



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

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group L
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	28 April 2025
Centre ID:	OSV-0005159
Fieldwork ID:	MON-0042403

About the designated centre

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

St. Anne's Residential Group L is a designated centre operated by Avista CLG. The centre can provide residential care for up to four male and female residents, who are over the age of 18 years and who have a disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Offaly, close to shops and local amenities. Residents have their own bedroom, some en-suite facilities, a shared bathroom, kitchen and dining area, sitting room and utility. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 28 April 2025	09:15hrs to 14:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations, and to also follow-up on the findings of the last inspection. The day was facilitated by the person in charge, and later attended for a brief while by one of the persons participating in management. The inspector also had the chance to meet with all four of the residents that lived in this service, and with three of the staff that were on duty.

The findings of the last inspection of this service in June 2023 found some concerns in relation to the implementation of recommended safeguarding measures. Following this, the provider submitted a compliance plan to the Chief Inspector of Social Services, giving assurances of how they planned to come back into compliance. This plan was effectively implemented by the provider, with safeguarding found to be fully compliant upon this inspection. Overall, multiple examples were found upon this inspection where care and support was being delivered to a high standard in this service, and residents who spoke with the inspector gave very positive feedback on what it was like to live in this centre. However, some concerns were identified with regards to staffing levels that required review by the provider. An urgent action was issued to them, and in the days after this inspection, the provider provided written assurances to the Chief Inspector that this had been addressed. This will be discussed again in more detail later on in this report.

This centre comprised of a two-storey house, and was home to four residents. The first floor of the premises was utilised for storage and staff offices, with the ground floor comprising of resident bedrooms, some of which were en-suite, a large shared bathroom with an assisted bath that residents loved to use, a sitting room, kitchen and dining area, and utility. There was also a garden area to the front and rear of the property. Painting works for outdoor seating and tables were scheduled to occur soon ahead of the summer months, with residents also having plans to shortly purchase flowers to plant. Overall, the centre was very homely, comfortably furnished, and very clean. A group portrait of the residents was proudly displayed in the sitting room area, with individual photographs of each resident also framed and hung, which residents were happy to show off to the inspector. One of these residents had a keen interest in art work, and had also framed and displayed one of their own pieces in the sitting room. Residents spoke of how they were looking forward to getting a new couch for the sitting room, and the person in charge later informed the inspector, that there was also plans in place to upgrade one resident's existing en-suite into a wet-room. The house was in a good state of repair, and the provider had a maintenance system in place for any works to be reported for addressing.

These four residents had lived together for a long time and got on well. They were all of an aging profile, with some experiencing changing needs over the past while. They primarily required care and support from staff in relation to their personal and

intimate care, mobility and falls management, some required support at mealtimes, others had assessed health care needs, and they all required a certain level of staff support to get out and about. Some of them attended day services, some had retired from these services, and one of them held part-time employment in a nearby establishment. They were very active in their local community, and enjoyed a range of different activities, that they told the inspector all about during their interactions with her.

Upon the inspector's arrival, three of these residents were up and getting ready for the day ahead. They were getting dressed after their breakfast and were heading into the sitting room to sit for a time, while staff prepared cups of tea for them. One of these residents had assessed communication needs, and gestured to the inspector, which staff informed was their way of communicating that they were going to the hairdresser later that day. The other two residents spoke for a while with the inspector while she sat with them. They said they loved living in their home, felt very safe, and got on well with the staff. They said that they recently got a new manager, and that they visited them very often and spoke to them about how they were all getting on. One of these residents was planning a trip to Lourdes in the coming weeks, and was very excited about this. They were planning what clothes they needed to buy for their break-away, and were scheduling a day to do this with staff. This resident had an interest in art-work and had recently entered an Easter competition, and were awarded a finalist certificate that came in the post that morning, which they were delighted with. They had a day off from their day service, and told the inspector that they planned to take the time to relax, and catch up on some knitting. This resident also spoke about how staff supported them to pick their personal goals, and helped them to achieve these. They had recently decided to host a prayer ceremony at the house, and to have friends over to celebrate this with them, which they said had been a great success. The second resident spoke of how they were planning to go to Co. Clare for a few days over the summer months, and were also very much looking forward to this. They also told the inspector that they had a bed that lowered to the ground to keep them safe at night, and later on showed this to the inspector when she visited their bedroom. This resident held a part-time job in a local restaurant and loved going there each week. They also spoke of how they had enjoyed their Easter break, and that they still had an easter egg leftover to enjoy. On the morning of this inspection, an incident had occurred involving the fourth resident, who was having a lie on in bed, before staff later supported them to attend an appointment to be checked for any injury. They later got up and sat in the kitchen to have their breakfast, and requested a boiled egg which staff prepared for them. They engaged briefly with the inspector, and spoke about the hometown they originally came from. This resident had a comfort-style chair in the sitting room, which they later sat in, while staff cleaned their room, before they returned to have another lie down.

