Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | North Kildare |
| Name of provider: | Gheel Autism Services CLG |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 30 March 2026 |
| Centre ID: | OSV-0007789 |
| Fieldwork ID: | MON-0050038 |

## About the designated centre

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

This centre comprises three houses. The centre aims to provide a residential service for a maximum of six residents with intellectual disability and or Autism, two residents in each of the houses. Each of the three houses are located within the same geographical area but a relatively short drive away from each other and from local amenities. Two of the houses were located on their own grounds in a rural setting, while the third house, a two storey detached house was located in a quiet residential estate in a town. Each of the houses had suitable bathroom facilities, kitchen come dining room, living area, individual bedrooms for residents and laundry facilities. Each of the three houses had a nice sized garden for residents use. The residents in each of the houses were supported by social care workers, a location manager and the person in charge.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 4 |

## 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 30 March 2026 | 16:00hrs to 20:20hrs | Marie Byrne | Lead |
| Tuesday 31 March 2026 | 09:00hrs to 15:00hrs | Marie Byrne | Lead |

## What residents told us and what inspectors observed

This unannounced inspection was completed by one inspector of social services over two days. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. The findings of this inspection were positive in relation to residents' care and support; however, further action was required by the provider to ensure audits and reviews were used to drive improvements. This will be discussed further in the body of the report.

In North Kildare, residential and respite care is provided for up to six adult residents. The centre comprises three houses a short drive away from each other in County Kildare. In two of the houses full-time residential care is provided for residents and respite care is provided for one resident in the third house. The same resident attends for respite Monday to Friday every week. Each of the houses is close to good variety of local amenities such as shops and restaurants. There are four vehicles available in the centre to support residents to access their community. There were four residents living in the designated centre at the time of this inspection and the provider had applied to reduce the registered beds from six to four with the application to renew the registration of this designated centre.

Over the course of the inspection, the inspector had an opportunity to visit each of houses that make up the designated centre and to meet and spend some time with each of the four residents using the service. There was one resident living in two of the properties and there were two residents living in the third property. As residents did not tell the inspector what it was like to live in the centre using words, the inspector interacted with residents and used observations, a review of documentation and discussions with staff to capture their lived experience of using this service. In addition to the four people using the service, the inspector also had an opportunity to meet and speak with the person in charge, a person participating in the management of the designated centre (PPIM) and four staff.

Overall, the three house appeared homely and comfortable. However, there were areas where maintenance and repairs were required, particularly in two of the houses. These areas will be discussed later in the report. Residents' bedrooms were decorated in line with their preferences. They had their favourite possessions and a number of photos and pictures on display throughout their homes. Each of the houses had a number of communal areas available for residents to spend their time in such as, living and sensory rooms. One of the houses had an activity room upstairs and an outdoor garden room. In this garden room there was a television, sofa, games, arts and craft materials and gym equipment. The provider was in the process of adding this building to the floor plans of the designated centre at the time of this inspection. Two of the houses were in rural areas and had large gardens

with some equipment such as football nets and trampolines. The third house was in a small housing estate. It had a small well-maintained back garden.

On the first day of the inspection, the inspector had an opportunity to meet three of the four people using the service. The fourth person was busy engaging in their evening routines when the inspector visited their home so the inspector had an opportunity to meet them on the second day.

Over the course of the inspection, the inspector observed a calm and relaxed atmosphere in each of the houses. Residents were observed to move around their homes freely and to spend time in the favorite parts of the homes. Based on observations, discussions with staff and a review of documentation, residents were leading their own days. They were in receipt of a wrap-around service with staff available to support them to attend appointments and to take part in activities they enjoy during the day. They were supported by a staff on a sleepover shift overnight.

Residents were observed to have opportunities to spend time with each other, with staff, or alone. They were observed spending time in their bedrooms, engaging with staff, taking part in the upkeep their homes and spending time in their garden. For example, one resident put on their wellington boots to spend some time in their large garden. There was a lovely view of the countryside behind their home. They were observed to appear very happy, relaxed and content while spending time in their garden.

Residents were observed independently taking part in the upkeep of their home. Staff were observed to encourage this but to make themselves available every time resident's indicated they required support. Staff were observed to pick up on and respond to residents' verbal and non-verbal cues. Examples of tasks residents were engaging in included putting items in the recycling bin and sorting the rubbish into the appropriate bins, doing their laundry, going to the kitchen to get their preferred drinks. They were also observed to approach staff when they wanted them to prepare meals or snacks for them.

