



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

Issued by the Chief Inspector

Name of designated centre:	Woodcrest
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	03 October 2022
Centre ID:	OSV-0003556
Fieldwork ID:	MON-0029425

About the designated centre

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

This designated centre comprises of three two-storey community residential houses, all located between two towns in Co. Dublin. The centre provides care and support to men and women with intellectual disabilities over the age of eighteen. The designated centre is registered to accommodate 11 individuals in total. House one can provide full-time residential care for three male individuals. The house consists of four bedrooms with one bedroom having an en-suite bathroom. There is a kitchen, dining room and sitting room with a garden area out the back. House two can provide residential care between Monday and Friday for up to three female individuals. The house consists of four bedrooms, a dining room, a kitchen and sitting room. One bedroom has an en-suite bathroom and there is a shared toilet and shower upstairs and a downstairs toilet. House three is registered to provide full-time residential care for up to five individuals. The house consists of single bedrooms, a kitchen/dining area and a sitting room. There are two bathroom/shower rooms with toilets upstairs including a downstairs toilet. There is a garden area out the back. The person in charge shares their working hours between the three houses within the designated centre. There are staff nurses, social care workers and core support staff and resource staff employed in this centre to support the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 3 October 2022	12:30hrs to 20:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet seven of the nine residents currently living in the designated centre. As this inspection was announced to residents in advance, eight of the residents completed surveys in which they described what they liked about their home, where they would like things done differently, and their satisfaction with the staff team, their routines, meals, and access to interesting recreational and employment opportunities. One resident did not participate in the inspection and another was away with family for the week.

Residents told the inspector what they had been doing with their day, and shared some of their news. Some residents had attended a day service while others were in paid employment in jobs which they enjoyed. One resident attended a cinema club, while another resident visited their vegetable allotment, and had brought home carrots and potatoes they had grown. One resident was in the process of having their bedroom renovated to update their furniture and be more suitable for their mobility needs. One resident had their groceries delivered to the door and arranged them into the cupboards and fridge. Residents were supported with their individual routines when they arrived home, including making some lunch or tea, watching TV, using their computers or calling their family members.

Each resident had a private bedroom which was personalised with their choices of artwork, posters, books, photographs, furniture and space to display awards such as trophies from the Special Olympics. Residents had suitable access to kitchens, communal living rooms and pleasant back gardens. The residents of one house looked after a cat. While residents pursued their own individual routines, they told the inspector they got along well with their housemates, watching football matches and soap operas together and taking turns choosing the dinner.

The houses were generally suitable in design and layout for the number and needs of residents, and the provider intended to reduce the registered occupancy of two of the houses to maintain the current living environment. While the houses were generally clean, some areas of the centre were in need of repair or upgrade work to address a range of maintenance issues and areas on which the appearance and homeliness of the centre was compromised. Work was also required to allow residents to keep their bedroom doors open by choice or for access in a way which would be safe in the event of a fire. This will be described later in this report.

One resident was a member of an advocacy group in which they represented their peers on matters meaningful to them. They told the inspector about their group's work in trying to get a meeting scheduled with the Minister of State responsible for disability matters. Other residents were reminded of their access to advocacy services in house meetings. House meetings were also used to discuss updates related to COVID-19, staff changes, areas of concern, and upcoming events.

Residents completed surveys for the attention of the inspector in which they

commented on their experiences in the service. The feedback from this was mostly positive, commenting that they were supported to enjoy their hobbies such as going to the cinema, driving range, garden allotment, bookmaker, bowling or swimming. Residents expressed what they would like to be different in their house, such as having more money on hand or having easier access to shower facilities. Residents commented that they preferred when staff who were familiar with them, their preferences and support needs were working, and did not like when staff who did not know them were assigned to their home. One resident hoped to be supported to travel abroad now that travel restrictions had eased. Residents spoke positively of their key workers and job coaches. Some residents noted that they had made complaints in the service and were satisfied with how they were dealt.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

In the main, the provider and person in charge had taken action to improve the regulatory compliance of the designated centre. Residents and front-line staff commented that there had been some improvement in the frequency and consistency of staff deployed to the service who were less familiar with resident needs. Some actions remained outstanding and assurance was required on when these were expected to be addressed.

