was having breakfast when the inspector arrived and greeted the inspector but otherwise did not engage with the inspector. The second resident indicated to the inspector that they were well and mentioned that they would be going to visit a family member the following day. While the inspector was present in this house, both of these residents left with a staff member to go for a drive to nearby town and had not returned to the house by the time the inspector had left.

While the inspector was present in this house it was overheard that staff members present engaged with residents in a pleasant and warm manner. It was also seen that efforts had been made to make this house homely. For example, there were numerous photographs of residents on display. Overall, the house was seen to be clean and reasonably presented when the inspector was present but it was observed that some parts of the exterior of this house were weathered while some couches in the house's sitting room were worn.

In comparison, it was noted that the other house located beside this first house appeared to be furnished and decorated to a better standard. For example, the large couch in its sitting room and its kitchen furnishings appeared newer and more modern. It was also seen that efforts had been made to make this house homelike also with plenty of residents' photographs hung on the walls along with art works which had been completed by residents. The bedroom of one resident was seen in this house which was noted to be well maintained and bright while providing a

space for the resident to relax.

The inspector met this resident along with the three other residents who lived in this house. Upon meeting this first resident, they appeared calm and relaxed but otherwise did not engage with the inspector. Two of the other residents also greeted the inspector with one of these indicating to the inspector that they liked living in the designated centre. The fourth resident also gave a similar view and told the inspector that they liked watching television and also had their own cat.

This resident was seen to be watching television while relaxing on a couch alongside another resident. Earlier it was noted that both of these residents had left this house to go shopping in a nearby town with a staff member with the fourth resident telling the inspector that they had bought a chocolate bar during this shopping trip. Again staff members present in this house were seen to interact appropriately with residents with one staff member observed to knock on a resident's bedroom door before entering.

The other two houses were visited by the second inspector. One of these was a large two storey house with an open plan living area and all residents had their own bedrooms. The inspector met all four residents in this house, one was having a rest when the inspector arrived but when they got up from bed came to greet the inspector. They were seen to put on a high visibility waistcoat as they were going for a walk around the local area. Another resident made themselves a cup of tea and sat to use their electronic tablet, staff were observed to provide support when asked to in a respectful manner. A resident on returning to the house asked for staff support to collect food items from a larder shelf and spent time speaking with the inspector. The house was personalised with resident's artwork framed and on display and photographs and meaningful items on display however some areas were worn and required painting and maintenance.

The final house visited was built around an enclosed paved yard and there are apartments located in the buildings around the yard. The inspector met all four residents who lived in this location. One resident had become a dog owner the day before the inspection and residents here were getting used to having the dog in their home and the atmosphere was happy and excited. One resident showed the inspector a currently unoccupied room that they were going to move their bedroom into and explained what colour they wanted it painted. They showed the inspector new shoes that they had recently bought. Another resident showed the inspector their living area and stated that they looked after their own medicines and explained the system to the inspector. Residents in this house were occupied and busy over the course of the day and staff were seen to be respectful and aware of individual needs. While this home was comfortable in some areas more than others it required decoration and updating, with furniture seen to be worn, some rooms used for storage of items that were left on the floor and not put away on shelves and externally painting and maintenance was needed.

Overall, the findings of this inspection were that improvements continue to be found across a number of areas since the last inspection of July 2020, however, there remain some areas that require improvement to come into compliance with the

regulations with fire safety in the centre a particular area requiring review. The next two sections of the report present the findings of this inspection in relation to the specific regulations review and the impact on the quality and safety of the service provided to residents.

Capacity and capability

Following a series of poor inspection findings in centres operated by Camphill Communities of Ireland throughout 2020, the registered provider was required to submit a comprehensive national improvement plan to the Chief Inspector of Social Services. This inspection was completed to review progress against actions outlined by the provider as part of their national improvement plan.

