



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

Issued by the Chief Inspector

Name of designated centre:	No.5 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	30 June 2023
Centre ID:	OSV-0005144
Fieldwork ID:	MON-0031493

About the designated centre

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

No.5 Stonecrop consists of a semi-detached house located in a suburb on the outskirts of a city. The centres can full-time residential care for a maximum of four male residents, over the age of 18, with intellectual disabilities including those with autism who may have multiple/complex support needs that may require support with behaviours that challenge. Each resident has their own individual bedroom, one of which has an en suite bathroom, and other rooms in the centre including a kitchen, a dining room, a living room, a main bathroom and a staff office. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 30 June 2023	09:30hrs to 16:50hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents met during this inspection appeared comfortable in the presence of the staff members on duty who interacted appropriately and positively with residents throughout. Residents were supported to participate in activities and to keep in contact with their families. Efforts had been made to make the centre a homely environment for residents but the premises provided was showing some old age in places.

Four residents lived in this designated centre but on the day of inspection only two of these residents were present with the other residents having gone home to their families for the weekend. On arrival at the centre one of the residents had already left the centre to attend a day services but would return later in the day. The second resident was present in the centre and was met by the inspector shortly into the inspection. This resident did not interact verbally with the inspectors but the staff members on duty were seen to use some hand gestures in communicating with the resident. In the first few hours of the inspection the resident appeared to spend much of their time with a staff member in the staff office. It was indicated that this was something which the resident liked to do.

Early in the afternoon this resident left the centre with two staff members in the centre's vehicle to go to a church something which was important to the resident. From there they went with staff to collect the resident who had been attending a day service. The two residents returned to the centre later in the afternoon with staff and it was indicated that after collecting the resident from their day service, staff had supported both residents to go to a park for a walk. When the residents returned to the centre, the inspector met the resident who had been at their day services at the start of the inspection. This resident did not directly interact with the inspector but at times did appear curious as to the inspector's presence in the centre.

While no residents had been present in the centre, the inspector reviewed some documentation relating to residents' lives in the centre. Amongst this were pre-inspection questionnaires that had been sent to the provider in advance of this announced inspection. Four such questionnaires were available for review with one indicated as being completed by a resident and the other three completed by staff member on behalf residents. These questionnaires contained positive responses to all areas questioned such as residents' right, staffing, the food and activities. Activities which residents were indicated as doing in these questionnaires included arts, swimming, bowling and horse riding. Staff spoken with also indicated that residents participated in these in activities and it was seen that such activities were risk assessed to identify supports needed for residents to facilitate them to participate in these.

The inspector was also informed that residents were supported to make visits to their families. Some brief positive feedback from residents' families was contained

within the most recent annual review completed for the centre while there was no record of any complaint having been by residents or their families in some time. Residents were advised of how to make complaints during resident meetings that took place on a monthly basis in the centre. The inspectors reviewed notes of such meetings for 2023 and read that residents were given information about matters related to the running of the centre or any upcoming events. For example, in one meeting residents were informed about a new member of staff who was due to commence working in the centre while in the most recent meeting residents were told in advance about this inspection.

In addition, a 'Nice to meet you' document provided to the centre before this inspection that explained who the inspector was and why he was in the centre was seen to be on display on a noticeboard in the centre's kitchen. This kitchen appeared to have new kitchen worktops installed since the previous inspection in August 2022 and was clean in its overall appearance with presses, a large fridge and a large freezer provided to store food and drink in. Also present within the kitchen was separate washing and dryer machines with both seen to be located directly beneath worktops that were used for food or drink preparation. Overall, it was apparent that efforts had been made to make the centre a homelike setting for residents to live in.

