Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	28 March 2022
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0035049

About the designated centre

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

Comeragh Residential Services Kilmacow is a designated centre operated by Brothers of Charity Services Ireland CLG. It provides a high support residential service for up to eight adults, of both genders with intellectual disabilities. The designated centre is located in a village in Co. Kilkenny located close to local amenities such as post office and shop. The designated centre is a large bungalow which consists of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Staff support is provided by nurses, social care leaders, social care workers and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 28 March 2022	10:00hrs to 17:30hrs	Sinead Whitely	Lead
Monday 28 March 2022	10:00hrs to 17:30hrs	Conan O'Hara	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place during the COVID-19 pandemic. The inspectors followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspectors carried out the inspection primarily from the two living rooms of the designated centre. The inspectors ensured both physical distancing measures and use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspectors had the opportunity to meet seven of the residents on the day of inspection. Residents presented with high support needs. On arrival to the designated centre, two residents were attending day services, one resident was watching TV and a number of residents were being supported to prepare for the day. Throughout the day inspectors observed residents having tea, being supported during meal times and returning from day services. In general, the inspectors observed positive interactions between residents and staff.

The designated centre is a detached bungalow which comprised of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. On the day of the inspection, contractors were observed on site installing double doors in the kitchen and a ramp to the courtyard to facilitate access for all residents. However, aspects of the premises were not presented in a homely manner and required review. For example, the inspectors observed significant cobwebs at the centre's entrance and in areas of the ceilings indoors. The external painting was discoloured and there were internal areas of marked and damaged paint and scratched flooring. The inspectors were informed plans were in place for painting both external and internal areas of the centre in the coming months.

Inspectors found that the residents rights were impacted at times in the centre secondary to living with peers. This was specifically in relation to their choice and control in their environment in their daily lives. The annual review of quality and safety of care and support noted the negative impact of noise levels on some residents. In 2022, five complaints had been made by some residents regarding the impact of the noise. In response to the noise levels, residents were supported to spend time separately and two bedrooms had been sound proofed.

Residents were supported by a familiar staff team which comprised of nursing staff, social care workers and care staff. Staff spoken with appeared familiar with the residents and their individual needs. Residents presented with high support needs and there were busy periods during the day such as mornings, evenings and meal times when residents would need full support with personal care, toileting, transfers and feeding. Inspectors found that staffing levels were not in place to fully meet the needs of one resident living in the centre at all times. The provider had completed and submitted an application requesting further funding to address this issue.

In summary, based on what the residents communicated and what was observed, it was evident that while the residents appeared comfortable in their home on the day of inspection, improvements were required in relation to staffing arrangements, staff training and development, governance and management, infection prevention and control, premises, medication management, resident rights and fire safety.

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

Capacity and capability

Overall, the management systems in place required improvements to ensure there was effective monitoring and oversight and that the service provided was appropriate to residents' needs. The registered provider had failed to appropriately address a number of ongoing issues in the centre.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centre and was supported in their role by a team leader and CNM1. The last inspection found that improvements were required in the effective oversight and governance of the centre. Since the last inspection, an additional staff nurse had been recruited which enabled the person in charge to be in a supernumerary management role. However, the inspectors found that there remained a need for improvement in the effective oversight and governance of this centre. For example, the last six monthly unannounced provider visit was dated January 2021. While the inspectors were informed a six monthly provider audit had occurred in December 2021, a report of this audit was not available on the day of inspection. There was evidence that the provider undertook audits in infection control and medication errors. However, the inspectors found that the audits did not effectively identify areas for improvement which were identified on this inspection in areas including staff training, premises, infection prevention and control, medication management, fire safety and residents' rights. In addition, daily and weekly checks were not being completed as required for fire safety. This had not been self-identified by the provider.