While there was evidence during this inspection that residents were generally well supported on a day-to-day basis, particularly at a local level, it was identified that this designated centre was not appropriately resourced by the registered provider to ensure effective delivery of care and support in some areas. For example, in one house internal staff checks carried out had identified that some fire doors were not operating as intended at all times. Such issues had been raised and requests made for maintenance through the systems which the provider had in place. However, despite such issues first being identified in January 2021, at the time of this inspection of majority of the highlighted doors had not been rectified and it was indicated to inspectors that this was a resourcing issue at the provider level.

In addition, previous inspections of this designated centre in May and November 2019 had highlighted that recommendations primarily relating to fire containment, arising out of a July 2018 fire safety review by a competent person, had not been addressed. In the compliance plan response for the November 2019 inspection, the provider had indicated that they would come into compliance with the Regulation 28 Fire precautions by April 2020. However, on the current inspection, it was found that sufficient progress had not been made with the recommendations from the July 2018 fire safety review. This did not provide assurance that sufficient resources were available from the registered provider to address such issues.

While fire safety was an area in need of improvement, it was seen during this inspection that there was oversight of the designated centre at a local level. This was helped by the presence of an appropriately skilled, qualified, experienced and competent person in charge.

Regulation 15: Staffing

Inspectors reviewed documentation during this inspection relating to staff members including planned and actual staff rosters maintained in the centre as required by

the regulations. Inspectors found that the provider had a staff team in place that was providing continuity of care and support for residents. In recent months a review of residents needs had been completed and revised staffing levels were in place with an increase of 9.5 whole time equivalent staff being recruited. Where there were some gaps in the rosters, agency staffing was used but they were found to be consistently used staff and their use was minimal.

The regulations also require specific documentation to be kept on staff members including evidence of Garda Síochána (police) vetting, written references, photograph identification and full employment histories. A sample of such staff files were reviewed by an inspector and were noted to contain the majority of the required information although in two files, some unexplained gaps in employment histories were noted while it also indicated that some staff did not have certificates for training they had completed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

On the day of inspection the inspectors reviewed the centre training matrix which outlined both mandatory and supplemental training in addition to the refresher training schedule. One staff member was found to have no training in the support of behaviour that challenges. Where staff were new they were engaged in a formal induction process and were scheduled for the necessary mandatory training as part of this.

The person in charge was directly involved in the supervision of staff members working in this designated and during this inspection it was found that formal staff supervisions were taking place on a regular basis.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider and person in charge were monitoring and providing oversight of resident's care and support in the centre. The person in charge had worked to ensure that the providers new systems and templates had been introduced and were in use throughout the centre. There was evidence of meetings and audits happening and areas for improvement were identified as outcomes from these.

There were six monthly unannounced visit reports as required by regulation and actions were seen to arise from these with progress against them clearly documented. The most recent of these had been completed in June 2021 and an

inspector reviewed the plan in place to address concerns that had arisen from this. An annual review of the quality and safety of care and support had been completed in March 2021 and this was found to contain the views of residents and their families or representatives.

However as outlined above, it was identified that this designated centre was not appropriately resourced by the registered provider to ensure effective delivery of care and support in some areas that are detailed against specific regulations below. During two 2019 inspections of this centre an inspector reviewed an independent fire safety review which had been commissioned by the provider and on this inspection it was found that only one action arising from this had been completed.

From other documentation reviewed by inspectors it was noted that some areas required review, such as the oversight of some savings accounts held by residents were not consistently referenced in monthly reviews carried out. In addition, the footprint of the designated centre required some review, for example resident's laundry areas were not part of the centre although they were available.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspectors reviewed documentation relating to residents' contracts for the provision of services during this inspection. These are also required by the regulations and must be agreed with residents or their representatives while also setting out details of the services to be provided to residents and the fees to be charged. Inspectors reviewed a sample of such contracts, which were seen to be signed, and noted that they included details of the services provided while also referencing the fees or contribution to be paid to the provider. It was noted that the contracts in place referenced residents' contribution being benchmarked at 50% of their disability allowance. However, one resident was receiving the state pension rather than disability allowance but their contract still stated that their contribution to the provider was based on the latter.

