



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

Issued by the Chief Inspector

Name of designated centre:	Rathmore Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	10 January 2023
Centre ID:	OSV-0003430
Fieldwork ID:	MON-0029350

About the designated centre

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

This designated centre is comprised of three separate houses in close proximity to each other in the same rural village. A maximum of 15 adult residents can be accommodated and residents present with a diverse range of needs and abilities between the three houses and within the houses themselves. One house is purpose built; all facilities are at ground floor level and are designed and laid out to suit residents with higher physical needs. Residents avail of full time residential services; there is one bed allocated to the provision of respite and six residents would normally avail of this service. The provider aims to provide quality person-centred services to each resident in partnership with their family and connected to their community and support networks. The staff team is comprised of support staff, social care staff and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 10 January 2023	10:10hrs to 17:30hrs	Laura O'Sullivan	Lead
Tuesday 10 January 2023	10:10hrs to 17:30hrs	Lucia Power	Support

What residents told us and what inspectors observed

This was an announced inspection completed within the designated centre Rathmore residential service. The inspection was completed to assist in the decision to renew the registration of the centre for a further three year cycle. The inspection of the centre was facilitated by the residents currently residing in the centre, the staff team and a member of the management team. Overall, the inspection evidenced a high level of compliance with the registered provider introducing a number of actions organisationally to improve adherence to the regulations.

The inspectors commenced in one house under the remit of the centre. The person in charge greeted the inspectors and enquired regarding current status regarding any Covid-19 or influenza like symptoms. Upon entering the centre the inspectors met with a resident who was sitting in their favourite chair in the hallway. The resident told the inspectors that they had just returned from "holidays". The person in charge informed inspectors that the resident had spent some time in another centre when they were unwell. The resident told inspectors that they enjoyed the holiday but were happy to be back in the centre and wanted to stay there.

One of the inspectors had the opportunity to meet with a resident who was doing some art in the living room with the support of a staff member. They told the inspector they loved to draw and showed them their picture. When the resident asked the staff a questions regarding their belongings they were reassured in a respectful manner. The staff was very knowledgeable the needs of the residents present in the room and interacted positively with them.

The staff in the centre currently prepared meals for residents with additional cooking staff currently in recruitment for one house. Staff had prepared a stew for lunch which provided a pleasant smell in the dining room. Residents were supported to have their meal by staff and an inspector observed a resident being provided with an alternative to stew when this was requested. Residents had been given the opportunity to meet with the incoming new staff to express their needs and wishes with regard to the food provided within the centre.

In the afternoon, the inspectors had the opportunity to meet with residents currently residing in another house under the remit of the centre. One resident spoke with inspectors about what they liked and what they enjoyed about the house. They spoke highly of staff and enjoyed getting to spend with some staff that had left the service. This resident enjoyed doing contract work and liked to sit at the front of the house, to watch the coming and goings in the village. They were looking forward to going back to the local church once COVID was gone.

Another resident was in the living room with staff completing work on their rug. They showed the inspectors books which they liked to keep that had details with lots of activities they liked to do. They enjoyed doing art and crafts around festive periods including Halloween and Christmas. They also had a keen interest in music

and their favourite artist was playing in the background.

While spending time in this house another two residents returned from their day service. They both greeted their peers and staff in happy jovial manner and asked what was for dinner. Staff engaged with both resident to enquire about their day and if they had any activity that they wanted to plan for the evening. When speaking with one resident the staff explained to the inspector in a very respectful manner the correct way to communicate with the individual in an personalised manner. This resident showed the inspector their bedroom. They showed them their exercise routine and some of their favourite possessions. They told the inspector how much they liked living in the centre. They were aware of whom to talk to should they have any concerns or needed to complain about anything.

When leaving the centre the inspectors met a resident in the hallway. They were chatting with their peer about their day. They chatted with the inspector and staff about what they liked to do and how they kept themselves busy. They enjoyed the local church and loved to sing with the choir. Before the inspectors left the resident sand a song about Torc waterfall for them.

