



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	06 May 2023
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0038962

About the designated centre

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

West County Cork 2 is located in a town and consists of a purpose-built one storey house. The centre provides full-time residential support for up to 13 residents over the age of 18, both male and female with intellectual disability and multiple and complex needs. Each resident has their own individual bedroom and other rooms in the centre include bathrooms, a kitchen, a dining room, a sitting room, an occupational area, a sensory room, an activity room and staff rooms. Residents are supported by the person in charge, a clinical nurse manager 1, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

12

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
Saturday 6 May 2023	09:00hrs to 17:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were observed to be appropriately supported by the staff members on duty. The atmosphere in the centre was generally calm and sociable but the vocalisations of one resident were occasionally heard. Residents' bedrooms seen by the inspector were noted to be well-presented.

At the time of this inspection, there were 13 residents who were availing of this centre. Twelve of these residents lived in the centre on a full-time basis while the remaining thirteenth resident generally came to centre on Fridays before leaving the centre on Monday mornings. On the day of this inspection 12 of these 13 residents were present with the inspectors meeting all 12. One of the full-time residents was away from the centre with their family and so was not met by the inspector. Most of the residents living in this centre did not communicate verbally and did not engage meaningfully with the inspector. However, some residents did greet the inspector while another resident appeared curious about what the inspector was doing, coming up to him multiple times as he was reviewing some documents in a communal area.

Other than such instances the inspectors was able to observe residents in their home setting and in their interactions with the staff members on duty. Throughout the inspection, the staff present were seen and overheard to interact with residents with a pleasant and respectful manner. Examples of this included one staff member supporting one resident to have a meal at a pace suited to the resident's needs and another staff member offering to varnish a resident's nails while providing the resident with four bottles of nail varnish so that they could pick the shade of varnish they wanted. One staff member spoken with also indicated that they had done some training in human rights and following this they had raised issues with the local council and a local wheelchair group around the ease of community access for residents who used wheelchairs.

It was also indicated by the staff member that following this human rights training, they looked to offer residents new experiences in the community. There was indications during this inspection that ongoing efforts were being made to support residents to be part of the community and to maintain contact with their families. For example, residents were supported to have meals out in the town where the centre was located, a resident was supported to attend a nearby school to collect some money raised for the centre and arrangements were made to support residents to attend family events. The residents were also supported to achieve specific goals identified during a person-centred planning process such as having overnight stays away and going to a beautician.

On the day of inspection most residents spent the majority of the day in the centre with some residents seen to move freely through the centre. It was clear that staff were kept busy supporting residents in various areas such as with personal care and their meals. Some residents though did leave the centre to go for drives and the

atmosphere in the centre throughout the day was generally sociable with most residents appearing content. However, at various points the inspector heard some intermittent vocalisations from a resident. While it was initially unclear if all these vocalisations came from the same resident, staff spoken with indicated that they did. Other residents did not appear impacted by these vocalisations on the day but documentation reviewed, including complaints and incident records, did highlight that there had been times when such vocalisations had woken other residents during the night with some of these deemed to be safeguarding matters.

In response to such matters it was indicated that the provider was considering making some changes to aspects of the premises provided to reduce the potential for this resident's vocalisations to impact others. The premises in general was seen to be well-maintained and well-furnished. It was particularly noticeable that some resident bedrooms seen by the inspector were observed to be well-presented with the walls painted in bright colours. In one resident's bedroom though the inspector did observe some holes in the ceiling while a patch of mould was evident in one bathroom's ceiling. Some vents were also seen to require some cleaning. The centre did have a number of communal rooms including a sitting room, a dining room and an activation area. The inspector did observe that seven wheelchairs were being stored in the activity room on the day of inspection.

