Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 4
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	28 June 2022
Centre ID:	OSV-0005835
Fieldwork ID:	MON-0028458

About the designated centre

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

Designated Centre 4 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate, their family, the community, allied healthcare professional and statutory authorities. The centre consists of 3 separate detached houses in Kildare County. The centre can accommodate a maximum of 13 male or female adult residents. The centre is staffed by staff nurses, care staff and a person in charge,

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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
Tuesday 28 June 2022	10:15hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This inspection was carried out for the purposes of informing a registration renewal decision for this designated centre. The centre had been inspected six months prior to this inspection.

The inspector wore a face covering for the duration of the inspection and participated in a symptom check at all houses visited during the course of the inspection. At all times, the inspector respected residents' choice to engage with them or not during the course of the inspection.

On this inspection the inspector visited two of the three houses that made up the centre. At the time of inspection there was an infectious outbreak in one house and therefore, the inspector sought photographic and documentary evidence to demonstrate if the provider had addressed fire safety upgrades and premises enhancements, which were regulatory findings from the inspection that had occurred there six months prior to this inspection.

All three homes that make up the centre are located across towns in County Kildare. Each residential home was approximately a 10 to 15 minutes drive from each other.

The previous inspection had identified residents were not provided with adequate transport resources to support them to engage in activities in the community due to the centre having only one transport vehicle available across the three houses. The December 2021 inspection had identified residents were not enjoying meaningful days as a result of the lack of transport provisions and impact of public health restrictions. Some residents had expressed their desire to meet their friends and go back to day services and their activities in the community.

On this inspection, the inspector observed a notable improvement. The provider had sourced each of the three houses, that made up the centre, with it's own transport vehicle. This initiative, by the provider, was ensuring residents were having a more meaningful day and opportunities to engage in community based activities. As a result, unlike the previous inspection, residents were out and about at the time of inspection.

In the first house the inspector visited, no residents were present at the commencement of the inspection, however, one resident arrived to the house a short time later. The inspector gave the resident time to settle back into their home and then met them in the living room area for a chat.

The resident told the inspector they had been out with a staff member and had gone to a cafe. They told the inspector the type of coffee they had and how nice it was. The resident chose to ask the inspector some questions about the purpose of the inspection with the support of staff present. The inspector observed staff support and reassure the resident in a kind and patient manner, demonstrating a

good knowledge of the resident's emotional support needs. The resident said they liked their home and said they felt safe. The resident then moved into another room as the chat ended and later in the inspection was observed sitting at the kitchen table with staff enjoying their lunch.

In this house, the inspector observed the premises to be pleasantly decorated and homely in aesthetic. However, there were a number of premises improvements required. Some kitchen floor tiles were cracked, and there were noticeable marks on the ceiling in the kitchen area where repairs and leaks had occurred but had not been repaired.

In the second house, visited the inspector did not have an opportunity to meet residents as they were out of the house on activities. One resident did return to the house for a brief period of time but went out again to an activity before the inspector had an opportunity to meet them. This was a demonstration of the enhanced quality of life now being experienced by residents whereby their days were meaningful, interesting and with opportunities to engage in their community and meet friends due to the enhanced transport provisions now for the centre and the lessening of public restrictions. The inspector took the opportunity to inspect the premises.

This house was decorated and maintained to a reasonably good standard and was observed to be comfortable, homely and decorated to reflect the personalities and preferences of the residents. This house provided residents with two separate living room areas which suited their need to spend time on their own when they wished.

Residents bedrooms were nicely decorated and personalised and some residents had been afforded the opportunity to get new beds since the previous inspection, with some provided with large double high-low beds which supported the residents' comfort while also providing better facilities for manual handling and personal care supports.

There were some premises improvements also required in this home which would enhance infection control standards. There was a wooden floor in the main bathroom, which was not the most optimum arrangement in place for promoting infection control standards due to the porous nature of the wood. A wooden floor was also in place in a resident's ensuite, however, the resident did not wish for this to be changed and the senior manager for the centre informed the inspector that the resident's will and preference would be taken into consideration as part of the provider's plans to upgrade the premises.

In summary, the inspector found the provider had implemented the compliance plan from the previous inspection. Residents' assessed needs were being managed to a good standard with enhancements noted in their quality of life since the previous inspection.

