



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

Issued by the Chief Inspector

Name of designated centre:	Florence House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	15 January 2026
Centre ID:	OSV-0002632
Fieldwork ID:	MON-0047893

About the designated centre

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

Florence House is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a community residential service for up to five adults with a disability. The centre is a detached two storey house set on its own grounds in a housing estate on the outskirts of a large town in County Wexford. It is located within a short distance of local facilities and amenities. The building consists of two floors, with the ground floor being accessible to residents and the upstairs floor used for office purposes. The centre's downstairs comprises of a sitting room, activity room, sensory room, dining room, kitchen, five individual resident bedrooms, visitor room, laundry room, two shared bathrooms and two offices. There was a garden for residents to avail of if they wished. The staff team consists of a Clinical Nurse Manager (CNM) 1, staff nurses and multi-task workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 15 January 2026	09:30hrs to 16:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed by one inspector over the course of one day. The inspection found that the provider had implemented the majority of actions outlined in their compliance plan from the last inspection in April 2025 and that the actions taken were having a positive impact in relation to residents' home and their care and support. However, some further actions were required to further improve compliance levels particularly relating to the premises, access to Wi-Fi and the consistent implementation of required staffing levels to support residents. These will be discussed in the body of this report.

Since the last inspection the provider had applied to reduce the registered bed in this centre from eight to five. As a result the designated centre now provides a community residential service for up to five adults with an intellectual disability. The inspector observed and staff told them about the positive impact of this particularly relating their availability to provide individualised supports for residents. There was a calm and relaxed atmosphere observed throughout the day, and the pace of the day was observed to be led by residents' individual needs and preferences.

The centre comprises one two storey house on its own grounds within a housing estate on the outskirts of a large town in County Wexford. On the ground floor there are resident bedrooms (two of which have ensuite bathrooms), a visitor's room, two staff offices, a dining room, a kitchen and utility room, three bathrooms and two large sitting rooms. There were also a number of unoccupied rooms where redecoration was occurring at the time of the inspection to support residents to move bedrooms or to create social spaces to meet their needs. The first floor is used exclusively by staff and contains a number of offices and storage areas. Since the last inspection, further improvements had been made to the premises and grounds but more were required. These areas will be discussed under Regulation 17: Premises.

Over the course of the inspection, the inspector of social services had opportunities to observe and engage with the five residents living in the centre as they were about their day. As residents did not tell the inspector what it was like to live in the centre in line with their communication needs and preferences, they used observations, a review of documentation and discussions with staff to capture their lived experience in the centre. The inspector also met and spoke with the six staff on duty and the person in charge.

On arrival, residents were in the process of getting up and ready for the day. Some were having breakfast in bed, some were having breakfast in the dining room and others were being supported by staff with their personal and intimate care. Later, they were observed spending time with each other and staff, going out for lunch, using sensory equipment and going out to feed the birds. Throughout the inspection they each appeared comfortable and content in their homes and with the levels of

support offered by staff. Kind, warm and caring interactions were observed during the day. Residents were observed smiling when staff spoke with them and one resident was observed giving fist pumps. Staff were observed to be very familiar with residents care and support needs.

Based on discussions with staff and a review of residents' plans it was clear they were engaging in activities they find meaningful. For example, they were visiting or being visited by their family members and friends, taking part in table-top activities in their home, going out for meals and snacks and attending music events. Residents meetings were occurring weekly and from a sample of four meetings reviewed agenda items were varied and discussions were held on areas such as menu planning, activities, upcoming appointments, infection prevention and control and residents' goals and achievements.

In residents' plans, the inspector found that there was a focus on residents' rights and person-first language was seen throughout documents reviewed. Significant efforts were being made to ensure residents were presented with information in a format that met their communication needs and preferences. For example, there were posters on display in relation to safeguarding, complaints and the availability of independent advocacy services. There were booklets and leaflets available on areas such as rights, personal possessions and finances, restrictive practices and providing intimate care.

In summary, the provider had implemented the majority of actions to address areas of concern previously identified; however, some outstanding actions remained and action was required to bring about further improvements in compliance levels. These areas such as oversight and monitoring, the premises and grounds and the installation of Wi-Fi. These areas will be discussed in the body of the report.