In addition, it was noted that the dining area was separated from the kitchen by a hatch area which was covered by a sliding shutter. This shutter was closed for all of the inspection bar meals times. At one point the inspector visited the kitchen and noted that some of the worktops there were worn. While aspects of the premises seen did some improvement, the overall size of the premises offered sufficient space for residents to receive visitors and on the day inspection of a former member of staff was seen visiting the centre to wish a happy birthday to one resident. Residents' families could also visit the centre and it was read how families had provided feedback on the centre in the most recent annual review completed for the centre. The inspector read this annual review and noted that such feedback was very positive with specific comments made by family members including "very kind caring staff" and "very satisfied with the care and support".

In summary, feedback provided by residents' relatives in the most recent annual review of the centre was positive. Residents did not engage meaningfully with the inspector but generally appeared content. Pleasant and respectfully interactions were observed and overheard between residents and the staff members supporting them.

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

Overall, this inspection found that staffing in the centre had noticeably improved since this the previous inspection. This had a number of benefits for residents including from a fire safety perspective. Some improvement was identified regarding aspects of the monitoring systems in operation while one recent admission to the centre was contrary to the centre's statement of purpose.

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Residents' rights, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps that the provider will take to improve compliance in the provider's registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

Registered until November 2024 without any restrictive condition, the two previous inspections of this centre, in August 2021 and April 2022, had raised recurrent concerns around areas such as staffing, fire safety and activities for residents with the provider having not satisfactorily addressed such areas between those two inspections. The designated centre supports those with higher medical and mobility needs and a particular area of concern identified during those inspections related to the night-time staffing levels not supporting fire evacuation arrangements in the centre. Given such concerns, the provider made a commitment in the June 2022 to ensure that there would always be three members of staff on duty at night in the centre. Rosters reviewed generally indicated that three staff had been working in the centre at night throughout 2023. The inspector did note though one date in January 2023 where the rosters indicated that only two staff were working in the centre at night but additional records were provided which indicated that three staff had been present then.

Staff spoken with also informed the inspector that three staff had been on duty each night since June 2022. This was a positive development and it was evident that staffing for the centre had improved since previous inspections. This directly benefited residents as the improved staffing arrangements in place helped the residents to achieve their person-centred goals. It was also outlined to the inspector that the presence of multiple nursing staffing working in the centre by day provided more flexibility when taking residents out from the centre. Again this was positive and played a key role in addressing some of the regulatory actions identified during previous inspections. It was noted though that on the day of inspection, the staff present were very busy supporting residents in various areas and risk assessments reviewed highlighted that some additional staff was needed for the centre.

Aside from this, the centre's statement of purpose indicated that a clinical nurse manager 1 (CNM1) was to form part of the staffing compliment for the centre but a CNM1 was not in place for the centre at the time of this inspection. The statement

of purpose is an important governance document for a centre that sets out of the services to be provided in a centre while also forming the basis of a condition of registration. In keeping with the regulations, any admission to a designated centre must be in keeping with that centre' statement of purpose. The statement of purpose which this centre had been most recently renewed against expressed indicated that this centre was to offer full-time residential care with no short-breaks or shared care to be provided. However, in recent months the provider communicated that one resident was now availing of the centre for weekends with this initially described to the inspector as being respite.

The statement of purpose for the centre had been reviewed during March 2023 and this repeated that the centre was for full-time residential care and not short-breaks or shared care. Despite this, the same document expressly indicated that the resident referenced was availing centre on a shared care basis. While it was acknowledged that there was particular circumstances behind this resident's admission to the centre for weekends, which will be discussed further later in this report, their admission was not wholly consistent with the centre's statement of purpose. Aside from this the statement of purpose did contain all of the information required by the regulation including details of the organisational structure provided. This highlighted lines of accountability and reporting that ran from staff working in the centre to the provider's board of directors.

The organisational structure was intended to support the governance of this centre. Governance of a centre can also be supported by ensuring that there are effective monitoring systems in operation in a designated centre. Such monitoring can help identify relevant issues and ensure that they are addressed in a timely. There was evidence that monitoring systems were operational in this centre with an audit schedule in place. In line with this schedule audits in areas such as person-centred planning and meals were recently completed. However, despite these monitoring systems the inspector did identify that some restrictive practices in the centre had not been notified to the Chief Inspector as required by the regulations. Other regulatory requirements such as provider unannounced visits and annual reviews were also being completed by representatives of the provider with reports of these available to review. It was noted though that the most recent annual review did not assess the centre against relevant national standards. In addition, provider unannounced visits should be conducted at 6 months intervals but there had been a seven month gap between the two most recent visits.

