



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Tonyglassion Group Home
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	13 February 2023
Centre ID:	OSV-0007820
Fieldwork ID:	MON-0030246

## About the designated centre

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

Tonyglassion Group Home is a centre made up of one house (with a self-contained apartment) and a separate apartment on the grounds of the property. It is based in a rural setting in Co. Monaghan and transport is provided for residents use. The service provides 24 hour residential care and support for up to five residents with disabilities who present with complex needs. The centre comprises of a entrance hallway, a staff office, four resident bedrooms (all of which have en-suite facilities), a central bathroom, a sitting room, a dining room, a kitchen and a utility facility. Within the main house there is also a self-contained one bedroomed apartment. There is a separate apartment to the rear of the property which accommodates one resident. This building contains a kitchen/dining space, a main bathroom, store rooms, and a bedroom with en-suite facilities. The centre is staffed on a 24/7 basis by a person in charge, a team of staff nurses and care assistants. There is a qualified nurse on duty on a 24/7 basis in the centre.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 13 February 2023	09:30hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection there was five residents residing in the centre. Written feedback on the quality and safety of the service provided from three family representatives and all five residents was viewed by the inspector. It was observed that where required, family members supported the residents in providing written feedback on the service.

The centre comprised of a three bedroom house and within that house there was a self-contained one bedroom apartment. On the grounds of the property to the rear of the house, there was also a separate detached, one bedroom, self contained apartment.

On arrival to the house the inspector was greeted by one of the residents who appeared in very good form. They smiled at the inspector and welcomed them into their home. The resident reported that they were in good form and they were looking forward to going out to the shops to get a daily newspaper and a drink for themselves. The resident had a great sense of humour and appeared to get on very well with the staff team. Staff also appeared to enjoy the company of the resident and their interactions with them were positive, warm and professional.

The person in charge explained to the inspector that some of the residents attended a day service and while there, they were supported to engage in learning, social and recreational activities of their choosing and interest. For example, some residents like gardening and horticulture and engaged in these activities while at their day service. One resident also liked flying and the person in charge informed the inspector that staff had supported this resident to go on a plane trip with a flying club and the resident very much enjoyed that experience. The staff team were also exploring the possibility of the resident becoming a member of the flight club.

Other residents liked to meet up with friends at day services and participate in table top activities of their choosing such as arts and crafts. The inspector saw a framed painting one of the residents had recently completed and, the person in charge explained that it would soon be displayed in the house for all residents to enjoy. Some residents also liked to go for drives and walks and on the day of this inspection, staff ensured these activities were provided for the residents.

The inspector spoke with three staff members over the course of this inspection and found that they all spoke about the residents in a positive and person centred manner. In 2021, the person in charge and staff team had undertaken training in Human Rights and one staff member informed the inspector that promoting the residents dignity, privacy, individual choices and independence was important. They said that residents made their own choices with regard to their daily routines and what activities to participate in and, staff were supportive of those choices. The

inspector also observed that the person in charge had made arrangements for, an independent advocate to meet with the residents, as an additional mechanism to further promote and support their rights.

Family members also reported that they were satisfied that residents' rights to determine their own daily routines and rights to privacy and dignity were respected in the service. One family member reported that their relative was very well looked after and another expressed satisfaction with the staff team saying that, they cared very much for the residents. A third family member said that they were very happy with the person centred planning (PCP) process, reporting that they could speak openly at PCP meetings and discuss any issues they had with ease.

Family members also supported the residents to provide written feedback on the service, all of which was complimentary and positive. For example, on behalf of the residents, family members reported that their relatives were happy living in the centre. They also said their loved one's were happy with their bedrooms, the food options and meals provided, visiting arrangements in place, that their rights were being supported and happy with the range of leisure activities on offer. Additionally, some family members reported that, their relatives found staff easy to talk to, staff listened to them and knew their likes and dislikes.

They were also satisfied with the overall support provided by the staff team reporting that, staff were great in providing person centred care, were understanding and helpful, made residents feel comfortable in their home and helped them to achieve their goals.

Overall, while some issues were identified with premises and risk management, residents appeared settled and happy in their home and were comfortable in the company and presence of staff. The next two sections of this report discusses the above in more detail.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. The centre had a clearly defined management structure in place which was led by a person in charge who provided good leadership and support to their staff team.

The person in charge was employed on a full-time basis in the organisation and was a qualified nursing professional with a number of years management experience working in disability settings. Over the course of this inspection they demonstrated a very good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

A review of a sample of rosters indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day. The person in charge and provider also had contingencies in place to manage planned and unplanned leave as a regular relief staff member was available to cover shifts.

Staff spoken with had a good knowledge of the residents needs in the centre. They said they felt supported in their role and were able to raise concerns, if needed, to the person in charge through staff meetings and supervision. A sample of personnel files was also viewed by the inspector and some while minor updates were required, the inspector was satisfied that this was followed up on and addressed after the inspection.