The designated centre was registered until April 2023, and the provider had submitted their application to renew the centre's registration for a further three years. The purpose of this inspection was to assess compliance with the regulations and to inform the decision to renew the registration of the centre. While the provider had submitted the information within the required timeframes, some of the information was not filled correctly.

The provider had conducted their annual and six-monthly reports on the quality and safety of the service to identify and set out plans to address service deficits and areas for standards and quality development. While these audits were effective in identifying work to be done in the service, there was limited information available on when said work would be progressed or completed in order to come into compliance with the regulations. There had been improvement in regulatory compliance in some aspects of the service since the previous inspection in December 2021. Other areas remained outstanding past the provider's own completion dates, with no evidence available on inspection for an expected completion timeline. Some improvement was also required in the oversight of areas of the service, such as ensuring that medicines and medical supplies were disposed or replaced when expired or discontinued.

Through speaking with front-line staff in each house and reviewing staffing rosters, the inspector was provided evidence to indicate improvement in the continuity of support by familiar staff. While relief and agency staff continued to be routinely used, evidence indicated that there was more consistency in the personnel working in the houses. This in turn had a positive impact on residents who disliked being supported by people they did not know. The provider was also in the process of allocating a vehicle to enhance spontaneous outings and community access.

Residents utilised the complaints procedure if they wished, and there had been an improvement in the consistency in how these were recorded since the previous inspection and what outcome had been communicated back to the complainant.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre, along with the required associated documentation, within the timeframe required by the regulations. However, the information in the application and associated documents required substantial review to ensure completeness, accuracy and consistency regarding details such as how many beds the provider was applying to register, the name of the centre, and the details of the service and facilities provided.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had a complement of staffing personnel based on the number of residents and the layout of the houses. A sizable relief panel was available who were regularly deployed to the houses to cover absences, holidays and a 0.5 whole time equivalent vacancy in the designated centre.

The inspector reviewed a sample of worked rosters in the designated centre and found the hours worked to be in accordance with the provider's statement of purpose. The front-line staff commented that there had been an improvement in the continuity of regular, familiar staff members supporting residents, which in turn had a positive effect on resident satisfaction with the service.

In the sample of rosters reviewed, the inspector found 17% of support hours were worked by relief and agency personnel, with improved consistency in who worked in the houses. Some personnel working in the centre were not named on the roster, making it unclear who was in the houses for eleven shifts in an eight week period.

Judgment: Substantially compliant

Regulation 21: Records

In the main, records required under the regulations were available for review on inspection.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had conducted their reviews of the quality and safety of the designated centre in April and August of 2022 and identified areas requiring improvement to achieve regulatory compliance, or to further enhance standards of care and support. Measures to enhance resources were in progress, such as procuring a vehicle for exclusive use by this centre and revising staffing complements so that staff could support residents in the community and go on more spontaneous outings.

Many of the regulatory deficits identified on this inspection were also identified by the provider's own audits. However, there was limited or no evidence available for review of when the provider expected work to progress to address the deficits and achieve compliance with the regulations. This included areas which had been identified on the previous inspection, for which the provider's action time frames had passed.

Improvement was also required in the oversight of medicines and medical supplies, delivery of required training, ongoing maintenance of the premises and accuracy of records.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of written agreements between the residents, or their representatives, and the provider and found them to include details on the services provided and the fees payable.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which included the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and procedures for the recording and management of complaints. Records of complaints made by residents or their representatives were recorded in the service with notes on how the matter was concluded and communicated to the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures on matters required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed how the residents were central in their support structure and decisions made about them, and their rights, dignity and social activation was a key consideration in how support and routines were planned out. Some areas were identified as in need of development, primarily in work required to the premises and fire safety infrastructure to bring the provider into

compliance with the regulations.

The premises of the centre was suitable in design and layout for the number and assessed needs of the residents. The house was appropriately furnished, with some furniture in the process of being updated. However, a range of works were required to repair, replace, repaint or re-plaster parts of the centre which were damaged, stained, worn or overall impacted on the pleasant appearance of the residents' home.