While spending time in the houses, the inspector observed that residents had access to televisions, phones and radios. One resident had a tablet computer and showed this to the inspector. They were using pictures to support them to communicate. For example, they were using it to make their order in a local coffee cart for their preferred drinks and snacks.

On the second day, the inspector spent some time with one resident, the person in charge, PPIM and a staff member. They had a drink and snack and spent time with staff and the inspector communicating about some of their favorite things to do. This included going to the gym and having sessions with a personal trainer every week. They were also planning to go on a holiday abroad with their family. Work was ongoing to support them to prepare for this trip. This included getting their passport, preparing for a flight in a local airport and going on a flight within Ireland. They smiled throughout the discussions about their goals and holiday plans.

Residents were being supported to set and achieve goals. One person was working on increasing their independent living skills. One of their goals was to prepare the

ingredients and cook their own meals. Another resident was exploring their goal to go horse-riding. They were taking the initial steps such as meeting and engaging with their horse. Residents had access to an advanced autism practitioner who supported them and staff in developing plans to meet their needs.

Throughout the inspection, kind, caring and respectful interactions were observed between residents and staff. Staff used person-first language and took every opportunity to speak with the inspector about residents' strengths, skills, talents and ways that they contribute in their home. They also spoke about how they were supporting residents to explore and develop roles in their community. They were observed to take the lead from residents in relation to where they wished to spend their time and what they wished to do in their home. They also supported residents to choose what they wished to do in their community. For example, one resident had an appointment in the morning and indicated they wished to go do some shopping after this.

In summary, residents in this centre were being well supported by a staff team who knew them well. They were being supported to develop and achieve their goals. Some improvements were required to oversight and monitoring and the premises. These areas will be discussed further in the body of the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of residents' care and support.

## Capacity and capability

The findings of this unannounced inspection were that residents were in receipt of a good quality and safe service. The provider had introduced a number of systems to improve oversight and monitoring since the last inspection and more were planned. Action was required by the provider to ensure that actions identified in audits and reviews were driving improvement. This particularly related to required premises works and will be discussed later in the report.

The lines of authority and accountability were clear and in line with the statement of purpose for this centre. The local management team consisted of the person in charge and a PPIM. They provided supervision and support for the staff team.

The provider had recruited to fill staff vacancies for social care workers and relief staff since the last inspection. This had resulted in improved continuity of care and support for residents. Based on discussions with staff and a review of rosters, there had been no agency usage to date in 2026. Staff had access to training to support them to carry out their roles and responsibilities.

## Regulation 15: Staffing

Based on what the inspector observed, read and was told there were enough staff employed by the provider to meet the number and needs of residents living in this centre.

The centre was fully staffed in line with residents' assessed needs and the size and layout of the designated centre. There was a 1.5 whole time equivalent (WTE) social care worker vacancy at the time of the last inspection in December 2025. Since then the provider had filled these vacancies and there was also a full relief panel in place. A number of staff and members of the management team spoke with the inspector about the positive impact of this in relation to continuity of care and support for residents.

Based on a review of a sample of rosters between January and March 2026 all the required shifts were covered by regular staff or members of the local relief panel. This included all shifts relating to planned and unplanned leave.

The inspector reviewed a sample of three staff files. They each contained the information required under schedule 2 of the regulations. This included a full employment history and evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

As previously mentioned, throughout the inspection the inspector observed kind, caring and respectful interactions between residents and staff. Residents appeared very comfortable and content in the presence of staff. Staff were very familiar with residents' preferences and support needs. They were also observed to be very familiar with residents' communication styles and preferences.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were provided with training and supervision to support them to carry out their roles and responsibilities to the best of their abilities. Some of the supports in place for them included, induction, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

The inspector reviewed the staff training matrix in the centre. This demonstrated that staff had completed training listed as mandatory by the provider including, fire safety, safeguarding, the safe administration of medicines and infection prevention and control (IPC). They were also completing courses in line with residents' assessed needs and two internal courses to support residents to enjoy a good quality of life. They had also completed training in areas such as the Assisted

Decision Making (Capacity) Act 2015 and four modules on applying a human-rights based approach in health and social care.

A sample of supervision records for three staff and the minutes of two recent staff meetings were reviewed. This review demonstrated that staff had opportunities to discuss their roles and responsibilities. Their skills and contributions were being recognised and celebrated. They had opportunities to identify areas where they would like to further develop their skills or set professional goals. There were also opportunities to reflect on their work and receive constructive feedback from the local management team. Agenda items at team meetings included areas such as complaints and compliments, safeguarding, health and safety, trending of incidents and residents' goals and plans.