This was a very busy house, with much planned for the residents every day, along with attending scheduled appointments, and staff often also had to follow-up on various matters relating to the running of the house and also with regards residents' care. These residents were very active, and loved to get out as much as possible. From speaking to the residents, and from reviewing the various records maintained, it was very evident that all efforts were made to ensure these residents had a

variety of social activities to choose from. Residents often went out for dinner in a nearby hotel, liked to help staff with the grocery shop for the house, went for drives and walks to nearby attractions, liked to go listen to gospel choir recitals, and regularly attended beautician appointments. Along with this, reflexology and meditation sessions were often scheduled in-house with external facilitators. Residents who spoke with the inspector said that they enjoyed this, and found it very relaxing. The centre was also often visited by a physiotherapist, who along with reviewing residents' care, often completed exercise sessions with the residents to support their mobility.

The staff working in this centre had cared for these residents for a number of years, and were very familiar with their assessed needs and individual preferences for care. Over the course of this inspection, there were very warm and friendly interactions between staff and residents, which warrants particular mention in this report. Staff were observed to be very attentive to these residents, made them regular cups of tea, and checked in on them very frequently while they all relaxed in the sitting room, with pleasant banter and conversation regularly noted by the inspector between them and the residents. Before the inspector left, three of the residents were in the kitchen having their lunch, and were having toasted sandwiches which they had requested. The staff member on duty had baked homemade buns, which sent a lovely aroma of home-baking around the house, and residents were also planning to enjoy these afterwards.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run designated centre and there was good oversight maintained of the quality and safety of care provided to residents. There were many positive findings in this inspection relating to safeguarding, staff training, fire safety and residents rights. However, some concerns were raised in relation to the staffing levels, which did require urgent attention from the provider to review.

During the day two staff were on duty, with one waking staff member on duty at night. Upon request, the provider did ensure that additional staff support was provided so as to accommodate residents' planned outings, when required. At the time of this inspection, a resident who was identified as being at high-risk of falls had a fall the week prior to this inspection, and the context of this incident posed concern regarding the potential for injury, should another fall of this nature occur. At the time of this inspection, the re-assessment of their needs subsequent to this incident hadn't yet been completed. This resident had poor understanding of their own personal safety and often got up unaided. The inspector observed this resident to regularly do so over the course of this inspection, and due to current staffing levels, the supervision of this resident was challenged. An urgent action was issued

to the provider, to re-assess this resident's needs so as to ensure that current staffing levels were suitable and in accordance with the outcome of this re-assessment. Subsequent to this inspection, written assurances were received from the provider that this was addressed.

The person in charge was appointed to the role a few months prior to this inspection, and residents and staff who met with the inspector, said that they regularly visited the centre to meet with them all. Since their appointment, they had gotten to know the residents well, and had also become very familiar with the operational needs of the service delivered to them. They ensured timely follow-up regarding any outstanding information required to inform residents' care and support arrangements, and often had meetings with their staff team. They did have protected administration time each week, and also worked shifts in this centre each week, which greatly enhanced their own oversight of how care was being delivered.

Six monthly provider-led audits were occurring every six months, with a further visit due to occur in May 2025, and where improvement were required, time bound plans were put in place to address these. However, although this provider did have very clear oversight arrangements in place for this centre, some of these did require review, as prior to it being brought to their attention upon this inspection, the provider had not identified for themselves the requirement to review staffing levels in this centre, to ensure these were in accordance with residents' assessed needs.

Regulation 15: Staffing

There was a well-established team in place in this centre, and when additional staff support was required, regular relief staff were available to provide this cover, providing good consistency of care for residents. There also was a well-maintained roster in place, which clearly outlined the full names of staff and their start and finish times worked.