From a sample of files viewed, the inspector observed that staff had completed training in safeguarding of vulnerable adults, Children's First, basic life saving, manual handling, fire safety and infection prevention and control (IPC). The person in charge and staff team had also completed training in human rights and spoke to the inspector about the importance of ensuring the dignity and privacy of the residents being maintained at all times (Further detail of these examples have been included in *'What residents told us and what inspectors observed'* section of this report).

The provider had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been undertaken and a six monthly unannounced visit had also been conducted. These audits resulted in a quality improvement plan and issues identified in this plan were being actioned and addressed. For example, the auditing systems identified that a new PCP audit template was to be put in place, the statement of purpose and residents guide required updating, a new armchair was required and new door was needed for one of the wardrobes. All these issues had been addressed at the time of this inspection.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a qualified and experienced nursing professional with an additional management qualification. They were found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in

Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were also found to be prepared for and responsive to the inspection process.

Additionally, they had systems in place to manage, support and supervise their staff team and ensure the assessed needs of the residents were provided for.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day.

As per the roster, four staff worked throughout the day every day and two waking night were also provided.

The person in charge and provider also had contingencies in place to manage planned and unplanned.

Judgment: Compliant

### Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training so as to ensure they had the necessary skills to respond to the needs of the residents.

For example staff had training in:

- fire safety
- manual handling
- hand hygiene
- safeguarding of vulnerable adults
- Children's First
- open disclosure
- managing behaviour of concern
- Infection Prevention and Control
- Respiratory Hygiene
- Donning and Doffing of Personal Protective Equipment
- Food Hygiene
- supported decision making and,

- human rights.

Additionally, from the small sample of files viewed, staff had up-to-date Garda vetting in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents for this centre as required for the renewal of the registration of the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted up-to-date insurance details for this centre as part of the renewal registration process for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation.

The person in charge was responsible for this registered designated centre however, they were supported in their role by a senior management team consisting of a director of nursing (DON), an assistant director of nursing (ADON) and a clinical nurse manager III (CNM III)

The provider had systems in place to audit and monitor the quality of service begin delivered to residents. These audits fed into an overall quality improvement plan for the centre and were effective in bringing about change.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

## Quality and safety

The residents living in this house were supported to have meaningful and active lives within their home and community (based on their expressed individual preferences and choices) and systems were in place to meet their assessed needs. It was observed however, some parts of the premises required modernisation and/or refurbishment and an individual risk assessment for one resident required review.

The individual needs of the residents were being supported and encouraged in the centre. Residents were supported to engage in recreational and social activities of their choosing and, their assessed needs were clearly stated in their individual personal plans. They were also supported to keep in regular contact with their families.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include a general practitioner (GP), occupational therapy (OT), physiotherapy, dietitian, dentist and speech and language therapy. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform

and guide practice.

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Positive behavioural support plans were also in place which guided staff on how to provide person centred care and support to residents that showed behaviours of concern. From a sample of files viewed, staff also had training in managing behaviours of concern.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There was one open safeguarding plan in place at the time of this inspection however, it had been reported and responded to in line with the safeguarding policy. An interim safeguarding plan was also in place to ensure the residents safety. Access to an independent external advocate was also provided for and information on how to contact the designated officer and confidential recipient was also readily available in the centre.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. However, a number of measures in place to support one resident's safety, while staying on their own in an apartment to the back of the house, were not recorded in their risk assessment.

Infection prevention and control measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. Additionally, staff had been provided with IPC training and on the day of this inspection, the premises were observed to be clean and tidy. However, while the premises were laid out to meet the needs of the residents, a number of refurbishments and redecorating was required. The provider had already identified a number of these issues through their own auditing systems and at the time of this inspection, had plans in place to address them.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

## Regulation 17: Premises

The premises were laid out to meet the needs of the residents and a number of renovations had taken place at the end of 2021/early 2022 to include the provision of a separate apartment area in the centre area for one of the residents. They were also found to be clean, warm and homely on the day of this inspection however, some improvements were required:

- the kitchen presses required refurbishment and a new oven was required

- some small holes in some walls needed repair (where shelves had been moved or relocated)
- the wires on some of the TVs required covering
- some internal doors needed painting
- the kitchen presses in the stand alone apartment required refurbishment
- a laundry basket required replacing
- a radiator cover required replacing
- the hallway floor required sanding and varnishing
- some pipes required boxing in/covering in some of the bathrooms.

The provider had already identified a number of these issues through their own auditing systems and at the time of this inspection, had plans in place to address them.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. However, a number of measures in place to support one residents safety while staying on their own in an apartment to the back of the house, were not recorded in their individual risk assessment. For example, staff reported that the following measures were in place to ensure the residents safety:

- there was a listening monitor in the apartment and staff carried the receiver on them at night so as to ensure the residents safety
- two waking night staff were on duty at all times and the resident could go over to the main house for support at any time if required
- staff checked in with the resident at night time
- the apartment was in the back garden area of the house and the gates to the garden were kept locked at night
- there was fire fighting equipment in the apartment to include a fire alarm system which was connected to the fire panel in the main house. This meant that if a fire broke out in the apartment, the alarm would also activate in the main house so as to alert staff to same.