Judgment: Substantially compliant

Quality and safety

Overall the provider was trying to ensure that residents were in receipt of a good quality and safe service. Residents told inspectors that they were happy living in the centre and were observed to be active and busy over the course of the day of inspection. Residents were observed to receive assistance and care in a respectful,

timely and safe manner throughout the inspection. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

As previously mentioned residents lived in clean and warm homes. Residents' bedrooms were personalised to suit their tastes and there was artwork, crafting projects and photographs on display in their homes. Residents had access to plenty of private and communal spaces in their home, and to many outdoor spaces. Review of the footprint of the designated centre was required with some areas such as, laundry rooms not included and other areas used for storage of archived documentation included. This was discussed with the person in charge on the day.

It was also found that appropriate measures were in operation to safeguard resident from any potential abuse. Relevant training had been provided to staff members and, where necessary, safeguarding plans were in place. Staff members spoken with demonstrated a good awareness of any safeguarding concerns present in the centre along with the actions to take to prevent these from impacting residents.

Regulation 12: Personal possessions

The provider's systems for supporting residents with their personal possessions had been implemented in this centre. Inspectors reviewed a sample of files in each house and found that residents were supported with their personal finances with oversight maintained of these through the keeping of receipts, the logging of financial transactions, monthly reviews and audits of residents' finances.

Judgment: Compliant

Regulation 13: General welfare and development

The residents in this centre were busy and active over the course of the day of inspection with some supported to attend day services in a nearby town. Resident's were given the opportunity to complete tasks independently where possible and staff were available to support if required.

Other residents talked about family visits and connections they had with their families and their friends. The new dog in the centre had arisen following an assessment of need and a resident's specific wish to be a pet owner and the person in charge had linked with professional services to ensure the best match was found.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were homely and personalised for the residents who lived there. However, not all premises presented to the same standard, with some of the houses more in need of refurbishment both internally and externally than others. Bathrooms and communal areas required review in particular, in one house an area off a resident's bedroom was locked as the floor required work to make it safe to enter. In other areas of the centre furniture was worn and required replacement.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk management policies, procedures and practices in the centre.

The November 2019 inspection of this designated centre, had raised concerns around the evacuation procedures for a resident. Despite this, and the instances in 2021 where this resident had refused to evacuate, a risk assessment was not in place related to this. In addition, in the months leading up this inspection, one resident had spent some time in hospital and it was noted that risk assessments relating to this resident had not been reviewed since this hospital stay while a possible cause for their hospital stay had not been risk assessed either. While such aspects of risk management did require some improvement, inspectors did note that various other risk assessments were in place relating to individual residents. Such assessments had been recently reviewed and outlined measures to reduce the likelihood of certain risks impacting residents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Residents were protected by the policies, procedures and practices relating to infection prevention and control in the centre. Included amongst these were risk assessments related to COVID-19 and during this inspection it was found that appropriate measures were being followed to reduce the potential for COVID-19 to impact residents. For example, during this inspection it was seen that residents' laundry and toiletries were kept separate, houses were subject to cleaning multiple times during the day, staff were using personal protective equipment (PPE), logs were maintained of any visitors to the centre's houses and residents were monitored

for any symptoms on a daily basis. The person in charge maintained a centre contingency plan should there be an outbreak of COVID-19 and this was reviewed on an ongoing basis. Such measures helped ensure the safety of residents.

In addition there were procedures in place regarding other potential sources of infection. There were systems in place for the flushing of water in unused or rarely used areas of the centre to reduce the risk of Legionnaires or other water borne disease. There were clear guidelines in place for the cleaning and preparation of centre grown vegetables, eggs produced in the centre were stored in line with best practice and meat that was raised on the farm was butchered and stored in line with guidance with daily checks maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had a range of fire precautions in place in the centre, however, as already stated, inspections of this centre in May and November 2019 had highlighted that recommendations primarily relating to fire containment, arising out of a July 2018 fire safety review by a competent person, had not been addressed. The provider had indicated that they would come into compliance with the Regulation 28 Fire precautions by April 2020 in their compliance plan response for the November 2019 inspection. However, on the current inspection, it was found that only one action had been completed and sufficient progress had not been made with the recommendations from the July 2018 fire safety review.

