



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

## Issued by the Chief Inspector

Name of designated centre:	Summerfield Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 June 2025
Centre ID:	OSV-0008653
Fieldwork ID:	MON-0041950

## About the designated centre

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

Summerfield Services can provide respite support for a group of up to five people at any one time, all of whom have a severe to moderate intellectual disability from 18 years to end of life. Summerfield Services will support a wide range of individuals with varying needs, including people with significant physical and medical support needs, as well as individuals who have autism, mental health, behavioural support needs, and those with communication difficulties. Summerfield Services consists of one bungalow located in a rural village in Co. Galway. The house benefits from one self-contained unit that can be integrated into the house dependent on the needs of people availing of respite at any given time. The centre has five bedrooms with en-suite facilities, and direct access to the back garden. There is a good sized kitchen with a large dining area and large sitting room immediately adjacent, all of which are easily accessed by all residents. All hallways are wide, to provide easy turning for people who use wheelchairs. Residents are supported by a staff team which includes a social care worker, nurses, support staff and a part time housekeeper. Staff are available to support residents both in the daytime and at night.

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

Number of residents on the date of inspection:	3
--	---

## 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
Thursday 12 June 2025	10:00hrs to 18:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. This was the first inspection of this centre. As part of this inspection, the inspector observed the care and support interactions between residents and staff. The inspector met with three residents, spoke with staff on duty, and also viewed a range of documentation and processes.

This is a respite service where residents who usually live with their families in the community can avail of short residential breaks. Although the centre could accommodate up to five residents, respite breaks usually supported smaller numbers to ensure compatibility. As residents who were supported in this centre attended external day services on weekdays; therefore respite breaks took place in the evenings on weekdays and for full days at weekends. On the day of inspection, there were three residents availing of the service, two of whom had gone to day service during the day, and one had gone out for the day with a sibling.

Residents who attended this service for respite breaks had a good quality of life, had choices in their daily lives, attended day care activities, and were well supported with their healthcare needs. Staff were very focused on ensuring that a person-centred service was delivered to residents and that they enjoyed their respite breaks in the centre. From conversations with staff, observation in the centre, and information viewed during throughout inspection, it was very clear that the wellbeing and quality of life of residents was being prioritised during their respite stays. This ensured that they had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community. Some of the activities that residents enjoyed and took part in during respite breaks, included going to the cinema, bowling and discos, swimming, attending a drama group, outing for picnics and walks, pet farm visits, and events such as motor shows.

The centre consisted of a large house which had been specifically designed and fitted out to meet the specific needs of people with a range of disabilities, including physical disabilities. The centre was located in a rural village, which gave residents access to shops, coffee shops, a gym and swimming pool, restaurants, a church, and community activities. The centre was laid out, furnished and equipped to provide residents with a safe, comfortable and accessible living environment. There were spacious rooms, wide corridors and assistive equipment such as overhead hoists and specialised beds as required. Those who preferred individualised accommodation during respite breaks, had access to a suite which consisted of a spacious bedroom, large bathroom and a sitting room. This area had access to a separate garden. All bedrooms in the centre were named after summer flowers. Each bedroom had a colored plaque with the names and images of different flowers on each one. Staff explained that this was to individualise the rooms and to help residents to recognise their own rooms during respite breaks. It was also intended

to create a summer theme in keeping with the name of the house. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in bedrooms, in which residents could safely store their clothing and belongings during respite breaks.

The inspector visited the centre's kitchen, which was bright, spacious and very accessible to all residents, and had been designed to give equal access to wheelchair users. A section of the worktop area with a built in hob and sink was adjustable in height, so that wheelchair users could comfortably prepare food or make drinks for themselves. Residents could be involved in food preparation as they wished, and staff explained that some residents liked to bake and to help staff with food preparation. The storage areas in the kitchen were well stocked with a selection of fresh and frozen foods, and dry goods. As the centre was centrally located close to several supermarkets, staff explained that additional foods could be bought daily to accommodate residents' choices and preferences when they came to the centre for their respite breaks. The inspector also saw that residents had choices around what foods they would like for each meal and there were communication techniques in use in the kitchen to support residents to choose. On the day of inspection, the inspector saw that dinner choices were made in the morning and preferences were discussed with each resident before they left for day service. Each resident chose different meals and these choices were recorded and displayed on a pictorial menu board to keep them informed later in the day. One resident said that they would prefer not to choose at this time, and would decide when they got back in the evening. This option was also respected.