The provider advised that they had commissioned an external risk assessment on fire safety in the designated centre, however, the evidence to indicate the findings of this review, and expected timelines for work, was not available during the inspection to provide assurance on when compliance would be met. Outstanding works included doors along evacuation hallways which were not equipped with seals or closing devices to contain fire and smoke, or doors which were equipped to self-close but which were wedged open. This was a repeat of findings on the previous inspection. However, staff and residents had participated in practice evacuation drills to be assured that a timely exit could be achieved, and the staff and residents had also performed well on a recent unexpected evacuation of one of the houses. Following a small appliance fire, the health and safety officer had implemented additional risk controls to reduce the risk going forward.

The premises was suitably equipped to reduce risk related to healthcare-associated infections. Equipment such as colour coded mops, buckets and cloths were clean and suitably stored. Face masks, digital thermometers, hand sanitiser, aprons and gloves were available and ready for use. The centre had had an outbreak of COVID-19 in early 2022 and the provider had reviewed where staff and residents had followed good practice to keep themselves and others safe, and identified where learning could be taken from that experience for future reference.

Overall, medicine was appropriately managed, recorded, and securely stored. Some review was required to ensure that discontinued medicine was disposed of or returned, and that the sterile stock in the first aid kit was reviewed to ensure it was still safe to use. Equipment such as blood pressure monitors and oxygen saturation devices, and bins for sharp items such as needles, were appropriately managed.

The inspector found the provider to be responsive in concerns related to safeguarding and dignity of residents. Where incidents had been reported, the provider had made referrals to the relevant parties and ensured that the outcome of any investigation or actions being taken was relayed back to the resident to reassure them their concerns were being taken seriously. Residents told the inspector they felt safe in their home, and commented on who they felt comfortable speaking to if they were concerned about something.

Residents were encouraged to utilise various feedback, complaints and commentary methods to ensure that their voices were heard in decisions made about them or their houses, and to ensure they felt safe and respected in their home.

Regulation 11: Visits

Residents were facilitated to receive visitors into their home. The provider was working with residents to ensure that privacy for their peers was respected if they had guests over.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational, employment and education opportunities in accordance with their wishes and assessed needs.

Judgment: Compliant

Regulation 17: Premises

The general layout of the designated centre was suitable for the number and needs of the residents. Residents of one house with reduced mobility had access to a lift to get upstairs if required. Gardens were private and suitable decorated, and residents were supported to furnish and decorate their bedrooms in accordance with their wishes and interests.

A number of deficits were identified during this inspection, the majority of which were identified by the provider, however with limited information available on when the matters would be addressed. This included, but was not limited to, the following observations:

- The ceiling in one sitting room was badly damaged by water leakage, with a hole in the plaster and a build-up of mould.
- There were holes in the wall plaster or tiles in some bedrooms and bathrooms.
- The external walls of the house required painting.
- The surfaces of the front door and outdoor fences were damaged.
- Some internal doors were peeling or cracked at the bottom.
- The blinds in some rooms required cleaning.
- The ceilings of some rooms were cracked.
- Many of the centre's bedrooms and communal rooms required repainting.
- Some bathroom fixtures needed to be resealed.

Judgment: Not compliant

Regulation 20: Information for residents

The resident's guide contained information on how to access services available in the centre, how to contribute to service operation and access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider maintained a risk register for the designated centre and its residents, assessing the impact and likelihood of identified risks and setting out control measures for reducing the level of that risk. Adverse events and incidents were reviewed afterwards with learning taken from the experience to revise risk control measures.

Judgment: Compliant

Regulation 27: Protection against infection

Since the previous inspection, the provider had improved the storage and management of cleaning equipment, which was clean and ready for that day's use. There was suitable access to hand hygiene and sanitisation equipment around the houses. The provider had used to experiences of an outbreak of infection in 2022 to identify areas in which the procedures could be enhanced or where residents could keep busy while isolating.

Judgment: Compliant

Regulation 28: Fire precautions

All areas were equipped with fire fighting equipment and emergency lighting. Practice evacuation drills took place for the provider to be assured that staff and residents followed efficient evacuation procedures in an emergency and were achieving consistently low escape times. There had been a recent incident in which residents and staff had to evacuate and this occurred in a

timely fashion also, with learning for future reference.