Each staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the resident's care and support, or the day-to-day running of the centre. They spoke about the provider's out-of-hours on-call system and the availability of the person in charge and PPIM should they require support.

Judgment: Compliant

## Regulation 21: Records

The provider had implemented a number of systems relating to the storage of information and documentation since the last inspection. Throughout the inspection, each staff could freely access information requested by the inspector. This included records set out in Schedules 2, 3 and 4 of the regulations. Overall, the inspector found that these were available and well-maintained.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the provider was recognising that their systems for oversight and monitoring were not proving fully effective or bringing about the improvements they had identified as required in a timely manner. They required more time to implement the actions required to bring about these improvements.

As previously mentioned, the provider had implemented a number of new systems relating to record keeping since the last inspection which were proving effective at ensuring that the required documentation was available and easily retrieved by the entire team.

In line with the findings of the last inspection, the inspector found that improvements continued to be required in relation to the provider's six-monthly review process. As reflected in the last inspection report, the provider had not completed two six-monthly reviews in 2025. Plans were progressing to ensure that there would be two completed in 2026. The layout and content of their audits and reviews were under review by the provider to ensure it was linked to the regulations and standards. In addition, the actions plans were under review to ensure actions were Specific, Measurable, Attainable, Realistic and Time- bound (SMART).

The provider's 2024 annual review was reviewed. It included the input of residents on the quality and safety of care in the centre. This review recognised that improvements were required in relation to a number of the premises. However, this review had not resulted in some required improvements as actions relating to some required premises works remained outstanding at the time of this inspection. These will be discussed further under Regulation 17: Premises.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Prior to the inspection, the inspector reviewed notifications submitted to the Chief Inspector of Social Services. In addition during the inspection they reviewed a sample of 12 incident reports since the last inspection and completed a walk around all three premises.

Based on what they read and observed, the inspector found that the Chief Inspector had been notified of the required incidents in line with the timeframe identified in the regulations. This included restrictive practices and non-serious injuries for residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were no open complaints in the centre at the time of this inspection. Based on discussions with staff and a review of documentation, residents and their representatives were supported to understand the complaints process.

The provider had a complaints policy which had been recently reviewed. Posters with a picture of the complaints officer and easy-read document on the complaints process were on display in each of the houses. The complaints procedures were also included in the statement of purpose and resident's guide which were both available in the houses.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had ensured that each of the policies required under Schedule 5 were available for review. These had been recently reviewed and were available on an online system which all staff could access.

Judgment: Compliant

## Quality and safety

The provider was ensuring that residents were in receipt of a good quality of care and support. However, in line with the findings of the last inspection and the provider's own audits and reviews, work was required particularly in two of the premises. This will be discussed further under Regulation 17: Premises.

The design and layout of the three houses was suitable to meet the needs of residents living there. One house had two residents living there and there was one resident residing in each of the other houses. They had access to a number of private and communal spaces including sensory rooms, activity rooms and sitting/living rooms.

Residents were in receipt of a wrap-around service and were choosing what they wanted to do, and when. They were taking part in activities they find meaningful in their homes and had opportunities to explore their local community. They were spending time with their families and friends and had opportunities to set and achieve their goals.

Residents, staff and visitors were protected by the fire safety, risk management and safeguarding policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure the vehicles were roadworthy and well-maintained.

## Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. They also

communicated with residents and staff and found that residents were supported to develop and maintain relationships.

Each of the residents were spending time with their family and friends. For example, one resident was attending respite Monday to Friday weekly and spending their weekends with their family. Another resident was regularly spending weekends with their family also. The inspector also heard one resident asking a staff member what day they would be meeting their sibling.

There were a number of private and communal spaces available to each resident to receive visitors. Visits were not restricted unless requested by the resident or if the visit presented a risk for residents or their visitors.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the three houses was suitable to meet the needs of residents living there. One house had two residents living there and there was one resident residing in each of the other houses. They had access to a number of private and communal spaces including sensory rooms, activity rooms and sitting/living rooms. Overall, the inspector found that each of the premises was spacious, clean and warm.

As captured in the provider's own audits and reviews a number of premises works were required to ensure that they were maintained to a good standard for residents living there. This was also identified during the inspection in this centre in December 2025. The inspector acknowledges that the date to move into compliance with this regulation was identified by the provider as 30 June 2026. However, the required actions were identified in the provider's six-monthly reviews as far back as April 2025.