Regulation 15: Staffing

The staffing arrangements had noticeably improved since the previous inspection which improved fire safety arrangements and benefited residents in achieving person-centred goals. Despite this risk assessments reviewed highlighted that some additional staff was needed for the centre while the centre's statement of purpose indicated that a CNM1 was to form part of the staffing compliment for the centre. While rosters were kept in the centre, the actual rosters maintained did not show all

of the staff who were working in the centre on one date in January 2023. Staff files were not reviewed during this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Records reviewed indicated that staff had completed relevant training in areas such as fire safety and safeguarding. Staff performance appraisals had been completed with staff team meetings happening regularly.

Judgment: Compliant

Regulation 23: Governance and management

Overall, this inspection found improvement from previous inspections but the most recent annual review did not assess the centre against relevant national standards while there was a seven month gap between the two most recent provider unannounced visits to the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

One resident's recent admission to this centre was not consistent with the statement of purpose the centre had been previously renewed against while the most recent statement of purpose contained contradictory information on this matter. Residents' contracts for the provision of services were not reviewed during this inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

While some restrictive practices in the centre had been notified to the Chief Inspector on a quarterly basis as required some locked presses, which amounted to environmental restrictions, had not been notified.

Judgment: Not compliant

Quality and safety

Residents' personal plans had been reviewed within the previous 12 months with efforts made to consult with residents through resident meetings, resident forums or person-centred planning processes. The arrangements around residents' finances were not included in the centre's right restrictions log.

As highlighted earlier in this report a resident was availing of this centre mainly on a weekend basis. This resident lived on a Monday to Friday basis in a second designated centre operated by the same provider in the locality. The resident required a full seven day service but the second was not open at weekends so until recently, the resident had been attending a third centre for weekend respite. However, an inspection of the third centre in February 2023 raised concerns around such respite arrangements and since then the resident had commenced coming to the current centre on Fridays and staying the weekend before leaving on Mondays. To support the resident during their stays they were provided with their own one-to-one staff. It was unclear how long the resident would be availing of this centre for and the inspector was informed that an advocate was being sought for the resident to determine their will and preference around their living arrangements going forward.

Staff members spoken with during this inspection indicated that this resident had settled in well in the centre in recent weeks since their initial admission. The inspector was informed though that it was uncertain if the resident was compatible for this centre and that a comprehensive assessment of needs for the resident had not been completed prior to their admission to this designated centre. Conducting such assessments for any new admission is required under the regulations and such assessment should be done on at least on an annual basis for existing residents also. During this inspection there was evidence that residents' health needs had been assessed while assessment questionnaires had been completed for all 12 full-time residents which covered some additional areas related to residents' personal and social needs. The inspector was informed that the provider was currently in the process of development a new tool for completing comprehensive assessments of needs for residents.

The assessments of needs that had been carried out for residents were used to inform residents' personal plans with the inspector viewing a sample of these. The contents of these plan were found to have been reviewed within the previous 12 months and provided guidance for staff in supporting residents' needs. A process of person-centred planning was also followed in the centre which was intended to consult with residents and their families in the review of personal plans and the development of meaning goals. It was also noted that weekly resident group meetings were held in the centre which were intended to provide for consultation with residents. The inspector viewed a sample of notes for these meetings which

indicated that matters such as activities and meals were discussed with residents. It was indicated though that most residents did not really engage in these meetings so a process of resident forums had begun.