The inspector met all three residents when they returned to the centre in the evening. Two of the residents did not have the verbal capacity to discuss their opinion of the centre with the inspector. However, the inspector could see that they appeared comfortable in their surroundings and at ease in the company of staff. One resident had chosen chicken curry for dinner; this was prepared by a member of staff and appeared to be wholesome. Another resident had chosen fish and this was also supplied. The third resident was not yet ready to eat and said that they would choose something later on. One resident spoke with the inspector. They said that they knew who was in charge in the centre and could discuss issues or raise concerns with staff. They also said that they were comfortable in the centre but had a preference to have a place of their own. They acknowledged that they had discussed this with the management team and knew that it was being worked on.

It was clear from observation in the centre, conversations with a resident and staff, and information viewed during the inspection, that residents had a good quality of care during their respite breaks in the centre. Residents had choices around how they spent their time in the centre and were supported by staff to attend day services, and to be involved in other activities that they liked, both in the centre and in the local community.

The next sections of this report present the inspection findings in relation to the governance and management in the centre and, how governance and management affects the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who availed of respite breaks there. Although there were good management systems in place, some improvement to record keeping was required.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge employed to manage the centre. While the person in charge had other management responsibilities, they were supported in their role by a team leader who was based in the centre and involved in the day-to-day running of the service. Both were very knowledgeable regarding the individual needs of each resident. Arrangements were also in place to support staff when the person in charge was not on duty.

The centre was well resourced to ensure the effective delivery of care and support for residents during respite breaks. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, televisions, games and equipment. Adequate staffing levels of appropriately trained staff were also allocated to support residents' preferences and assessed needs. Planned staffing rosters had been developed and these were being updated to reflect actual arrangements as required and were accurate on the day of inspection. Training had been provided to staff to enable them to carry out their roles effectively.

Systems had been developed for the ongoing review of the service, to ensure that a high standard of care, support and safety was being provided. These systems included unannounced audits were carried out twice each year on behalf of the provider. The person in charge was aware of the requirement to carry out an annual review of the quality and safety of care in the centre, and the first of these had been completed.

Documents required during the inspection were kept in the centre and were available to view. Overall, the records viewed were clear, informative and well organised, although improvement was required to the recording of some documents to ensure compliance with regulations, and these are discussed further throughout the report.

## Regulation 15: Staffing

The provider had ensured that appropriate staffing levels were being maintained in the centre to ensure that residents were being supported in line with their preferences and assessed needs.

Planned duty rosters had been developed by the team leader. The inspector viewed the rosters for April, May and June 2025. These showed that required staffing levels were being consistently allocated and that sufficient staff were being rostered to support residents during respite breaks. The rosters were being updated as required to provide actual rosters which were accurate at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as medication management, children first, hand hygiene, and open disclosure. Staff had also received training in management of specific aspects of health and welfare relevant to residents in the centre such as epilepsy management, rescue medication and moving and handling of people, and feeding, eating, drinking and swallowing. Some new staff were awaiting some areas of training, but these had been identified and were due to take place in the coming weeks. There was a training plan to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 21: Records

This regulation was not examined in full on this occasion, although a wide range of documentation and records were viewed throughout the inspection. Overall, the provider had ensured that records were maintained in a clear and orderly fashion and were kept up to date. However, improvement was required to communication passports and food and activity records.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal profiles and plans, assessments, service agreements, fire evacuation drills, audits, and staffing and training information. Overall, the sample of records viewed were clear, informative, up to date and well organised. However, improvement was required to



communication plans as these did not clearly explain the good communication techniques which were known to staff and in use in the centre. The inspector also found that records of food provided to residents were not recorded to allow any person to determine if the diet is satisfactory and appropriate to residents' needs. Activity record sheets were being maintained for each resident during their respite breaks. However, some of these records were insufficient detail to demonstrate the activities that residents had taken part in and enjoyed. For example, activity records included, 'spin', 'bus spin', 'in house activities' and 'sensory spins'.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed.