Some of the areas where works were required included:

- Damage and cracks to a number of walls. Some interim repairs had been completed since the last inspection but needed to be sanded and painted.
- There was wear and tear in areas of the houses where painting/touch ups were required.
- The flooring in the downstairs hallway in one of the houses was worn in a number of areas.
- A vent had come off the internal wall of a laundry room and required review/replacement. The inspector was informed a new one was on order.
- There were a number of cracked tiles in some of the bathrooms which required review and repair to ensure they were repaired/sealed.
- There had been leaks in two of the houses and these had been repaired, but the damp stains remained on the ceilings.

Judgment: Not compliant

## Regulation 20: Information for residents

The inspector reviewed the residents' guide that was submitted with the application to renew the registration of this centre. It contained the information required under this regulation. This included information about the services and facilities provided, the terms and conditions relating to their residency and arrangements for visits and participation in the running of the centre. The provider had made a house-specific residents' guide available in each of the houses.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector found that residents', staff and visitors were protected by the provider's risk management policies procedures and practices.

The provider's risk management policy was reviewed and found to meet regulatory requirements. There were detailed emergency plans in place which were regularly reviewed.

The risk register, and each residents' individual risk management assessments and plans were reviewed. These were detailed in nature and regularly reviewed.

The provider had an electronic system in place to record incidents, accidents and near misses. The inspector was shown this system by the person in charge who described how incidents were recorded, reviewed and followed up on. A sample of 12 incidents were reviewed and it was demonstrated that they were reviewed by a relevant member(s) of the clinical/management team and follow-ups were completed, as required.

A sample of two hygiene registers and three monthly housekeeping checklists were reviewed in each of the three houses. These reviewed areas such as food safety, and daily, weekly and monthly cleaning checklists. The inspector found that all three houses were clean during this unannounced inspection.

The inspector found that there were systems to respond to emergencies and to ensure the vehicles in the centre was roadworthy, suitably equipped and regularly serviced. Staff were completing daily checks and the vehicles were being regularly serviced. For example, one of the two vehicles available to residents in one of the houses was being serviced during the inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

Residents, staff and visitors were protected by the fire precautions in place across this designated centre.

During the walk around of the three premises the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were also fire doors and swing closers, as deemed necessary. Electronic hold-open devices were in place in key areas.

The inspector reviewed records for 2025 to demonstrate that quarterly and annual service and maintenance were completed on fire systems and equipment. The evacuation plan was on display in each of the houses.

A sample of ten fire drill records for 2025 were reviewed. This included four in two of the houses and the two most recent ones in the other house. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. Residents had detailed personal emergency evacuation plans in place.

A sample of two weekly fire checklists completed by staff were reviewed in each of the three houses. This reviewed systems and equipment, drills, the emergency response plan, escape routes, electrical fittings and appliances, fire containment and prevention and hazards. Any actions identified were recorded and reported to the person in charge.

Judgment: Compliant

## Regulation 8: Protection

Based on a review of documentation and discussions with residents and staff, the provider's systems to safeguard residents were proving effective in this centre.

There had been no safeguarding concerns notified to the Chief Inspector since the last inspection. The inspector reviewed the provider's policies and systems. They found that the provider's safeguarding policy clearly identified staff roles and responsibilities should there be an allegation or suspicion of abuse. From a review of the staff training matrix, 100% of staff had completed adult safeguarding and protection training. The inspector spoke with the person in charge, PPIM and four

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| staff on duty and found that they were each knowledgeable in relation to their roles and responsibilities relating to safeguarding and protection. |
| 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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for North Kildare OSV-0007789

## Inspection ID: MON-0050038

## Date of inspection: 31/03/2026

**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 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Bi annual Audit schedule has been agreed with the Quality and Safety Team for 2026 to ensure audit targets are attained moving forward.<br>A plan surrounding the identified improvements to the premises was made, as set out under Regulation 17 and will be escalated as per the below action plan and related deadlines within agreed. | |
| Regulation 17: Premises | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>In the case of the rented property, the landlord for same will be contacted and a target date communicated to complete required works in the home. In case of the HSE owned, home the relating maintenance team will be contacted and a target date set out for the works required to be completed. Any related actions on the teams action planner system, will have target dates reviewed to align with the new agreed deadlines. | |

## 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 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Not Compliant | Orange | 18/05/2026 |
| 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 | 31/08/2026 |