The centre consisted of three house in close proximity to one another. The inspectors on the day of the inspection had the opportunity to visit two of the houses and meet with staff and residents. As this was an announced inspection residents had been supported to complete questionnaires prior to the inspection to let inspectors know about their service. Overall, these questionnaires were positive in nature and expressed residents satisfaction with the service provided within the centre. One resident had stated that they would like a new keyworker. When speaking with the resident they told the inspector that they now had a new keyworker and that they were happy about this.

From discussion with residents and through documentation review it was evident that residents were consulted in the day to day operations of the centre. This included meeting with new staff prior to their commencement and having regular house meetings to be kept updated on any changes to the service.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. The

centre was last inspected in September 2021. Following this inspection, the registered provider had ensured all areas of non-compliance identified had been addressed. The registered provider had introduced a number of key governance systems to improve compliance with the regulations and standards. This included increased governance oversight through monitoring systems and supervision.

The provider had submitted the paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's insurance and floor plans. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations with some minor amendments required to the statement of purpose including current conditions of registration and the age range of residents.

The person in charge and person participating in management was available throughout the inspection if required. All members of the governance team met with on the day of inspection were very informed of the needs of the residents and the requirements of the service to meet those needs. The person in charge had good oversight of the service. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported directly to the assistant director of services. This included regular face to face conversations, management meetings and escalation of any concern which required to be actioned.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required with all required incidents notified in accordance with Regulation 31. Regular team meetings to ensure all staff had the opportunity to raise concerns or for issues to be addressed. Team meetings had increased over the past months with a positive impact of this verbalised by the staff team.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. In addition, unannounced audits were completed six-monthly in line with the regulations. These reports identified good practice in the centre and areas for improvement. These were addressed and monitored through an action plan. Non-compliances concerning to the regulatory required monitoring systems had been addressed by the provider since the preceding inspection. Some minor improvements were required to ensure monitoring systems were utilised in accordance with organisational policy. For example, the requirement of the completion of an annual finance audit had not been completed.

In addition, the person in charge completed a range of audits in the centre. A checklist was in place to ensure all required audits were completed in a timely manner. These included trending of incidents, medication audits and infection control audits. All audits had a required action plan to ensure areas of non-compliance were addressed. These plans included the person responsible to complete the action. Actions in place were evident to drive service improvement within the centre.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. This included nursing care as required. The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill-mix of staff in the centre was not in line the centre's statement of purpose and required review. There was a regular team of staff in the centre to promote continuity of care. Staff had access to a range of training which had been deemed mandatory to support residents in the centre. While staff were supported to attend the required training some gaps were present in such areas as fire safety, manual handling and hand hygiene. The person in charge had a plan in pace to address this service need.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings and individual key worker sessions.

Each resident in the centre had been supported to sign a contract of service provision. As required residents obtained support from a family representative or staff member to complete this form. It was evident however that this document did not incorporate the breakdown of fees for which residents were required to pay to avail of the services within the designated centre.

The registered provider had ensured the development of policies and procedures as required under the Health Act 2007. From review of these documents it was evident that a number had not been reviewed within the required three year time frame. This included such policies as medication management and provision of information to residents.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame, however some information required review by the provider post submission.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents. An actual and planned rota was in place and maintained by the management team.

A number of staff files including agency were identified to lack all information required under schedule 2.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents. While staff were supported to attend the required training some gaps were present in such areas as fire safety, manual handling and hand hygiene.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.

Some minor improvements were required to ensure monitoring systems were utilised in accordance with organisational policy. For example, the requirement of

the completion of an annual finance audit had not been completed.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Each resident in the centre had been supported to sign a contract of service provision, however it was evident that this document did not incorporate the breakdown of fees for which residents were required to pay to avail of the services within the designated centre
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations. Some minor amendments were required to ensure all information present was accurate to the current status of the centre.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The person in charge had a system in place to ensure all incidents were notified in line with the requirements of regulation 31.
Judgment: Compliant
Regulation 34: Complaints procedure
A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured the development of policies and procedures as required under the Health Act 2007. From review of these documents it was evident that a number had not been reviewed within the required three year time frame. The provider had not followed their own policy and procedure relating to residents finances, the policy stated that the provider would carry out annual independent reviews. There was no evidence on the day of inspection that these reviews were been carried out.