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

Capacity and capability

This inspection found improved levels of compliance with some regulations. Some of the improvements brought about since previous inspections included, environmental enhancements, the implementation of restrictive practice reduction plans, improved staffing numbers and two residents had successfully transitioned to alternative placements. However, the inspector found that further actions were required to bring about improved compliance, particularly relating to the installation of Wi-Fi, the premises, and staffing arrangements, at times. These areas will be discussed further, later in the report.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was present in the centre regularly and reported to and received supervision and support from the assistant director and director of nursing. The provider was identifying areas of good practice and areas for improvement. However, the provider needed to take action to implement some outstanding actions from previous inspections.

Staffing numbers had improved since the last inspection. A small number of staff vacancies remained and the required staffing levels were not being consistently implemented, at times.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge in advance of the inspection and found that they had the qualifications and experience to fulfill the requirements of the regulations. They were full-time and present in the designated centre regularly. During the inspection, the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required in this centre. The inspector reviewed documentation to show they were escalating their concerns about the premises and Wi-Fi, and the impact for residents to the provider, and seeking regular updates.

Residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were also complimentary towards the support they provided to them. They were focused on implementing a human-rights based approach to care and support for residents and on ensuring that each resident was happy and felt safe living in this centre.

Judgment: Compliant

Regulation 15: Staffing

Overall, the inspector found that there were improvements to staffing numbers and the availability of staff to support residents since the last inspection. However, the centre was not fully staffed in line with the statement of purpose. There were two whole time equivalent (WTE) vacancies for multi-task attendants and one staff on extended planned leave at the time of the inspection.

There were planned and actual rosters in place and they were well maintained. Based on a review of four months of rosters between September and December 2025, there were occasions when staffing levels dropped below the required levels identified in residents' assessments of need, risk assessments and compatibility

assessments. There were 437.5 hours over the four month period where staffing dropped below the required levels due to planned or unplanned leave, or staff being redeployed to other centers operated by the provider. This was found to be impacting on continuity of care and support for residents.

The inspector found that some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities such as, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Judgment: Substantially compliant

Regulation 23: Governance and management

As previously mentioned, the provider had brought about a number of improvements since the last inspection which had led to improved compliance and improvements to the availability of staff to support residents at a pace that suited them. However, the provider had not fully implemented the actions outlined in previous compliance plans. For example, works relating to accessibility in the house and garden remained outstanding as did the installation of Wi-Fi.

The inspector found that the management structure was in line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present in the centre regularly and demonstrated good monitoring and oversight of this centre. For example, they were following up on of the actions from audits and reviews that were being completed in the centre in a timely manner.

The inspector reviewed the last two six-monthly reviews and the latest annual review by the provider. They also reviewed a sample of seven audits in areas such as health and safety, IPC, restrictive practices and medicines management. The actions from these audits and reviews were tracked, marked when completed and leading to improvements in the environment and the oversight of procedures and documentation in the centre. They were recognising the outstanding works to the premises, that Wi-Fi needed to be installed and that contracts of care required review and update.

The inspector reviewed a sample of minutes of three team meetings for 2025. The discussions were resident focused and agenda items included areas such as staff roles and responsibilities, maintenance, healthcare, safeguarding, IPC, health and safety, incidents and fire safety.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports for a three month period in 2025 and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to spend time with their family and friends. They lived in warm, clean and comfortable home. However, improvements were required to ensure that areas of their house and garden were accessible and to ensure they had access to Wi-Fi.

The inspector reviewed a sample of four residents' assessments and plans and found that these documents positively described their needs, likes, dislikes and preferences. They were accessing health and social care professionals in line with their assessed needs such as an advanced nurse practitioner in behavior support. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration. There had been a reduction in restrictions since the last inspection and more were planned.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed training and those who spoke with the inspector were aware of the roles and responsibilities.

Regulation 10: Communication

In line with the findings of the last inspection, there was no Wi-Fi available throughout the centre. Staff spoke about the impact of no Wi-Fi for residents. For example, one resident could not watch movies on their tablet computer. In addition, plans were also on place to install applications to support them to order their favourite meals from local restaurants, once Wi-Fi was installed.

Residents in the centre communicated using a variety of methods of communication including speech, eye contact, body language, vocalisations, gestures and behaviour. Staff spoke about the importance of having regular staff supporting residents particularly in relation to personal and intimate care and eating and drinking. This was required to interpret their communication signals well to best interpret their communication attempts and to respond appropriately. Throughout this inspection, staff were observed by inspectors to be very familiar with residents' communication preferences and to pick up and respond to their verbal and non-verbal cues.