However, on the day of this inspection, an urgent action was issued to the provider, requiring them to review and ensure that the number of staff working in this centre was in accordance with residents' assessed needs. This was issued following concern raised in relation to the suitability of staffing levels to ensure the safety of a resident who was identified as a high falls risk. Subsequent to this inspection, the provider submitted a response to the Chief Inspector, providing assurances that this resident's assessed needs had been reviewed, which resulted in an increase in staffing levels, along with other safety measures since put in place for this resident, in response to the outcome of this re-assessment.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had ensured staff had received the training they required to carry out their roles. Where additional refresher training was required, the person in charge scheduled this accordingly. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre, and that clear lines of accountability were in place. There were good internal communication systems, with staff meetings often occurring to discuss residents' care and support arrangements. The person in charge also maintained regular contact with their line manager, and attended various management meetings to review operational matters.

Six monthly provider-led visits were occurring, which monitored for various improvements. The last visit was conducted in November 2024, and improvements that were identified were addressed, with a further visit scheduled to occur in May 2025. Although there were many positive aspects to the quality and safety of this service, the provider had not identified for themselves, the requirement to review the staffing arrangement for this centre, prior to this being brought to their attention upon this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting and review of all incidents that occurred in this centre. They also had ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role, and regularly visited the centre each week to meet with residents and their staff team. They had allocated administrative time to carry out their managerial functions, and also provided direct care to these

residents. They were supported in their role by their staff team and line manager, in the running and management of this centre. They also held responsibility for another designated centre operated by this provider, and current governance arrangements provided them with the capacity to effectively do so.

Judgment: Compliant

Quality and safety

This was a centre that operated with consideration for the aging profile of the residents, their assessed needs, and their individual preferences for care. There was significant emphasis placed on on-going consultation with residents about the running of their home, and ensuring that they were involved in decisions around their care and support, which residents gave very positive feedback on over the course of this inspection.

The provider had effective arrangements in place for these residents' social care. Residents regularly had the chance to get out and about, and often liked to do so as a group together. There were good arrangements in place to ensure residents' were safeguarded from harm, with safeguarding often spoken about with residents as part of their house meetings. There was also good oversight of the restrictive practices that were in use in this centre, and some of the residents in which they were intended for, spoke about these and were happy these were in place to keep them safe. Over the course of this inspection, it was clear that staff were very aware of the individual assessed needs of each resident, and confidently spoke about how they provided the support and care that residents required. However, upon review of some of the personal plans in place for residents' assessed needs, it was observed that these would benefit from additional review to ensure clarity in the particular care that staff delivered to these residents each day. This was discussed with the person in charge, who made arrangements for these documents to be reviewed.

Fire safety was another aspect of this service that residents were often consulted about. Residents who spoke with the inspector, clearly spoke about their involvement in fire drills, and about what they would do, should the fire alarm sound. There was also very positive findings in relation to residents' health care arrangements, with residents regularly supported to attend medical appointments, and there was also timely follow-up in relation to any new health care related interventions that may be required.

There was a good response to incidents which occurred in this centre, and when the outcome of these resulted in additional control measures being needed, this was quickly communicated to staff. Although there were many risk assessments in place in response to resident specific and organisational risks, some of these required review to ensure better clarity on the particular measures that were put in place in

response to these.

Regulation 13: General welfare and development

The provider had ensured these residents were provided with appropriate care and support that gave them multiple opportunities to enjoy a good quality of social care. Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them. One resident held part-time employment, which they attended each week and were supported to do so. Some attended day services and enjoyed the range of activities on offer to them there. Others preferred to spend time at home, and were accommodated to do so. All residents were encouraged and supported to maintain personal relationships and links with their local community, and often had family and friends come to visit them in their home.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that each resident was provided with choice at every mealtime, and that they were involved in the planning of meals. Residents' meetings which often occurred, included a discussion with residents around dinner-time options, with many requesting roast dinners, which were accommodated. Residents were also supported to take part in baking activities, and for those that did require some assistance with their meals, staff ensured this support was provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the assessment, review, response and monitoring of risks in this centre. Good adherence to incident reporting was maintained, and any new measures to be implemented on foot of these were quickly communicated to staff.