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

Capacity and capability

As discussed, the centre had been inspected six months prior to this inspection. On this inspection, the inspector reviewed if actions required, from the previous inspection, had been addressed. Overall, it was demonstrated the provider had addressed the actions well with comprehensive plans in place for all three houses that made up the centre to be upgraded and refurbished by September 2022.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents having worked previously as a social care worker in the centre.

The provider had made governance improvements since the previous inspection. The provider had reduced the management remit of the person in charge role where now they were only responsible for this designated centre. Previously, the person in charge role encompassed this designated centre and one other, which comprised a total of seven residential homes for them to manage.

The reduced management remit would see the person in charge only responsible for three residential homes. This was a positive governance improvement by the provider and would ensure greater oversight and presence of the person in charge. In addition to this governance improvement, the provider had also appointed two social care workers for the centre. The social care worker worked as the assigned responsible person for the centre on a day-to-day basis and in the absence of the person in charge, for example.

An annual review had been completed for 2021 by the provider. This review met the requirements of Regulation 23. The provider had carried out one regulatory required visit to each house that made up the centre in 2022. The provider-led audits were comprehensive in scope, identified areas for improvement and provided an improvement action plan to bring about enhanced compliance. A compliance tracker also formed part of the quality improvement oversight arrangements and supported the provider and person in charge's oversight and tracking of actions that required completion and progress made.

The person in charge completed operational day-to-day management audits in each house in the areas of environmental/premises reviews, risk management and medication management. Other audits present in the centre had been carried out by key stakeholders in the organisation, for example a fire safety audit had been completed and an infection control audit had been carried out by a clinical nurse specialist in each house also.

Staff training was made available to staff. The person in charge maintained an up-to-date training audit for staff across all three houses that made up the designated centre. The inspector reviewed the training arrangements for staff and noted staff had received mandatory training. Refresher training was also made available to

staff. Staff had received supervision meetings with their line manager also.

While there was evidence of mandatory training, including refresher training, being provided, some further improvements were required to ensure all staff were suitably skilled and knowledgeable to meet the needs of residents.

Not all staff had completed training in dysphagia management, it was also not demonstrated if staff's skills in preparing and providing modified consistency meals had been assessed. This was required as some residents living in the designated centre required modified consistency meals and support to manage dysphagia. Not all staff had received training in infection control management and infection control standard precautions.

A planned and actual roster was maintained in the centre which showed the hours staff worked in the centre, their full name and job title. At the time of inspection there was a full staff team compliment for the centre. The skill-mix for the centre consisted of social care workers, staff nurses and care assistants. This ensured a wide variety of skill sets which could support residents assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a suitably qualified person to perform the role.

They are employed on a full-time basis and responsible for this designated centre only, ensuring they have a reasonable regulatory and management remit.

The provider submitting further additional information to demonstrate the newly appointed person in charge had the required management experience and management qualification to meet the requirements of Regulation 14.

The person in charge was very knowledgeable of the assessed needs of residents and had worked in the centre previously in a social care worker capacity.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster for the centre.

The roster clearly demonstrated the full name of staff working in the centre, the hours worked and their role.

The rosters maintained broadly reflected the whole-time-equivalent staffing resources as set out in the statement of purpose.

There was an appropriate skill-mix of staff working in the centre. The staff team consisted of social care workers, nurses and care assistants, each bringing their own skill set to the overall workforce compliment for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training and, for the most part, refresher training.

The person in charge maintained a record of all staff training and reviewed the records on a monthly basis to ensure that they were up to date.

However, there were some improvements required:

- Three staff required fire safety refresher training.
- Four staff required refresher training in management of actual and potential aggression.

In addition, not all staff had received training in dysphagia management with associated skills assessment of modified consistency meal preparation.

The person in charge was responsible for the supervision of the staff working in the centre and put in place formal and informal supervision arrangements to ensure that staff were appropriately supervised.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had completed an annual review for 2021 that met the requirements of

Regulation 23.

The provider had carried out a provider-led audit in each house that made up the designated centre in 2022 with another due to take place later in the year which would ensure a provider-led audit of the centre occurred every six months in accordance with the regulatory requirements of Regulation 23.

While they were comprehensive in scope and identified areas for improvement, they had not been carried out in a time-frame that met the requirements of Regulation 23.

There was evidence of ongoing operational management auditing occurring in the centre. These audits were carried out by the person in charge and other organisational stakeholders.

The provider had appointed social care workers to the centre to enhance the governance oversight arrangements in the centre which in turn supported the person in charge in their regulatory role. At the time of inspection, both social care workers were in post.