Judgment: Not compliant

Quality and safety

Rathmore residential services currently provided residential support to fourteen residents. Within the centre it was evidenced that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests including music and religious services. Residents were consulted in the day to day operations of the centre including choice in their daily life. While a residents guide had been developed some alterations were required to this document to ensure the terms and conditions of the residents tenancy was clear and accessible to them.

Residents were involved in numerous activities within the centre and in the wider community. A number of residents were supported to attend a local day service for periods of time during the week. Residents' personal goals were developed following consultation with residents. One resident maintained a record of their goals through photos and magazine cut-outs. Residents' key workers reviewed goals to ensure all supports required to meet goals were in place. Residents spoke of enjoying working with their keyworkers and getting help to achieve their goals. On the day of the inspection residents were observed partaking in activities of their choice including watching start wars, art and attending their day service.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and guidance for staff. Personal plans were holistic in nature and incorporated such areas as health care, communication, skills training and emotional supports required. Staff spoken with had an awareness of the each resident's personal plan and the supports which were to be implemented.

The residents' health care formed part of their personal plan. Each resident had a

comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary. Resident who presented as unwell on the day of inspection were supported in a respectful manner with their privacy respected.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Staff were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider had effective measures in place for the safe storage, ordering receipt, storage, administration and disposal of medicinal products within the centre. All medicinal products were stored in a locked press in the staff offices. Regular auditing was completed to ensure areas were addressed in a timely manner. Where additional medication may be required to be administered for such areas as pain or seizure activity, clear protocols were in place to ensure consistency. The recording of the administration of all medicinal products was clear and accurate.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks for example, following a recent influenza outbreak. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks. Positive risks were taken to promote the choice of the individuals in the centre. There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Some residents spoken with on the day of the inspection discussed the fire evacuate procedure with the inspector.

Regulation 12: Personal possessions

The person in charged ensured that residents had access and control in relation to their personal property. Good systems were in place in relation to daily recording of residents finances. However improvements were required in relation to an independent review of residents finances as per the providers own policy, the provider had not implemented the procedure in relation to this policy. This is actioned under regulation 4 written policies and procedures.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

Regulation 18: Food and nutrition

The registered provider had ensured residents had access to a diet which was wholesome and nutritious.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents. Some minor amendments were required to ensure the document incorporated all information required including the terms and conditions of tenancy within the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and individual isolation plans were in place to support residents to self-isolate should the need arise. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had effective measures in place for the safe storage, ordering receipt, storage, administration and disposal of medicinal products within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated in a multi-disciplinary manner.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and

residents were consulted in the running of the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathmore Residential Services OSV-0003430

Inspection ID: MON-0029350

Date of inspection: 10/01/2023

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
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: The statement of purpose and the residents guide has been reviewed and updated and submitted to HIQA.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: HR are now reviewing all agency files to ensure that all regulatory requirements are met in accordance with schedule 2.	
Regulation 16: Training and staff development	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: A schedule of training has commenced for staff to receive training in MAPA,(22/03/23) Manual handling (08/01/23) and Fire Prevention(19/01/23). 1 relief staff is outstanding for safeguarding training, the staff is currently in College and will complete same prior to her return.</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 policy in relation to the residents finances is currently being reviewed by the finance manager who is also engaging with an external auditor in this regard.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Contracts of support now incorporates the breakdown of fees for which residents are required to pay to avail of the services within the designated centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been reviewed and updated to include the correct staffing ratio, this has been submitted to HIQA,</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>There is a schedule in place for the reviewing of the organisations policies.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The residents guide has been reviewed and updated to include the terms and conditions of tenancy within the centre and submitted to HIQA.</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(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	08/02/2023
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	06/04/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	28/03/2023

	have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	08/02/2023
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	30/07/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	08/02/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise	Substantially Compliant	Yellow	08/02/2023

	the statement of purpose at intervals of not less than one year.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	28/04/2023