The previous inspection found that the staffing arrangements required review to ensure they were appropriate to the residents' needs. Since the last inspection, staffing arrangements had been reviewed and as noted a CNM1 and an additional staff nurse had been recruited. However, from a review of rosters it was not demonstrable that there was appropriate staffing levels in place to meet the assessed needs of all residents at all times. The inspectors were informed the provider had submitted an application for additional staffing to their funder.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was an established staff team in place which consisted of staff nurses, social care workers and care staff. At the time of the inspection, the centre was operating with one whole time equivalent vacancy which was being covered by regular relief. The person in charge was supernumerary to the staff rota, this had been a change made since the centres most previous inspection.

However, it was not demonstrable that the staffing arrangements were appropriate to meet the assessed health, personal and social needs of all residents. For example, while one resident was supported one-to-one during the day, six of the residents were supported by four staff members. Some residents were assessed a requiring high levels of care and support for activities of daily life including mobility, feeding, eating and drinking. The inspectors were informed that an application had been submitted to the provider's funder in relation to increased staffing levels to support one resident.

Judgment: Not compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, improvements were required to ensure that the staff team had up-to-date training in areas including fire safety, safe administration of medication, manual handling and de-escalation and intervention techniques. The inspectors was informed that COVID-19 had impacted on the ability to attend refresher training.

The staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received supervision in line with the provider's policy.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to Services Manager, who reports to the Regional Services Manager, who in turn reports to the Director of Services. There was evidence of some quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The annual review of the care and support was completed for

2021.

However, the effectiveness and timeliness of quality assurance audits required improvement. For example, the last six monthly unannounced audit available was undertaken in January 2021. Inspectors were informed that another six monthly unannounced audit was completed in December 2021, the report for this was not available for review on the day of inspection. In addition, audits of infection control and medication administration records did not effectively identify areas for improvement which were identified on this inspection. In addition, routine daily and weekly checks were not being completed as required for fire safety. This had not been self-identified by the provider.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that this centre required significant improvements to promote higher levels of quality and safety. Improvements were required in areas including staffing, staff training, governance and management, premises, infection prevention and control, medication management, fire safety and residents' rights.

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guided the staff team in supporting the resident with their needs. However, it was found that the arrangements were not in place to meet the assessed needs of one resident in the centre at all times.

Improvements were required to ensure that the premises was maintained in a suitable state of repair. Some works were being completed on the day of inspection to some external areas. Several areas of internal paint observed as marked and damaged. The blinds in the sitting room were broken and the inspectors observed areas of worn flooring in the hallway. A number of issues were also noted in relation to procedures for infection prevention and control. The providers own auditing systems were not appropriately identifying infection control issues and risks, such as the issues identified on the inspection day.

The last inspection found significant concerns in relation to fire containment arrangements and an urgent action was issued. Since the last inspection, self-closing devices had been reinstalled on fire doors throughout the centre and the attic openings had been recovered. However, the inspectors found that it was not evident that there were effective procedures in place for the safe evacuation of all persons in the event of a fire at night time.

Regulation 17: Premises

The designated centre is a large bungalow which consists of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. On the day of the inspection, contractors were observed on-site installing a ramp and double doors in the kitchen to the rear of the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, improvement was required in the general upkeep of the premises. For example, the exterior paint of the premises was discolored which negatively impacted on the appearance of the centre. There were several areas of internal paint observed as marked and damaged. The blinds in the sitting room were broken and the inspectors observed areas of worn flooring in the hallway. Some infection control issues were identified in relation to areas of mould, dust and cobwebs, as discussed under regulation 27.

In addition, the arrangements in place for suitable storage required review. This had been self-identified by the provider in their annual review and health and safety audits.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The systems in place for the prevention and management of risks associated with infection required improvements. The provider had an infection prevention and control policy in place. However this had not been reviewed since May 2021. The provider had issued an addendum to the policy, however this was only relevant to the management of COVID-19 nationally and in the centre and did not fully review all infection prevention and control procedures in the centre.