The provider had also reduced the management remit of the person in charge by appointing them to manage this designated centre only. This was a much improved governance and oversight arrangement where previously, the person in charge post was over two designated centres, comprising of seven residential homes.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre met the requirements of regulation 3 and reflected the matters as set out in Schedule 1 of the regulations.

The provider was required to clearly set out in the statement of purpose that the person in charge was responsible for this designated centre only. The statement of purpose submitted as part of the application to renew had not been updated to reflect the change in governance arrangements.

This was addressed shortly after the inspection and a revised statement of purpose submitted. Therefore, this regulation was met with compliance.

Judgment: Compliant

Quality and safety

This inspection found that residents were in receipt of a service that was person-centred and meeting their social care needs, with improvements noted in residents' opportunities to engage in community based activities and day programmes. Improvements were required to the premises across all three homes that made up the centre.

The provider had ensured residents lived in comfortable environments in each of the residential homes visited. However, not all homes were maintained to a good standard. A number of premises refurbishment works were required to ensure residents were provided with homely environments that were well maintained and could ensure and promote the most optimum infection control standards. The provider had comprehensive premises upgrade plans for all houses that made up the centre, with works due to commence on the first house a couple of weeks after the inspection with a projected end date for all works by September 2022.

The previous inspection had found two of the houses were institutional in aesthetic. For example, staff administration work spaces, medication presses and administration storage cupboards were located in a communal space off the living rooms in two of the homes. There had been some improvement since the previous inspection in this regard and office equipment had been moved out of the living room spaces. This improved the overall homely feel of the houses, but some further work was required to furnish and fit out those spaces to ensure residents could use them fully as spaces for relaxation or engaging in hobbies or personal activities, for example.

There was a schedule of maintenance in place for fire safety equipment. Staff had received training in fire safety management with refresher training available and provided as required. Some refresher training was not up-to-date and a regulatory finding in this regard was found under Regulation 16: Staff training and development.

Containment measures had improved since the previous inspection with the fitting of fire containment doors in one of the residential homes since the previous inspection, which in turn addressed a non compliance previously found.

The inspector reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, resident and staff and visitor symptom checks were carried out daily. Daily cleaning checklists were maintained and updated each day. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

The provider had also ensured an infection control audit of the centre had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. These audits provided an action plan for the person in charge and provider to address. It was demonstrated some actions from the audits had been addressed by the time of the inspection for example, water

flushing for showers and enhanced cleaning schedules.

However, further areas of infection control management required improvement. Across all homes premises issues impacted on the infection control standards in the centre as some surfaces were not maintained in good working order. There was however, a higher standard of cleanliness observed on this inspection. The person in charge confirmed that a deep clean of the homes had been carried out to ensure a good overall standard of cleanliness which could be maintained through the enhanced cleaning schedules and checklists having been introduced since the previous inspection.

It was noted on the previous inspection that a number of residents had made complaints regarding their access to their day services and to the centre's transport vehicle which was being shared across the three houses and thirteen residents living in the centre. The provider had made considerable improvements in this regard.

Residents had returned to their day services and individual day activity provision since the previous inspection which was a very positive outcome. As discussed, residents were out and about during the course of the inspection, which was a considerable improvement from the inspection completed six months previous where residents were observed spending their day at home with limited opportunities to participate in community activities and engage in meaningful activities outside of their homes.

In addition to this, the provider had considerably enhanced the transport resources for the centre and had assigned a transport vehicle for each of the three homes. This was a significantly positive initiative for residents which was promoting and enhancing residents' opportunities to participate fully in their local communities.

The inspector reviewed the provider's risk management policy and procedures. The risk policy had been reviewed and updated and reflected the matters of Regulation 26. In addition, There was evidence of it's implementation in the centre whereby a risk register was maintained and updated regularly. There was evidence of trending and collating incident data to inform risk assessments.

Control measures recorded in risk assessments were practical and informative on the management systems in place for controlling the risks. Some small improvements were required. Dysphagia had been identified as a risk that was managed in the centre, however, staff training in dysphagia management and provision of modified consistency diets was not identified as a control measure. This required improvement.

The inspector reviewed the vehicle servicing checks for the centre based transport. It was demonstrated that all vehicles had received a servicing check and records were available to demonstrate this. In addition, staff recorded a vehicle check each time they used the transport vehicle.

Regulation 13: General welfare and development

Residents had returned to their day services and individual day activity provision since the previous inspection which was a very positive outcome.

