

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

Issued by the Chief Inspector

Name of designated centre:	Hansfield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	27 August 2025
Centre ID:	OSV-0004040
Fieldwork ID:	MON-0039319

About the designated centre

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

This designated service is registered to provide full-time residential care and support for five residents across two locations. The first location is a five-bedroom house which provides support to four adults with intellectual disability who have medium to high support needs. It is staffed by social care workers and care assistants, with staffing arrangements varied to suit residents' needs and schedules. The second location provides full-time residential support to one resident. This apartment is located a short distance by car from the first house and provides 1:1 support by day, with a sleepover staff at night. The provider's aim is to provide a community-based and person-centred setting wherein residents are cared for, supported and valued in an environment that actively supports and promotes their health, development and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 August 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the five residents living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. However, the full complement of staff were not in place at the time of inspection and some improvements were required regarding the review of policies and procedures and maintenance of one of the locations.

This centre had originally comprised of four separate houses. However, in May 2024 the provider was granted its application to reconfigure the centre to reduce its size to two separate houses. A further application to change the footprint to the centres current configuration was granted earlier this year. The centre now comprises of a detached, two-storey five-bedroom house and a separate two-bedroom ground floor apartment. The house and the apartment are located in separate residential estates, a short drive away from each other in a suburb of Dublin and close to a range of local amenities and transport links.

The centre is registered for five adult residents and there were no vacancies at the time of inspection. There was one resident living in the apartment and four residents living in the house. Three of the four residents living in the house had been living together for a significant number of years and were considered to get along well together. A fourth resident had been admitted to the house from their family home and was in the process of transitioning to live in the centre house on a full-time basis. At the time of inspection, this resident was spending four nights per week in the centre. The resident living in the apartment had previously lived in the house but it had been determined that an individualised service better met this resident's needs. The resident had transitioned to live in the apartment earlier this year.

The house and the apartment had been tastefully decorated and were observed to be overall well maintained. It was noted that the flooring in the staff office/sleep over room and one of the resident's bedrooms was noted to be chipped and worn in some small areas. A new kitchen and bathroom had recently been installed in the house. Each of the areas had pictures of each resident and their loved ones on display. A poster outlining each residents' personal goals for 2025 was on display in each of their bedrooms. A resident was noted to have a large collection of dinosaur models, and another resident car models which was one of their passions. There was a pet goldfish in the sitting room which one of the residents cared for. Framed posters from one resident's favourite movie and a framed jersey from their football club was in one of the rooms. One of the residents had a blanket covering their bed which included pictures of the resident with various members of their family. One of the residents had their own exercise bike in their room which it was reported that they used on occasions. There was a small garden to the rear of the houses, which could be accessed by residents. This area included a table and chair for outdoor dining, a basketball hoop and a set of goal posts. There was a flower, herb and fruit

patch in the garden where one of the residents had planted strawberries. The resident living in the apartment had access to a small outdoor area.

The residents living in the centre presented, on occasions, with some behaviours which could be difficult for staff to manage. Suitable behaviour support plans were in place to support each of the residents and, overall the inspector found that incidents were well managed and residents were appropriately supported. The individualised living arrangements for the resident living in the apartment promoted the management of behaviours for that resident.

The inspector met with four of the five residents on the day of inspection in their respective homes. The fifth resident was observed on their arrival to the centre following a home visit but the resident declined to engage with the inspector. The residents met with, individually indicated to the inspector that they were happy living in the centre and it was evident that they were proud of their home. The inspector met with one of the residents in the morning of the inspection on their scheduled 'day off' from their day service. This resident was observed having a meal and moving freely throughout the centre, before going out with staff shopping to buy a DVD. The other residents in the house were met with in the afternoon on return from their day service programmes. One of the residents showed the inspector their extensive DVD collection. The resident living in the apartment showed the inspector a video presentation of them outlining their journey and achievements to moving from a house living with other to an individualised service in their own apartment. Each of the residents met with presented relaxed and content in their homes. Staff were observed to treat the residents with kindness and respect.