The service was subject to ongoing auditing to ensure that a safe and suitable respite service was being provided and maintained. These included unannounced audits by the provider, an annual review of the quality and safety of care and support, and ongoing auditing and checks carried out by staff. The inspector viewed these audits, which showed a high level of compliance. An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty. The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, assistive equipment, and adequate staffing levels to support residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Written agreements had been developed for the provision of service between residents and the provider. The inspector viewed a sample of three service agreements and found that they included the required information about the service being provided. The sample of agreements viewed had either been signed by residents or their representatives. However, the agreement had not been finalised on behalf of one resident and the management team were working with the resident's representative to progress this.

Judgment: Compliant

## Quality and safety

Based on the findings of this inspection, the provider had good measures in place in this centre to ensure that the wellbeing and health of residents was promoted and that residents were kept safe during respite breaks. There was evidence that a good quality and safe service was being provided to residents. However, review of the garden layout was required to ensure that it was safe.

During a walk around the centre, the inspector found that it was comfortable, and was decorated, furnished and equipped in a manner that supported the needs of people who received respite breaks there. The centre had been designed specifically for the needs of people with intellectual disabilities and who required support with mobility. Throughout the building there were wide doors and corridors, level access rooms, accessible external doors and overhead hoists to support mobility and increase safety for residents. The inspector saw all the bedrooms in the centre and these were comfortable and suitably equipped. The centre was kept in a clean and hygienic condition. Surfaces throughout the house were of good quality, were clean and were well maintained.

There was a personal planning process in place to ensure that residents' needs were identified and were being met during respite breaks. Individualised personal plans had been developed for residents based on a combination of assessments of their health, personal and social care needs and information supplied by their families and by day service staff. The inspector viewed three plans of care viewed during the inspection and these were up to date, informative and relevant. Although residents' medical and healthcare appointments were mainly being managed by their families, they were supported with healthcare needs as required during respite breaks. The person in charge and staff also ensured that residents' nutritional needs were being well managed while they were staying in the centre. Food choices were offered to residents and meals were prepared and served in line with their assessed needs. It was noted that suitable communication techniques were being used to support residents to choose their meals.

The provider had measures in place to safeguard residents from risks, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintaining a safe environment. Fire safety measures included staff training, development of personal evacuation plans for each resident, and completion of fire evacuation drills, all of which had taken place in a timely manner. Fire doors were fitted throughout the building to limit the spread of fire.

Residents' human rights were being well supported by the provider's systems during respite breaks. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way, residents were treated respectfully by staff, they had access to privacy as required, and they had access to complaints

and advocacy processes. Information was supplied to residents through ongoing interaction with staff. Suitable communication techniques were being used to achieve this.

## Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate in accordance with their needs and wishes during respite breaks.

Some residents who availed of respite breaks could communicate verbally but some residents were assessed as requiring additional support with communication. There were various techniques and systems in place to support these residents. The inspector viewed two residents' support processes, which included communication plans, and up-to-date communication passports. The inspector saw guidance on use of Lámh, which is a form of sign language, for some residents. There were also pictorial cues available to help residents and staff to communicate with each other and to support residents with making choices, such as meal choices. Staff also used social stories to provide information to residents. The management team were working towards enhancing the communication systems in place in the centre. They had increased the use of visual boards and were exploring the use of digital assisted technology.

Judgment: Compliant

## Regulation 17: Premises

The centre suited the needs of the residents who availed of respite breaks there. It was well maintained, clean, and accessible, and was suitably decorated and well equipped throughout. However, a review of a garden area was required to establish if the layout of the garden was safe.

The centre comprised one large house, which could accommodate up to five residents at any time for respite breaks. There were two gardens behind the centre; one for the occupant of the suite and the other was for the rest of the house. The rear of this garden sloped steeply towards the back boundary wall which could potentially constitute a falls risk. The provider was requested to assess this area to establish if it was safe. During a walk around the centre, the inspector found that the house was warm, clean, comfortable and well furnished. The house was spacious and there were two separate sitting rooms and a large dining area where residents could relax either together or separately as they wished. The centre was served by an external refuse collection service and there were laundry facilities for residents to use. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that there were adequate cold storage facilities and dry goods stores, and that these were well stocked with a selection of fresh and frozen foods including fruit, fresh vegetables and snacks. Suitable communication techniques were being used to support residents to make choices, and residents had the option of helping to prepare their own food if they wished to. Any assessed dietary and nutritional needs had been identified with multidisciplinary input, and plans were in place to manage these.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had good measures in place to protect residents, staff and visitors from the risk of fire.