The inspectors observed that improvement was required to ensure that the centre was clean in all areas. For example, while cleaning schedules were in place, they did not cover all areas of premises. The inspectors observed areas of mould on a wall and a heavy layer of cobwebs in the centres utility room. Cobwebs and dust were also noted in the centres laundry facility. Rust was noted on radiators in two residents en-suite bathrooms. In addition, there were no cleaning schedules or records in place for the cleaning of residents personal equipment such as hoists, slings, wheelchairs or mattresses. A commode was noted as visibly dirty on the day of inspection in a residents en-suite bathroom. The person in charge advised that a new cover for the commode had been ordered.

The system in place for the storage of cleaning equipment required review. The inspectors observed mops stored inappropriately in the laundry room. The mops

were stored damp and in buckets. There was no clean and dry area designated in the centre for drying or storing mops and mops appeared to be wet between different uses. Colour coding systems in place required review to ensure that staff were working in line with service policy and to ensure that separate equipment was being used in clean and dirty areas.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Some works had been completed in the centre following the previous inspection to ensure appropriate containment.

However, improvement was required in the evacuation of all persons in the event of a fire. Drill records did not demonstrate that all residents could be safely evacuated in the event of a fire. Inspectors noted that at night time two waking night staff were on duty to support seven residents. According to documentation reviewed, four of the residents were assessed as requiring two-to-one support and one resident required supervision during an evacuation. While there was evidence of fire drills being completed, a night time drill completed in October 2021 took over seven minutes. In February 2022, a fire drill of the horizontal evacuation between compartments took place. However, a night time fire drill had not been completed for the compartment with the highest support needs. The procedures in place for the evacuation of all persons in the event of fire required review.

In addition, from a review of documentation, there were several gaps in daily and weekly checks on fire doors and evacuation routes. This had not been self-identified by the provider as an area in need of improvement.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed medication systems in place. There was a safe storage system in place for medication and all residents had individual medication prescriptions in place which had been signed by their general practitioner (GP). Staff were completing regular stock checks on medicines in the centre and the management were completing regular medication audits. The inspectors reviewed a sample of medication administration records and found a numbers of gaps over a numbers of days, weeks and months. Records did not accurately reflect if the residents had

received their prescribed medications on these dates. Auditing systems had not highlighted or identified these gaps.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified residents' health, personal and social care needs. The assessments informed the residents' personal support plans which were up-to-date and guided the staff team in supporting the residents with their assessed needs. Residents had social goals in place which key workers were regularly reviewing and updating.

However, inspectors found that arrangements were not in place to meet the assessed needs of one resident in the centre. The resident was assessed as needing two to one staff support with all aspects of daily living and this was not available to the resident at all times in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that the residents rights in the centre were not respected at all times. The centre had ongoing peer to peer compatibility issues and peer residents continued to impact each others choice and control in their daily lives. Residents meal times were staggered and residents all had set places in dining areas. This was to avoid safeguarding issues.

Residents access to personal and living spaces was limited at times so as not to meet peer residents. One residents records noted that they told staff " I wish resident A would move out so that I could have some peace" and also commented that they do not like all the noise and shouting. Residents sleep was regularly disturbed due to noise and shouting. The centre had endeavoured to address this issue by sound-proofing areas of the premises. In 2022, five complaints had been made by some residents regarding the impact of the noise

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0035049

Date of inspection: 28/03/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The recruitment process to fill the current vacant position is underway • Permanent relief staff will be recruited to reduce the time the PIC has to backfill frontline when there are staff shortages • In light of residents changing needs the current assessment for each resident will be considered against current staffing levels and gaps identified. • A review of the compatibility of residents will be undertaken	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The gaps in training for each staff member will be identified and required mandatory training will be scheduled. • The completion of the required training will be monitored by the PIC	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A 6 monthly unannounced visit occurred on 22/4/2022 conducted by the compliance officer • The six monthly unannounced visits will be completed in line with the required	

timeframe

• Medication Audits will be conducted with greater attention to detail to identify areas of improvement required to improve standards

• Audits on infection control will be conducted with greater attention to detail to identify areas of improvement required to improve standards

• The fire safety checks in place will be completed as required by the staff team on duty which will be overseen on a scheduled basis by the PIC.

