



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

Issued by the Chief Inspector

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	22 March 2022
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0032628

About the designated centre

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

Arbutus is a centre run by Ability West. It is a residential service that provides care to seven residents, both male and female who are over the age of 18 years and have an intellectual disability. The centre comprises of two premises, which are located on the outskirts of Galway city and within close proximity to each other. Both premises are two-story houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff office and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 22 March 2022	11:00hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. The Chief Inspector had recently been notified of two residents and one staff member who had tested positive for COVID-19. The inspector was advised that all residents had since recovered and that one staff member was still not attending for work.

It was clear from what residents said, from what the inspector observed and from a review of documentation that residents had a good quality of life, had choices in their daily lives, actively partook in activities that they enjoyed and were very involved in the local community.

The designated centre comprised of two houses within close proximity to each other and located in residential areas on the suburbs of a city. At the time of inspection, there were five residents living in one house and two residents living in the other house. The inspector visited both houses and met with staff and spoke with all residents.

On the day of inspection, some residents were attending their regular day service, some spent time at home recuperating from recent surgery, some partaking in their daily routine of choice and another resident was at work. Residents told the inspector how they liked attending the day services and partaking in a variety of activities. One resident mentioned how she was looking forward to attending two music concerts, one which was taking place in Dublin. She advised how the tickets and an overnight stay in a hotel were booked. Another resident mentioned how he was looking forward to celebrating and inviting lots of family and friends to his birthday party this year as he was unable to host a party last year due to the pandemic.

Residents described how they decided on the weekly menu plan and took turns in cooking the main evening meal. The inspector observed residents helping themselves to drinks and refreshments on their return from day services. Residents had recently purchased a coffee machine, some residents told the inspector how they enjoyed a variety of coffees while others showed the inspector their preferred brands.

Residents spoken with told the inspector how they liked living in the houses and how they had been living together for many years. Residents knew one another very well and stated that they had a good relationship with one another and were comfortable in each others company.

Residents told the inspector how they loved living in the area and found it to be very convenient as it was close to a range of shops, shopping centres, hotels, church and bus stop. Residents described how they enjoyed using these local facilities and

amenities, going to the shops, eating out, attending mass and remembrance services, going to the cinema, going for walks in the locality and using public transport regularly. Residents spoke about knowing their neighbours and said they were friendly and supportive.

Residents told the inspector that they knew the staff well, had good relationships and got on well together. Many of the staff had been working in the centre for several years. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff and residents chatted together in a relaxed and familiar way. Staff spoken with were very knowledgeable regarding residents wishes, preferences and interests. Residents confirmed that they could contact staff at any time if they had a concern or issue.

The larger of the two houses was detached, dormer style and accommodated five residents in individual bedrooms. There were two bedrooms located on the ground floor and one had its own ensuite shower room. There were three bedrooms located on the first floor. Some residents were happy to show the inspector their bedrooms which were furnished and decorated to their personal tastes and styles. One resident told the inspector how she was looking forward to the new built in wardrobes which were due to be fitted and another spoke of requesting new flooring for her bedroom. There was a separate sitting room, kitchen dining room and a shower room located on each floor. The house was comfortable, warm, visibly clean, decorated and furnished in a homely style. The living room had been recently refurbished and painted, and a new fitted kitchen had been provided. The person in charge and staff on duty informed the inspector that further refurbishment and redecoration was planned to take place including tiling and painting of the kitchen walls, repainting of the hallways, and replacement of some bedrooms flooring. Further maintenance was required to upgrading some wooden surfaces in shower rooms, cleaning and repair to seals and grouting in shower areas, repair and replacement of a wooden handrail to the stairs. The ground floor area had been suitably adapted to facilitate residents with mobility issues be independent and an area of the kitchen had been designed to facilitate a wheelchair user. There was an accessible garden area to the rear of the house which could be easily accessed. There was a paved patio area with wooden bench seating and a variety of plants and shrubs.

The second house was a two storey terraced house which accommodated two residents in separate bedrooms. There was a kitchen dining room and living room on the ground floor and two bedrooms and bathroom located on the first floor. Residents had access to a large garden area to the rear of the house. The house was comfortable, warm, visibly clean and decorated and furnished in a homely style. Residents living in this house told the inspector how they lived very independent lives but mentioned how they could contact staff and the person in charge for support at any time if they needed anything. They told the inspector how they liked to follow their own routines, coming and going from the house as they wished, cycling, walking, using public transport, going to work, going shopping, visiting friends and attending activities of their choice. They mentioned how they also enjoyed spending time relaxing at home, cooking meals, doing their own laundry,

feeding the birds and keeping the house clean and tidy.