The residents living in the house had complex communication needs and used a variety of communication methods including some words, vocalisations, gestures, recognised sign language, body language and visuals. The majority of staff working with the residents had been working with them for an extended period and presented with a good knowledge of their preferred communication methods and were observed to respond to their communication signals. Communication plans were in place which included input from the provider's speech and language therapist. Visual schedules were in use, including 'first and then' boards for a number of residents.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with and the interim person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that the residents' families were happy with the care and support that their loved ones were receiving.

There had been a small number of recorded complaints in the centre in the preceding period. These had been appropriately resolved in accordance with the

provider's policy. The person in charge outlined to the inspector, how staff supported the residents in a respectful manner and advocated on their behalf. Information on residents; rights, complaints process, decision making capacity and the national advocacy service were available in each of the areas. In the preceding period, one of the residents had a bereavement of a close family member and there was evidence that staff had supported the resident through the difficult period.

Overall, the residents led active lives in their local communities. Each of the residents was engaged in a formal day service programme three to four days per week. The residents maintained close relations with their respective families, with regular visits in the centre and to their respective family homes. The residents were supported to engage in meaningful activities. Activities that one or more of the residents engaged in included visits to family, shopping trips, walks in parks and animal farms, cooking and baking, photography, coffee and meals out, arts and crafts, bowling, watching DVDs, playing the guitar, singing and attending music sessions. Both the house and the apartment had a dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. One of the residents had a close family relative in a nursing home who they were supported to visit weekly. There were also a number of public transport links nearby that residents used on occasions.

In summary, this was a well run service which provided quality care for the five residents living in the centre. 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 affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents.

The centre was managed by a suitably qualified and experienced interim person in charge. The interim person in charge is a registered nurse in intellectual disabilities and holds certificates in management and leadership. They had more than four years management experience and were in a full time position. The interim person in charge also held the position of clinical nurse manager 3 within the wider organisation and had been allocated protected time for this role. They reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge

reported to the service manager. The inspector reviewed meeting records which showed that the interim person in charge and service manager held formal meetings on a regular basis.

Regulation 14: Persons in charge

The person in charge was on extended leave at the time of this inspection. An interim person in charge had been appointed. They were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the interim person in charge. These documents demonstrated that the interim person in charge had the required experience and qualifications for their role. The interim person in charge was in a full time position and also held the position of clinical nurse manager 3 (CNM3) within the wider service. The person in charge had previously reported in to this CNM3. In interview with the inspector, the interim person in charge demonstrated a good knowledge of the five residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. However, at the time of this inspection there were 4.3 whole-time equivalent staff vacancies. These vacancies were being covered by regular relief and a small number of agency staff. A significant number of the staff team had been working in the centre for an extended period. A number of staff had moved with the resident who had lived in the house and transitioned to their own apartment. This provided consistency of care for this resident. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the interim person in charge and the staff met with on the day of this inspection. The staff team comprised of social care workers, care assistant staff and the person in charge.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place but the inspector was unable to view records of supervision undertaken as it had been undertaken by the person in charge before they left on extended leave and the records were not available in the centre. It was reported by the interim person in charge that supervision was being undertaken in line with the frequency proposed in the providers supervision policy. A staff member spoken with told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and subsequently the interim person in charge. Meetings were noted to provide an opportunity for staff to discuss residents' needs, staff rotas and any emerging issues, and to review policies and procedures. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with, were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six monthly basis as required by the Regulations. The record of the last unannounced visit in the centre was dated January 2025. It was reported that there had been a recent unannounced visit and the report of same was awaited. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, personal files and infection prevention and control audits and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service. There were regular staff team meetings and separately management meetings with evidence of communication of shared learning at these meetings.