The person in charge and staff team had identified that a number of fire doors were not operating as required and had reported these using the provider's maintenance system in place. The inspectors found that these doors remained in need of review and a number of other doors were also found not to be operating as intended. In one house while there were fire doors in place between a kitchen and the other communal areas, a serving hatch between the two rooms would not contain a fire.

Fire drills were being completed and the provider had ensured that a drill with the minimum staffing present at night had also been trialled. The inspectors found that in three of the four units residents had refused to evacuate over the preceding months. While, not evacuating is referenced in the risk management section of this report inspectors also found that a resident, who was refusing to evacuate during multiple unplanned evacuations, did not have sufficient guidance in their personal emergency evacuation plan (PEEP) to help them evacuate at the time of inspection despite similar concerns having been identified in 2019.

Judgment: Not compliant

Regulation 8: Protection

The provider had a safeguarding policy in place that provided guidance to staff on the management of a safeguarding concern. There was evidence that safeguarding issues were being identified, reported and recorded as required. The provider's safeguarding lead for this centre reported that a full review of all safeguarding plans open in the centre at the time of the previous inspection had been completed. The inspectors found that there were three active safeguarding plans in the centre on this inspection and one historic plan, all of which were being managed in line with National best practice and the provider's policy.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Community Grangemockler OSV-0003622

Inspection ID: MON-0029342

Date of inspection: 22/09/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • A full HR file review has occurred within the designated centre. Any issues that have been identified are currently in the process of being addressed. • A full schedule of auditing is currently in place for all HR files to ensure full compliance with regulations for staff files. This auditing function is held by the community administrator and overseen by the PIC. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • A training matrix is in use within the designated centre. This is on the agenda for community management meetings and is reviewed monthly by the PIC <p>Training certs which were not on file on the day of the inspection are now in place</p>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- A full re drawing of the designated centre will occur with work to begin on this process on 02/11/21. These drawings will include the required laundry and exclude a library which is currently not in use.
- The PIC has instructed that deposit accounts are carried forward on a monthly basis and recorded on the Personal Finance Form overview as opposed to being recorded solely on the months where statements are available.
- Additional resources have been sourced to address fire works at the centre
- A review of available resources is being undertaken by the PIC and Regional Manager, to ensure the most effective and efficient use of resources.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- A full review has concluded within the designated centre, concerning contracts of service and contributions.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Funding support for capital works is being sought from funder and will be attended to over a phased programme of works following the fire safety upgrade work completing. This will cover the below capital items (in no order);

- Bathroom upgrade programme
- Oil tank replacement
- External paving, footpaths and stairs
- Window replacement programme
- Roof repairs
- Internal and external painting programme
- Wastewater Systems
- Upgrade to kitchen at floor (hall and dining room) in one of the homes.

Following refinement of scope and confirmation of standards to be achieved within buildings the costs have been shared with the funder and funding package sought. The architect overseeing this piece is now producing pre-tender documents to be approved and progress to tender publishing and contract award. We anticipate being onsite with the works early 2022.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Risk assessments are reviewed routinely following any change in requirements
- A review of the identified resident’s needs, support plan and risk assessment has been completed following the hospital stay.
- The risk assessment for a resident who on occasion chooses not to evacuate is now in place and reviewed by the current staff team. The resident’s PEEP has also been reviewed and updated in line with safe and effective evacuation. Alternative communication methods have been introduced to support the resident to engage and evacuate as required by the activation of the fire system.
- The efficacy of this will be assessed through the regular occurrence of scheduled fire drills, covering evacuation under different scenarios and times of day and night.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Following refinement of scope and confirmation of standards to be achieved within buildings the costs have been shared with the funder and funding package sought.
- The architect overseeing this piece is now producing pre-tender documents to be approved and progress to tender publishing and contract award. We anticipate being onsite with the works early 2022.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	17/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	12/11/2021
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	Substantially Compliant	Yellow	30/05/2022

	internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/05/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/05/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	01/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	27/09/2021

Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/05/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	27/09/2022