Each resident had a communication passport in place and these were reviewed by the inspector. They were detailed and guided staff to review other documentation to become familiar with how residents make choices and indicate their preferences. For example, residents had one page document to guide staff on how they communicate and some consent indicators. They also had assessments completed to indicate how they express pain or discomfort. As previously mentioned, there were posters and easy-to-read booklets available in a range of subjects.

Judgment: Not compliant

Regulation 11: Visits

The provider had appropriate arrangements in place for residents to receive visitors in line with their wishes. These arrangements were detailed in the residents' guide and the statement of purpose for this centre. In addition, the provider had a visitors policy.

There were a number of communal and private spaces available for residents to receive visitors. Visiting was unrestricted unless it poses a risk to residents or the visitor and if the resident requests the restriction.

Judgment: Compliant

Regulation 17: Premises

The inspector found that efforts had been made and were ongoing to make the house appear more homely and comfortable. However, in line with the findings of previous inspections, the provider had not ensured that the premises and garden areas were designed and laid out to specifically meet the needs of each of the residents.

Each resident had their own bedroom, which was decorated in line with their preferences. They had access to storage for their personal items. They also had

access to a number of communal spaces. There were pictures on the walls and art work on display. Overall, the house were well presented and well-maintained. However, work was required in the garden to remove unused equipment and replace the existing surface to make it more accessible for residents. For example, eight out of 10 actions from the compliance plan from the inspection in April 2025 remained outstanding. These included:

- The removal of a dividing wall from one of the bathrooms.
- A review of the placement of large wheelie bins at the front of the house.
- Installation of an awning off the dining room.
- The removal of a soft play area at the back of the houses.
- The removal of swings from the back garden.
- The addition of storage in a number of bathrooms.
- Sourcing new furniture for the sitting rooms.
- The installation of an overhead hoist in one of the sitting rooms.

In addition to these outstanding actions, there had been a three week period since the last inspection where some resident had to leave the centre to have a bath or shower as a result of an overhead hoist requiring repair. The inspector reviewed complaints raised for each resident relating to delays on repairs/servicing of the hoist and bath in one of the bathrooms. It was also identified that the second shared bathroom was not fully meeting residents' needs and that some structural changes and a shower trolley were required.

The provider needed to review the storage of large items and fully utilise the space available. For example, there was large equipment being stored in a number of different areas across the ground floor such as in a room at the end of one of the corridors and in the unused multisensory room. There were numerous rooms where the function was being reviewed in line with additional space becoming available due to residents transitions from this centre.

It had also been identified that there were difficulties cleaning the flooring in the hallway using the current flat mop system. A deep clean had been completed by an external company and the provider was in the process of exploring the most suitable flooring/cleaning equipment.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector found that residents were supported to enjoy freshly prepared and cooked food and drinks in a safe manner in line with the recommendations of health and social care professionals.

On a number of occasions during the day the inspector found that there was a pleasant smell of freshly cooked meals in the house. Resident had a choice of

breakfast cereals or a hot cooked breakfast. For lunch there was homemade tomato and basil soup for some residents and one resident had fried potatoes, sausages and fried onions which staff reported was one of their favourite lunches. There was bacon and cabbage being cooked for dinner and other options were available if residents did not wish to have this.

Throughout the inspection, the inspector observed breakfast and lunchtime experiences for residents and found that there were sufficient numbers of staff to offer assistance to residents in a sensitive and appropriate way, as per their risk assessments and plans. The inspector spoke with three staff about residents' preferences and support needs for eating and drinking. They were each familiar with the presenting risks for residents, the required specialist equipment and the recommendations of both dieticians and speech and language therapists.

The inspector observed that there were adequate amounts of foods, refreshments and beverages which were wholesome and nutritious. The fridge was full with fresh produce and the dates of opening were recorded on all opened products. The presses contained a variety of dried goods and snacks and there was a freezer with a variety of foods.

Residents were supported to buy and prepare their own food, if they wished to. Online shopping was completed weekly based on meal choices from residents' meetings and then residents were supported to shop for other items, as required. The kitchen had been redesigned in 2025 to make it more accessible for residents. For example, there was now a fold away counter attached to the kitchen island which was at the correct height for wheelchair users to support them to prepare food.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents were supported to access supports in line with their assessed needs. There were a number of restrictive practices in place and the provider was reviewing these on a regular basis to ensure they were the least restrictive for the shortest duration.