Judgment: Compliant

Regulation 3: Statement of purpose
There was a statement of purpose in place which had been reviewed in June 2025. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.
Judgment: Compliant
Regulation 31: Notification of incidents
Notifications of incidents were reported to the Chief Inspector of social services in line with the requirements of the regulations. The inspector noted that in the preceding period, there were a overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.
Judgment: Compliant
Regulation 4: Written policies and procedures
The provider had a suite of policies and procedures in place on the matters set out in schedule 5 of the Regulations. However, a small number of these policies had not been reviewed at intervals not exceeding three years as required by the Regulations. These included the medication management policy, dated December 2021, the complaints policy dated May 2022, the communication with residents policy, dated July 2022 and the recruitment, selection and Garda vetting of staff policy dated April 2022.
Judgment: Substantially compliant
Quality and safety
<p>The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to flooring in two areas.</p> <p>The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the</p>

assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of residents plans had been completed in line with the requirements of the regulations. The inspector found that residents were supported to engage in meaningful activities in accordance with their interests, capacities and developmental needs.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the interim person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 10: Communication

A number of residents in the centre required a total communication approach to be used with them to ensure successful interactions and to best support the individual resident's communication, in accordance with the resident's needs and wishes. A number of the residents had engaged with the provider's speech and language therapist and had communication passports in place. These set out clear guidance for staff on how best to communicate different decisions at different times of the day so as to minimise any potential distress for the residents. Visual supports were available such as 'first then' boards, which the inspector observed in use. There were a number of documents available in easy to read format which promoted communication access. Staff spoken with presented with a good knowledge of individual resident's communication needs and how best to support them.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean and had been tastefully decorated in each of the areas with input from the residents. However, it was noted that in the house the flooring in the staff room and in one of the resident's bedrooms had some broken surfaces.

This centre comprises of a detached two-storey five-bedroom house and a separate two-bedroom ground floor apartment which is located a short car journey away.

The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place. The residents had personalised their own living areas and bedrooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of the areas.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments which had recently been reviewed. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the centre. There were overall a low number of incidents in the preceding six-month period and evidence that all incidents were reviewed by the interim person in charge, and where required learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire in each of the locations. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape from both the house and the apartment. A fire assembly point was identified in an area to the front of the house and the apartment. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly

as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place, dated December 2023.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Each of the residents personal plans were subject to an annual review.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

A small number of residents living in the centre presented with some behaviours which could be difficult for staff to manage. Suitable behaviour support plans were in place to support each of the residents and overall the inspector found that incidents were well managed and residents were appropriately supported. The provider had a clinical nurse specialist in behaviour support who was accessible for support. A behaviour risk assessment had been completed for residents identified to require same. The inspector reviewed training records which showed that all staff had attended training in the management of behaviour that is challenging, including de-escalation and intervention techniques. Staff spoken with were knowledgeable on approaches required. A restrictive practice register was in place and subject to

regular review. Individual rights assessments had been completed for all restrictions in place.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. Safeguarding concerns in the centre identified on previous inspections had been significantly reduced following the transition of a resident to an individualised service. There had been no safeguarding notifications to the office of the Chief Inspector in the preceding six-month period. The interim person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose and information about same was available for residents in the residents' guide. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in each of the living areas. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. There was a compliant policy in place. There had been a small number of complaints recorded in the preceding period. These had been appropriately resolved in line with the provider's policy. Records reviewed by the inspector showed that all staff had completed training in a human-rights based approach to health and social care, in addition to training on the Assisted Decision Making (Capacity) Act, 2015.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hansfield Group - Community Residential Service OSV-0004040

Inspection ID: MON-0039319

Date of inspection: 27/08/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Nominee Provider is actively recruiting for vacancies within the designated centre. The Nominee Provider will provide additional cohort of relief staff to the centre to ensure the staffing is consistent.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Nominee Provider will ensure all policies are updated in line with legislation, <ul style="list-style-type: none">- Management of feedback Complaints and compliments policy – updated 5/9/25.- Communication & Provision of information to people who have Intellectual Disability (30/11/25)- Recruitment and Retention (30-11-25)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The Provider Nominee will replace the flooring in the staff room and residents' bedroom as identified on the day of the inspection.

The PIC/PPIM will have oversight of the maintenance log which will identify all repair and maintenance logs within the centre.

The Nominee Provider will engage with the Housing Authority to ensure the designated centre is maintained in a good state of repair.

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(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	31/12/2025
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.	Substantially Compliant	Yellow	31/12/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as	Substantially Compliant	Yellow	30/11/2025

	often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
--	---	--	--	--