These forums were intended to be meetings with individual residents and were intended to be more meaningful and person-centred to the involved residents. Forums had been held for some residents in 2023 but not all residents at the time of this inspection. It was indicated to the inspector that it was intended to do these forums with all residents. The inspector was also informed that the finance for three full-time residents was managed by their families but it was stressed by the person in charge though that any finance requests for these residents were always met promptly. For the other nine full-time residents it was indicated that the majority of their finances were held centrally by the provider. Under this arrangement in order for residents to gain access to their money, a requisition form had to be completed by the person in charge which was then submitted to the provider for review. Once this requisition form was approved it would then be necessary to drive from this centre to the provider's central offices (a journey of over 50 kilometres) to collect the money and it was suggested that this process could take up to two weeks.

Such practices were long-established but the steps involved, did not provide assurance that residents had sufficient control over and ease of access to their own money. Despite this these arrangements were not included in the centre's rights restriction log that was being maintained in the centre. It was acknowledged though that the provider was in the process of reviewing this area across all of its designated centres and had communicated this to the Chief Inspector in advance of this inspection. Aside from this particular financial aspect, during the inspection the inspector read an incident report indicating that a sum of money had gone missing and was unaccounted for. While this money did not include any money belonging to any resident, it was indicated that following this matter the arrangements around money kept in the centre had been reviewed to increase security in this area. These reviewed arrangements also applied to any money kept in the centre belonging to any resident.

Regulation 26: Risk management procedures

While this regulation was not reviewed in full, during the inspection it was noted that some relevant risk assessments had not been reviewed following a particular incident in the centre while the risk ratings applied to some risk assessments required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place with a person-centred planning process completed. Identified goals for residents were being progressed and achieved. An assessment of needs had not been completed prior to one resident's recent admission to the centre and such an assessment would be important in determining if the resident was compatible for the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Various efforts were made to consult with resident. Staff working in the centre on the day of inspection spoke about residents in a person-centred way while also being overheard and observed to engage with residents respectfully. The arrangements around some residents' finances, which impacted residents' control over and ease of access to their own money, were not included in the centre's right restrictions log.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for West County Cork 2 OSV-0003288

Inspection ID: MON-0038962

Date of inspection: 06/05/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As the Person in Charge (PIC) no longer has the responsibility for two Designated Centre's, the CNM1 post in West County Cork 2 is no longer part of the staffing compliment. This is now reflected in SOP The PIC is 1 WTE and has responsibility for WCC2.</p> <p>An organizational review of staff skill mix is being carried out by the Registered Provider that will inform requirements for a business case proposal.</p> <p>The PIC will ensure that the roster will include all staff rostered on duty in the Centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider will ensure that the annual review will assess the Centre against relevant national standards and that unannounced visits will be conducted at 6 months intervals.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Statement Of Purpose was updated to reflect the admission of a resident on a respite trial basis by the PIC and HIQA administrator.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

<p>The Restrictive practices were reviewed by the PIC. These restrictions have been added to the Right's Restriction Log in the Centre. The restrictions will be notified to the Chief Inspector on a quarterly basis. The Chief Inspector will be notified in the quarterlies.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Register was reviewed and updated by the PIC in May 2023. The Resident's individual risk assessments have been reviewed and updated. The PIC will continue to monitor and update 6 monthly or as required.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual assessments and personal plan were completed for the resident who was availing of respite at weekends in the Centre on a trial basis. The trial respite period is to inform if the resident is compatible for the Centre.</p> <p>A meeting was arranged on behalf of the resident with the advocacy officer on 19/05/2023 to explore the resident's 'Will and Preference' in relation to their living arrangements. This process will continue to capture information required in determining the wishes of the resident.</p> <p>The following assessments have also been completed in the Centre for the resident:</p> <ul style="list-style-type: none"> • My Self-Assessment questionnaire • OK Health Check, • Health action Plans • Maintaining Relationships, • Community Inclusion, • Maximizing Independence • Education and Learning 	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC has reviewed arrangements around resident's finances, which impacted resident's control over and ease of access to their own money. This has now been included in the Centre's Right Restrictions Log.</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
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	30/09/2023
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	25/05/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the	Substantially Compliant	Yellow	25/05/2023

	designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	25/05/2023
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	29/05/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	25/05/2023

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	28/07/2023
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	30/06/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	22/05/2023

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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