The inspector observed that the rights of residents were respected and promoted by staff. Residents were registered to vote and residents had voted locally in past elections. Residents could access religious services of their choice and some residents told the inspector that they enjoyed attending church services. Residents informed the inspector that they could express their views or raise issues of concern with any staff member at any time or at the house meetings which took place regularly. Residents confirmed that issues raised in the past had been appropriately addressed to their satisfaction. They told the inspector how they had complained about the centres bus in the past and how a lovely new mini bus had been provided for their use. They advised that they enjoyed using the new bus to attend day services, activities of their choice and to go on outings. Residents had access to information and news, televisions, mobile telephones, hand held computer tablets and the internet. There was a range of easy-to-read documents and information supplied to residents in an appropriate format. For example, easy-to-read versions of important information such as the complaints process, the right to feel safe, COVID-19 and staffing information were made available to residents. The privacy and dignity of residents was respected by staff. All residents had their own bedrooms and staff were observed to request permission before entering bedrooms. Staff were observed to interact with residents in a caring and respectful manner.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. Residents spoke of regularly visiting their friends and family members.

In summary, the inspector observed that residents were treated with dignity and respect by staff throughout the day. Residents were comfortable, relaxed and happy living in the centre. It was evident that residents had a good quality of life, had choices in their daily lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Regulations.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre

had a good history of compliance with the regulations. Improvements required in relation to issues raised at the last inspection had been addressed.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary qualifications to carry out the role. The person in charge was supported in their role by the team leaders and management team. However, the on-call management arrangements in place required review. While there were arrangements in place for out of hours at weekends, there were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The inspector found that the staffing levels and skill mix were in line with those set out in the statement of purpose. The person in charge continued to ensure that staffing levels were kept under regular review. The current staffing levels for one house had been discussed with staff due to the recent increased support needs of residents. The person in charge advised that he was in the process of putting forward a case for additional staff in the morning time to ensure that the assessed and increased needs of residents were met. The staffing roster reviewed indicated that there was a regular staffing pattern which ensured that residents were supported by staff who knew them well.

Residents in the second house were supported to stay in their homes independent of staff. The person in charge spoke of the specific staffing arrangements that were in place for these residents, including, allocation of weekly staff support hours to assist these residents with various aspects of their social care. The person in charge and team leader also regularly visited these residents in their home. These specific arrangements were under very regular review by the person in charge to ensure adequate staff support and safety measures were always available to these residents.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training records reviewed identified that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control, hand hygiene, use of hoists and stoma care had also been provided to staff.

There were systems in place to monitor and review the quality and safety of care in the centre. The annual review had been completed for 2021. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were scheduled to be addressed. Regular reviews of identified risks, health and safety, COVID-19 prevention and management, accidents and

incidents, complaints, restrictive practice and medicines management were completed. Improvements to the monitoring of medicines management had taken place following the last inspection. Monthly audits were taking place which focused on a specific aspect of medicines management each month. The pharmacist had also completed a medicines management review. Records reviewed indicated a high level of compliance with audits. The results of audits were discussed with staff in order to share learning. A reduction in the use of restrictive practices had taken place following monitoring, review and reflection on the impact on the rights of residents.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed. The complaints procedure was available in an accessible format and had been discussed with residents and their families. There were systems in place to record and investigate complaints. The person in charge advised that there were no recent or open complaints. Residents confirmed that they could contact staff at any time if they had a concern or issue and that issues raised in the past had been appropriately addressed to their satisfaction.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The provider shall ensure that the number and skill mix of staff is appropriate to the the number and assessed needs of residents. The person in charge advised that he was in the process of putting forward a case for additional staff in the morning time to ensure that the assessed and increased needs of residents were met.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including use of hoists,

stoma care and various aspects of infection control.

Judgment: Compliant

Regulation 23: Governance and management

The on-call management arrangements in place required review. There were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was displayed. The complaints procedure was available in an accessible format and had been discussed with residents. There were systems in place to record and investigate complaints. The person in charge advised that there were no recent or open complaints.