The inspector reviewed records of fire drills, personal evacuation plans and staff training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. Personal emergency evacuation plans had been developed for each resident. There were internal fire doors throughout the house and most rooms had French doors to the external air to accommodate prompt evacuation. Training records viewed by the inspector confirmed that all established staff had attended up-to-date fire safety training. One newly appointed staff was awaiting fire in-person training but this was scheduled to take place within the coming weeks. Interim measures, including fire safety induction and participation in fire drills, had taken place to support this staff with fire safety knowledge.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a personal planning process in place to ensure that residents' needs were identified and were being met during respite breaks.

Individualised personal plans had been developed for residents based on a combination of assessments of their health, personal and social care needs and information supplied by their families. The inspector viewed three residents' personal plans and found that clear information about residents and their care needs was recorded. As this is a respite service where residents stay for short breaks, information about their care needs was being developed through residents' wider circle of support including their families, day service and the designated centre staff. Comprehensive assessments of care needs had been completed for residents, these included recommendations from relevant members of the multidisciplinary team and were used to develop plans of care for each resident. Goals had been developed for residents at annual planning meetings, and progress in achieving these goals was being recorded.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing.

As residents' stays in the centre were for short breaks on weekday evenings and weekends, their healthcare needs were primarily managed by their families with support from day care staff. However any required healthcare interventions were supported during respite breaks. The inspector viewed three residents' healthcare files and found that health needs assessments had been completed for residents, and that plans of care had been developed to guide on the care of any identified healthcare needs. Residents also had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. Nurses were employed in the centre to provide clinical support and review of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

There were systems in place to support residents' human rights during respite breaks. Review of information, discussion with a resident and with staff and observation of practice in the centre, indicated that residents had choices around how they spent their days, and how their lifestyles were being managed. As residents were only present in the centre for short stays, their religious, political and civil rights were mainly being supported by their families, although the staff in the designated centre supported these rights as required during respite stays.

Records that the inspector viewed showed that staff had established and recorded

residents' likes, dislikes and preferences, based on assessments, input from residents and their families, observation, and knowledge of each individual. There were effective measures in place to support residents and staff to communicate with each other. The provider had both complaints and advocacy processes available to residents and their families. The inspector saw that each resident had choice and control in their daily life. The staffing levels and availability of transport ensured that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Residents' privacy was ensured while they stayed in the centre. The centre was comfortable and spacious. Residents had their own bedroom while taking respite breaks, and there was also a spacious suite with a sitting room, bedroom, large bathroom and adjoining garden, which ensured additional privacy for those who preferred this. Furthermore, the centre was very accessible throughout, which enhanced residents' comfort and independence.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Summerfield Services OSV-0008653

Inspection ID: MON-0041950

Date of inspection: 12/06/2025

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"><li>• The Provider, through the Person in Charge, made arrangements for the review and update of all residents Communication Passports, to ensure accuracy with regard to the good communication techniques used within the designated centre.</li><li>• The Provider, through the Person in Charge, has arranged for the recording of all food provided to residents to commence with immediate effect, to facilitate the determination that the diet on offer is satisfactory and appropriate to residents' needs.</li><li>• The Provider, through the Person in Charge, has arranged for the review of all activities undertaken by residents to ensure these activities are accurately recorded, purposeful, and of clear benefit to the residents availing of the service. The Person in Charge will also outline at the next team meeting, the importance of fully reflecting activities undertaken by residents in records and that the use of generic terms, are not acceptable.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• The Provider, through the Person in Charge and the Providers Facilities Dept., has made arrangements to review the sloped area of the back garden, to ensure the safety of the garden area as a whole.</li></ul>	

## 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.	Substantially Compliant	Yellow	30/10/2025
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	17/07/2025
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/06/2025