Evacuation routes in the centre were not effectively protected from fire and smoke, with doors not being rated to contain fire, seal smoke or self-close in an emergency. A small number of doors which were appropriately equipped to self-close, were observed to be wedged open rather than using a method which would allow the door to close upon the fire alarm activating. The provider advised the inspector that a fire assessment had taken place in the houses, however there was no evidence available on inspection to indicate the findings of this review or provide assurance of when the provider would be in compliance with the regulation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

In the main, the practices for recording, storing and administering medicines were clear, and staff evidenced a good knowledge of the purposes and protocols for their use. Review was required in the oversight of medicine management, as in a sample reviewed, the inspector found examples of medicines which were prescribed but not available in stock, and medicine which was stored with a resident's supply and listed on the administration record, but was no longer prescribed for use. Training was required to ensure that staff were authorised to administer a rescue medicine for a resident for whom it was prescribed for almost one year.

Judgment: Substantially compliant

Regulation 8: Protection

In a sample of adverse events reviewed, the provider had developed safeguarding plans to mitigate the risk of reoccurrence. Records of incident review indicated short-term actions which had been taken to protect the resident, and referral had been made to the designated officer as required.

Judgment: Compliant

Regulation 9: Residents' rights

Examples were observed of how residents' privacy, dignity and choices were being respected. The provider took feedback from residents through house meetings, surveys and complaints logs to ensure their voices were heard in how the centre

was run. Residents had access to, or were a member of, a resident advocacy group who met to discuss matters meaningful to them. Staff were observed having a respectful and friendly rapport with the residents in their home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodcrest OSV-0003556

Inspection ID: MON-0029425

Date of inspection: 03/10/2022

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: All information in the application and associated documents have been submitted and the Statement of Purpose for Woodcrest is been reviewed and updated to meet compliance of Regulation 5.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All personnel working in the centre are now named on the roster, making it clear who is working in the houses.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of timelines of works identified through the maintenance app/ provider visits and audit is underway with the vendor to enable us to set out schedules for the	

completion of these works. Modifications to the system is required to help set up this feature which is currently been worked upon.
Modification system complete 31/01/23

Staff Training has been scheduled for all staff working in one location in the safe administration of Midazolam Medication to support the needs of the resident.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The number of deficits which have been identified during this inspection have been reviewed. The below items have been costed and prioritised with a schedule of completion of works.

Part 1 of works:

- The blinds in some rooms required cleaning.
- Some bathroom fixtures needed to be resealed.

Works completion date for Part 1 30/11/23

Part 2 of works:

- The ceiling in one sitting room was badly damaged by water leakage, with a hole in the plaster and a build-up of mould. 31/12/22
- There were holes in the wall plaster or tiles in some bedrooms and bathrooms. 31/03/23
- The external walls of the house required painting. 31/03/23
- The surfaces of the front door and outdoor fences were damaged. 31/12/22
- Some internal doors were peeling or cracked at the bottom. 09/12/22
- The ceilings of some rooms were cracked. 31/12/22
- Many of the centre's bedrooms and communal rooms required repainting. 09/12/22

A review of timelines of works identified through the maintenance app/ provider visits and audit is underway with the vendor to enable us to set out schedules for the completion of these works. Modifications to the system is required to help set up this feature which is currently been worked upon.
Modification system complete 31/01/23

Regulation 28: Fire precautions	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Part 1 of works: Hold-open devices meeting fire compliance will be installed to bedroom doors on the 30/11/22. The type chosen has been guided by the resident's support needs and preferences.</p> <p>Part 2 of works: All Evacuation routes and doors in the centre</p> <p>Evacuation doors in the centre that were identified as not effectively protecting from fire and smoke, not being rated to contain fire, seal smoke or self-close in an emergency will be replaced by the 31/12/22 to meet compliance</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medicines currently prescribed are in place for the Individual and medicines that are not prescribed have been returned to the pharmacy in line with Cheeverstown Medication Management Policy. Medical supplies have now been restored and replenished and in date.</p> <p>Staff Training has been scheduled for all staff working in one location in the safe administration of Midazolam Medication to support the needs of the resident.</p>	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	30/11/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Not Compliant	Orange	31/03/2023

	kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2023
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	31/01/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as	Substantially Compliant	Yellow	07/10/2022

	prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	14/10/2022