While the person in charge and staff team could inform the inspector of these control measures in place to support the resident's safety and well being when they were in their apartment, they were not documented in an individual risk assessment.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Infection prevention and control measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre and the premises were observed to be clean and tidy on the day of this inspection. Additionally, from a sample of files viewed, staff had been provided with the following training:

- infection prevention and control
- hand hygiene
- respiratory hygiene
- donning and doffing of personal protective equipment (PPE)
- food hygiene

Contingency plans were also in place to respond to and manage an outbreak of COVID-19 in the centre and each resident had an individual risk assessment on file. Enhanced cleaning schedules were also in place, IPC related issues was discussed at staff meetings and the latest Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities was available in the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

It was observed that 2 residents may refuse to leave the house during a fire drill. However, staff had been provided with bespoke behavioural training on how to manoeuvre the residents to a safe place in the event of a fire in the centre. It was also observed that their bedrooms were in close proximity to the nearest fire exit and there were always two waking night staff on duty each night.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged in the

centre. Residents were supported to engage in recreational and social activities of their choosing and, their assessed needs were clearly stated in their individual personal plans. They were also supported to keep in contact with their families.

Some of the residents attended a day service where they were supported to engage in learning, social and recreational activities of their choosing and interest such as gardening and horticulture and engaged in these activities while at their day service.

Other residents liked to meet up with friends at day services and participate in table top activities of their choosing such as arts and crafts.

Residents also liked to go for drives and walks and staff ensured these activities were provided for.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include a GP, occupational therapy, physiotherapy, dietitian, dentist and speech and language therapy.

Hospital appointments were facilitated as required and each resident had a number of healthcare plans in place so as to inform and guide practice.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person centred care and support to residents that showed behaviours of concern.

From a sample of files viewed, staff also had training in managing behaviours of concern.

Additionally, staff spoken with were familiar with the assessed needs of the residents and how best to support them with behaviour of concern.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There was one open safeguarding plan in place at the time of this inspection however, it had been reported and responded to in line with the safeguarding policy. An interim safeguarding plan was also in place to ensure the residents safety.

The following safeguarding supports were also in place:

- access to independent external advocacy
- information on how to contact the designated officer
- information on how to contact the confidential recipient was also readily available in the centre
- staff had training in safeguarding of vulnerable adults and Children's First.

Staff spoken with said that they would have no issue reporting any concerns they may have about the safety and welfare of the residents to the person in charge however, they also reported that they had no such concerns at this time.

Judgment: Compliant

## Regulation 9: Residents' rights

The person in charge and staff had received training on human rights and were able to provide examples of how they promoted the rights of the residents living in the centre.

For example, staff spoke to the inspector about the importance of promoting the residents dignity, privacy, individual choices and independence.

Residents were supported to make their own choices each day about what time to get up at, what to eat and what activities to participate in.

The person in charge had also made arrangements for an independent advocate to be available to the residents as a mechanism to further promote and support their rights.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 Tonyglassion Group Home OSV-0007820

Inspection ID: MON-0030246

Date of inspection: 13/02/2023

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance with Regulation 17: Premises, the following actions have been undertaken;</p> <ul style="list-style-type: none"><li>• The kitchen presses required refurbishment and a new oven was required ; Quotes currently being obtained for kitchen presses.</li><li>• Oven seal has been purchased and fitted. Completed 22-02-2023</li><li>• Some small holes in some walls needed repair- This will be completed by the 30-06-2023</li><li>• The wires on some of the TVs required covering ; Maintenance Department has been contacted and will arrange for covering of exposed wires by 15-03-2023</li><li>• Some internal doors needed painting – This will be completed by 30-06-2023</li><li>• The kitchen presses in the stand alone apartment required refurbishment – This will be completed by 30-06-2023</li><li>• A laundry basket required replacing –This has been completed 16-02-2023</li><li>• A radiator cover required replacing - Maintenance Department has been contacted and will arrange for replacement of radiator cover by the 30-03-2023</li><li>• The hallway floor required sanding and varnishing ; Arrangements are being made to</li></ul>	

replace hallway floor. This will be completed by 30-06-2023

- Some pipes required boxing in/covering in some of the bathrooms ; Quotes currently being obtained for covering of exposed pipes- This will be completed by 30-06-2023

Regulation 26: Risk management procedures

Substantially Compliant

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

To ensure compliance with Regulation 26: Risk Management the following action has been undertaken

- Individual Risk Assessment and Management Plan has been completed and implemented to support the resident's safety and well being when they are in their apartment. This has been completed 24-02-2023

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/06/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	24/02/2023