• An additional resource (assistant to the team leader) has been deployed to this centre from week commencing 16/5/2022 for a duration of 8 weeks.

• Permanent relief staff will be recruited to reduce the time the PIC has to backfill frontline when there are staff shortages

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A cleaning company has been appointed to power wash the exterior of the building and treat it for mould, following this the building exterior will be painted.

Rooms within the premises that are identified as requiring improvement will be painted

The existing vertical blinds will be removed and replaced with net curtains throughout the premises.

The worn flooring in the hallway will be replaced.

Storage area will be constructed within the premises to provide appropriate storage for continence wear.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The service policy on infection prevention and control is a National Policy which was signed off in 2018 for three years. During the pandemic an addendum was added which states that "the guidelines for the prevention and management of Corona virus/Covid-19 supersedes this policy. These guidelines were updated and reviewed in line with Public Health Guidance. The infection control measures contained in the guidance are more extensive than those in the policy and will remain in place for the duration of the pandemic or 12 months whichever is sooner". Addendum added on 17.06.2021 and will be reviewed within the specified timeframe. The policy has been referred to the National Clinical Team.

• The cleaning schedule has been reviewed to include all areas of the center and

incorporates personal equipment.

• Adherence to the completion of cleaning schedules will be monitored by the PIC

• A deep clean of the building will be carried out including bathrooms, shower rooms, the utility room and the laundry

• An air vent has been installed in the utility room in an effort to reduce mold forming on the ceiling and corner of walls

• The walls in the utility have been treated for mold

• The radiators in the en-suite which have signs of rust will be replaced

• The Commode that had water calcification will be replaced.

• An area for drying and storing of mops will be created within the laundry room.

• A colour coding system for mops will be reviewed to ensure compliance with infection control policy.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The procedures for evacuation of the center in the event of a fire at night have been reviewed with the fire officer and the utilities manager on 14/4/2022.

• Following this report, a system will be developed that ensures safe evacuation of the center in the event of a fire.

• A review with physiotherapy has been undertaken to assess the transfer system required to safely transfer residents from their beds at night on 10/5/2022.

• Staff who require training/refresher training in Fire Safety will be scheduled for this training.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• Staff who require refresher training in the Safe Administration of Medication will be scheduled for this training.

• Medication will be administered in line with policy

• Medication Audits will be conducted with greater attention to detail to identify areas of improvement required to improve standards

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Day service supports have been increased to 5 days per week for the resident identified.

• In light of this resident's needs the current assessment will be considered against current staffing levels and gaps identified.

• An application for additional funding has been submitted to the HSE in respect of the additional identified staffing needs for one individual.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Ongoing reviews of complaints by residents are addressed on an individual basis

• Support plans and safe guarding plans are reviewed and issues arising for individuals are addressed by the staff team in conjunction with multi-disciplinary team, the designated officer and management and monitoring team.

• A review of the compatibility of residents will be undertaken in an effort to reduce the impact of one resident's behaviour on the rights of other residents.

• All restrictions on the rights of individuals will be notified to the Human Rights Committee.

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.	Not Compliant	Orange	31/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/07/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2022
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.	Not Compliant	Orange	31/07/2022
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	Not Compliant	Orange	30/04/2022

	concerns regarding the standard of care and support.			
Regulation 23(2)(b)	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 maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Orange	22/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2022
Regulation	The registered	Substantially	Yellow	30/06/2022

28(2)(b)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Compliant		
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/06/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/06/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each	Substantially Compliant	Yellow	31/07/2022

	resident, as assessed in accordance with paragraph (1).			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	15/07/2022