There had been a reduction in restrictive practices since the last inspection and further reductions were planned. Examples of the remaining restrictions included locked doors, night checks for two residents in line with identified risks and storage of residents' finances in a safe. From a review of three residents' plans, there were risk assessments in place and the rationale for restrictive practices were documented.

Each resident was accessing the support of a behaviour specialist and had positive behaviour support plans in place. They also had access to psychology and psychiatry input, which was being utilised as required. Each residents' plan was reviewed by

the inspector and found to contain proactive, reactive and post incident strategies. These plans were sufficiently detailed to guide staff how to respond while supporting residents. In addition, each resident had a grab sheet which detailed cues/triggers, required supports and interventions.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre.

The inspector spoke with the person in charge and staff on duty and found that they were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Based on a review of staff training records, 100% of staff had completed training in relation to adult safeguarding.

The provider had a safeguarding policy which was available and reviewed in the centre. There were had been one safeguarding concern notified to the Chief Inspector prior to the last inspection and the documentation relating to this was reviewed on that inspection. This review demonstrated that the provider had followed their own and national policy.

The inspector reviewed the systems in place to ensure that safeguarding plans were developed and reviewed, as required. Each resident had an environmental/compatibility assessment completed in 2025. In addition, residents who required them had risk assessments completed in relation to any vulnerabilities to abuse they may have.

A sample of three residents' personal and intimate care plans were reviewed. These detailed their abilities, preferences and support needs.

The inspector reviewed the systems in place to ensure that residents' finances were safeguarded in the centre. This included reviewing the five residents' money management plans, daily logs of money in and out and financial audits. Since the last inspection one resident had been supported to access their own account and the provider was now supporting them with, and had oversight of their finances. Residents had an inventory of their valuables which was being kept up-to-date.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Florence House OSV-0002632

Inspection ID: MON-0047893

Date of inspection: 15/01/2026

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> <p>Rolling recruitment processes are ongoing. Rosters are overseen and monitored daily by a CNM2 and any staff deficits due to unplanned leaves are risk assessed, with available staff then allocated across Centre's accordingly. All rosters have identified safe staffing levels which are always adhered to in the event of shortages.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has confirmed the installation of Wifi has been approved and added to the supplier's schedule of works for progression. ICT contract in place.</p> <p>The provider has identified all environmental enhancements and has reviewed them with Maintenance. They are in the process of being allocated to relevant contractors for completion.</p> <p>The provider has revised Contracts of Care and they are in Draft format for review by members of the Senior Nurse Management Team before being approved for sign off.</p>	
Regulation 10: Communication	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The installation of Wifi has been approved by the provider and added to the supplier's schedule of works for progression. All residents have access to Televisions to watch their preferred programmes and staff support the ordering of take away meals from local</p>	

restaurants over the phone.

All residents have comprehensive Care Plans which include accurate guidance and information to ensure staff are provided with the necessary information to familiarize themselves with the resident's support needs and details on how they communicate. Staff are supervised and supported to ensure they are familiar with the residents and their individual needs. The PIC provides oversight and robust induction for all new staff.

The PIC is full time in the Centre and responsible for the supervision of all staff and ensures standards and practices are maintained.

Allocation of locum / agency staff is overseen by a centralized CNM2 who has comprehensive knowledge of the residents needs and risks in each Centre.

The PIC is responsible for ensuring the Managing attendance policy is utilized to ensure all staff are supported to attend work on a regular basis.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The provider has actioned and approved that all identified environmental enhancements which have been reviewed by Maintenance and are in the process of being allocated to relevant contractors for completion.

There are plans made to remove the wet pour surface and large outdoor play equipment and resurface the area with tarmac.

The awning for over the dining room exit doors has been approved.

The PIC will ensure that all room usage is agreed and communicated with all residents and staff and that these areas are reconfigured to make them free from storage items that are not required and the spaces utilized to benefit the residents.

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Not Compliant	Orange	30/06/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	05/03/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	05/03/2026

	circumstances where staff are employed on a less than full-time basis.			
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Not Compliant	Orange	30/06/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/08/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2026
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	31/08/2026

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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