In addition to this, the provider had considerably enhanced the transport resources for the centre and had assigned a transport vehicle for each of the three homes.

This was a significantly positive initiative for residents which was promoting and enhancing residents' opportunities to participate fully in their local communities.

Judgment: Compliant

Regulation 17: Premises

The provider had addressed some premises issues in the centre since the previous inspection.

- A downstairs toilet had been fitted with an overhead light and a splash back on the sink.
- Mould in a downstairs bathroom around a sink had been treated also.
- Office administration equipment had been moved from resident communal space areas to more suitable areas of in two of the homes to ensure residents could use and access all areas of their homes.

Refurbishment upgrades were required across all three houses. This this was more notable in two of the three houses.

- Repainting was required in areas of all three houses.
- A downstairs toilet required refurbishment.
- While office administration equipment had been moved from the communal space rooms in two of the homes, the spaces had not been suitably furnished in a manner so that it was usable for residents and required further improvement.
- The ceiling of one house was marked where there had been previous leaks and/or repair works carried out and not painted over.
- Door frames and jams were damaged in some houses exposing bare wood.
- Door frames, doors and skirting boards required repainting in some houses.
- Internal window sills in one house were water damaged and there was noticeable areas where the paint had lifted or come away.
- Flooring in one house was institutional in design and installed throughout the house apart from the kitchen area.
- The utility room for one of the homes required refurbishment to ensure good ventilation and a work space for managing laundry

Judgment: Not compliant

Regulation 18: Food and nutrition

It was demonstrated that there were suitable provisions in place to ensure residents were provided with nutritious meals, drinks and snacks at regular times.

Fridges and cupboards were stocked with fresh and frozen food with condiments and sauces stored also for the creation of home cooked meals.

Residents were observed enjoying a meal during the inspection which looked appetising and the resident appeared to enjoy.

There was an overall good standard of hygiene observed in the kitchen and dining area of the centre and the provider had ensured suitable provisions were in place to the storage of fresh and dry goods in the centre.

Residents that required dysphagia supports had also received a recent review of their needs in this regard and documented plans were also in place.

Judgment: Compliant

Regulation 26: Risk management procedures

There was evidence of the provider's recently updated risk management policy being implemented in the centre.

Incidents and data gathered informed risk assessments and ensured risk assessments were based on the most up-to-date risk data available.

A risk register was maintained with reflected the overall risks being managed in the centre.

A dysphagia risk assessment did not demonstrate staff training in this area as a control measure for the centre. Not all staff had received training in this area, further demonstrating the requirement for a review of the control measures in place to manage this risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

Enhanced cleaning schedules were in place to ensure the ongoing promotion of cleanliness in the centre following a recent deep clean of some of the residential homes.

Colour coded mops and cloths were utilised in the centre as a method of preventing cross contamination within the centre.

The provider had ensured a comprehensive infection control audit in each residential house had been completed by a clinical nurse specialist in Infection Control.

However, further areas of infection control management required improvement. It was noted that some premises issues impacted on the infection control standards in the centre as some surfaces and areas not maintained in good working order and therefore could not be cleaned thoroughly and appropriately.

Five staff had not received training in infection control standard precautions.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had suitably addressed actions from the previous inspection which related to fire containment.

The provider had installed two fire doors in one of the properties and provided the inspector with copies of invoices to demonstrate their installation.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 4 OSV-0005835

Inspection ID: MON-0028458

Date of inspection: 28/06/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Three staff have been scheduled fire safety refresher training since inspection date. Four staff have been scheduled for management of actual and potential aggression training. Five staff have been scheduled for additional infection control training as identified by the inspection report. Staff will be scheduled for FEDs training consistent with the care need of the residents of the designated centre.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is a comprehensive refurbishment plan commencing in August 2022 to address all the specific issues raised in the inspection.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All staff are registered for FEDS training specific to the care needs of the residents in the home. A risk assessment has been developed and will be reviewed quarterly or as required in the interim.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:
Infection control matters impacted by the condition of the premises will be addressed by the home improvement team scheduled to commence on 8th August 2022 across the 3 homes in the designated centre.

All staff will attend infection control training update.

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 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	31/10/2022
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	31/10/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/10/2022
Regulation 17(7)	The registered provider shall	Substantially Compliant	Yellow	31/10/2022

	make provision for the matters set out in Schedule 6.			
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	30/10/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/10/2022