Judgment: Compliant

Quality and safety

The inspector found that residents received a good quality service and that there were suitable arrangements in place which ensured a safe and person-centred service where residents' rights and individuality were respected. Some works were required to the premises to complete renovations in progress and to carry out other improvements to the premises.

The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing communication and consultation with residents and their representatives. Residents' rights were kept under regular review and each resident's well-being was promoted. Independence and community involvement was encouraged. Residents in both houses lived very active lifestyles and were supported to access the community, seek employment, take part in activities that were of interest to them.

The health, personal and social care needs of residents had been assessed.

Comprehensive and person centered care plans were in place for all identified needs. Residents had access to General Practitioners (GPs), consultants and a range of allied health services. A review of a sample of residents files indicated that residents had been regularly reviewed by the occupational therapist, psychiatrist, speech and language therapist, public health nurse and chiropodist. Residents had also been supported to avail of the national health screening and vaccination programmes. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided. Staff spoken with were familiar with and knowledgeable regarding resident's up to date health and social care needs.

The personal plans reviewed detailed the needs and supports required by each resident to maximise their personal development. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. Residents spoken with confirmed that they were supported by staff to achieve their goals. On the day of inspection, one of the residents chatted with staff about their upcoming review meeting and mentioned possible goals that they would like to pursue.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the local area and nearby city. While some of the residents used public transport, the centre also had its own dedicated vehicle, which could be used for residents' outings or activities. During the inspection residents spent time going places that they enjoyed, attending day services, going to work and also spent time relaxing in the house, watching television, playing word games on their hand held android tablets and completing household tasks.

The centre was comfortable, visibly clean, spacious, furnished and decorated in a homely style. The living room to one of the houses had been recently been refurbished and painted, and a new fitted kitchen had been provided. Further refurbishment and redecoration was required including tiling and painting of the kitchen walls, repainting of the hallways, replacement of defective bedrooms flooring, upgrading of some wooden surfaces in shower rooms, cleaning and repair to seals and grouting in shower areas, repair and replacement of a wooden handrail to the stairs.

There were systems in place to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. These included adherence to national public health guidance, staff training and daily monitoring of staff and residents for signs and symptoms of COVID-19. There were adequate supplies of personal protective equipment (PPE) available and staff were observed to be correctly wearing it in line with national guidance. Arrangements described by staff for the management of

laundry was in line with best practice in infection prevention and control.

There were systems in place to manage and review risk in the centre including fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated. There were servicing contracts in place for servicing of equipment and equipment such as hoists, specialised beds, fire alarm and fire equipment to ensure that they were maintained in good working order.

The staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Daily and weekly fire safety checks were carried out. Regular fire drills had been completed simulating both day and night-time scenarios, involving all staff and residents. The most recent fire drill which took place in February 2022 had identified areas of learning and issues identified had since been addressed. Fire exits were observed to be free of obstructions. All staff had completed fire safety training. Residents and staff spoken with confirmed that they had been involved in fire safety evacuation drills and were knowledgeable in knowing what to do in the event of fire.

There were measures in place to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection. Staff had received training in managing behaviours of concern. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies. A reduction in the use of restrictive practices had taken place following ongoing monitoring, review and reflection on the impact on the rights of residents.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental

activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Further refurbishment and redecoration was required to the premises including

- tiling and painting of the kitchen walls,
- repainting of the hallways,
- replacement of defective bedroom flooring,
- upgrading of wooden surfaces in shower rooms,
- cleaning and repair to seals and grouting in shower areas,
- repair and replacement of a wooden handrail to the stairs.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. All staff had received relevant training in various aspects of infection control.

Judgment: Compliant

Regulation 28: Fire precautions

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been completed simulating both day and night-time scenarios, involving all staff and residents. The fire equipment and fire alarms had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and

personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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 Arbutus Services OSV-0004105

Inspection ID: MON-0032628

Date of inspection: 22/03/2022

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
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Due to changing needs within Arbutus Services, the person in charge has put forward a case for additional staff support to ensure that the assessed and increased needs of residents are met.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The on-call management arrangements in place are currently under review by senior management. It is envisaged that a formal on-call arrangement will be in place to ensure that staff are adequately supported out of hours during the weekdays.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC and Team Leader have requested that the items highlighted on the day of inspection were brought to the attention of the Ancillary services. A number of these items have since been completed. The remaining items have all been re-logged on the	

service providers online maintenance request system.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2022
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	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	31/07/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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