However, there was some improvement required to some risk assessments relating to residents' care and support needs. For example, for one resident who was identified at risk of falls, they had multiple risk assessments in place relating to this, which didn't provide clear guidance on the specific falls prevention measures that were to be implemented. Similarly, there also was a risk register in place, which was

used to monitor and oversee identified organisational risks. Although these were maintained under regular review by the person in charge, some of the risk assessments in the register required review, to better identify the specific controls that were implemented in response to these risks in areas, such as, staffing, falls management, premises, and oversight of residents' changing needs.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had fire safety precautions in place, to include, fire detection and containment measures, all fire exits were maintained clear, there was a waking staff member on duty each night, regular fire safety checks were being carried out, and there was emergency lighting available. Regular fire drills were occurring, and the records of these demonstrated that staff could support these residents to quickly evacuate. There was a fire procedure in place, that required minor review, which the person in charge addressed on the day of inspection.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents' assessed needs were well-known by staff, and residents were supported to be involved in the review and planning of their care. Personal goal setting was carried out, with residents informing the inspector of how they were supported to reach these. Although there were very good examples of care and support observed over the course of this inspection, some personal plans and assessments required review, to ensure these captured and reflected the specific care and support delivered to these residents on a daily basis. This was brought to the attention of the person in charge, who was putting arrangements in place for these documents to be updated and revised.
Judgment: Compliant
Regulation 6: Health care
Residents' health care needs were assessed for on an on-going basis, and the input of allied health care professionals was sought for this purpose, when required. Residents were supported to attend medical appointments, and various health screening was offered to them when it was due. Although at the time of this

inspection, no resident was assessed as requiring nursing support, the provider did have arrangements in place for this, should the health care needs of these residents change.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where positive behaviour support was required by these residents from time to time, the provider had arrangements in place for this. There were some environmental restrictions that were in use, and had been prescribed in response to residents' safety needs. These were subject to regular review, and the residents who they were intended for, were aware of the reason as to why they were in place.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place for the identification, response and monitoring of any concerns relating to the safety and welfare of these residents. This was a topic that was regularly discussed with residents at their meetings, to ensure they were clear to report to staff, should they have any concerns. Since the last inspection, the provider had rectified issues found in relation to safeguarding arrangements, and at the time of this inspection, there were no active safeguarding plans required in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

This was very much a resident-led service, that strived to provide residents with the service that they required. Residents were very actively involved in the running of their home, and were consulted with on a daily basis as to how they wanted to spend their time. There was respect for residents' privacy and dignity, and all efforts were made by staff to ensure each resident received good quality care and support. Residents told the inspector that they were very happy in their home, that they were offered choice in all aspects of their care, and that they were kept informed about any changes relating to how the service operated.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially 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 St. Anne's Residential Services Group L OSV-0005159

Inspection ID: MON-0042403

Date of inspection: 28/04/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All residents were fully reassessed with MDT input and deemed to require additional indirect supervision.</p> <p>To accommodate increased supervision an additional staff is on duty in the morning and the operations of the house in the evening were revised to accommodate additional supervision. This was implemented immediately. An agency staff was appointed to the house commencing 19/05/2025 and an internal staff was appointed to the house on a 30hr contract commencing 26/05/2025.</p> <p>A protocol relating to staffing was developed to ensure all staff team are aware of staffing levels appropriate to the resident's needs. This includes acquiring transport from another house to bring one resident to day service to ensure there is safe staff levels remaining in the house.</p> <p>Recommendations from all reviews will be actioned and monitored.</p> <p>Staffing levels will be monitored and kept under regular review.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has ensured that staffing complement has been reviewed to provide</p>	

adequate indirect supervision for all residents. This includes the introduction of agency staff as well as redeploying a permanent thirty hour staff for the centre. Recruitment will remain ongoing to replace the agency staff and staffing levels will continue to be monitored by PIC and PPIM on a regular basis

Regulation 26: Risk management procedures

Substantially Compliant

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

The risk assessments relating to falls were updated on day of inspection. Other measures to manage fall prevention include the introduction of an Optiscan Beam for one resident, this was approved at a restrictive practice review on 08/05/2025. Another control measure to reduce the risk of falls include a new emergency pendant which will alert staff on duty should support be required. Increased indirect supervision has also been reviewed and staffing levels have been increased to facilitate same.

A joint assessment was carried out with the Physiotherapist and the Occupational Therapist to address issues raised by the Inspector on the day of the inspection. These included one resident's bathroom door and chest of drawers, the seating arrangements in the sitting room and also the blinds on the window. The review concluded that the bathroom door is the best option for the resident in their bedroom. The chest of drawers will be changed to allow for more space at the side of the resident's bed. A new riser recliner has been ordered to facilitate additional visibility for one resident and the centre is having a venetian blind installed also.

The four residents were reviewed by MDT regarding their changing needs, all recommendations are being put in place.

All changes will be discussed at the next team meeting, this is due to be held on 11/06/2025.

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.	Not Compliant	Orange	01/05/2025
Regulation 23(1)(c)	The registered provider shall 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.	Substantially Compliant	Yellow	30/06/2025
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	30/06/2025

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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