Parts of communal areas such as a living room were well furnished with a television, couches and new curtains while there were some paintings that were painted directly onto the walls. The inspector did note a large treadmill in this living room also although this did not appear to be obstructing anyone's view of the television when sitting. Residents' bedrooms, which did vary in size, were also seen to be brightly decorated and personalised. For example, one resident had a painted mural of horses on their bedroom wall while another resident had a model of the solar system on the ceiling of their bedroom. Despite this, the premises that made up this centre was described to the inspector as being old and it was showing some signs of old age.

These included there being gaps between skirting boards and the floor in places while some cracks in the paintwork were evident around the doorframe of one resident's bedroom. Residents' bedrooms were provided with storage facilities such as wardrobes but it was seen that some residents' wardrobes were older in style and general appearance compared to one resident's wardrobe which was far newer in comparison. The inspector was informed that further maintenance works were scheduled later in 2023 including painting and new flooring. Aside from this, the centre was a two-storey house with three residents' bedrooms being upstairs. While none of these residents were having any issue using the stairs at the time of the inspection, one staff member did raise a potential future concern about this in the event that these residents' mobility needs increased.

The staff members that were present during this inspection were observed and overheard to interact with residents in a pleasant, respectful and warm manner throughout. For example, one resident was praised by a staff member for helping to set the table for a meal. This same resident left the centre later in the inspection to get their hair cut. Upon their return, the resident's appearance was commented on

positively by a different staff member. Both residents met during this inspection also appeared comfortable in the presence of the staff on duty. An example of this was seen when one resident wanted to stay in the staff office with a staff member while they were speaking to the inspector towards the end of the inspection. The staff member supported the resident in this and communicated with them using hand gestures during this time.

In summary, the staff members present during this inspection supported residents in a respectful manner. Residents were communicated with in a way that was reflective of their needs and residents were given information relating to the centre where they lived. Residents had their own bedrooms and the premises provided was generally presented in a homely manner although some maintenance issues were noted. Positive responses were contained within the four pre-inspection questionnaires provided to the inspector.

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

An overall good level of compliance was found during the inspection with evidence of good supports provided to residents in areas such as staffing. Some regulatory actions were identified in areas such as policies, the directory of residents and the notification of a loss of power.

This designated centre was currently registered until December 2023 and had last been inspected by the Chief Inspector of Social Services in August 2022. That inspection had found that the quality of care and support provided to residents was maintained to a high standard. In June 2023 the provider submitted an application to renew the centre for a further three years. As such the purpose of the current inspection was to inform a decision on whether to grant this application or not. As part of the application, the provider had submitted some specific documentation including evidence of insurance of the centre and the centre's statement of purpose. This is an important governance document which forms the basis of a condition of registration and sets out the services and supports to be provided to residents in this centre.

During this inspection it was found that Brothers of Charity Services Ireland was supporting the residents in manner consistent with the statement of purpose. While some regulatory actions were identified during this inspection, the supports provided to residents was evidenced by an overall good level of compliance with the regulations. For example, the provider had ensured that appropriate staffing arrangements were in place to support residents with a strong consistency of staff support in evidence. This helped ensure familiarity with the residents, something

which was highlighted to the inspector as being particularly for these residents. The staff spoken with during this inspection demonstrated a good knowledge of residents' needs with staff provided with training in various areas to ensure that they were equipped with the necessary skills and knowledge to support residents.

Appropriate documentation was also being maintained for the staff working in this centre. Under relevant regulations the provider must ensure that specific documentation, such as written references, full employment histories, photo identification and evidence of Garda Síochána (police) vetting, is maintained for all staff working in a centre. The inspector reviewed a sample of files relating to the staff working in this centre and found that they contained all of the required documents. Records of staff supervisions were also provided to the inspector which indicated that staff had received multiple formal supervisions in keeping with the provider's policy in this area. These supervision records indicated that matters such as residents, safeguarding and continuous professional development was discussed with staff by their supervisor.

A social care leader acted as supervisor for most staff in the centre which was reflected in the organisational structure for centre. The services provided in this centre were subject to monitoring from the provider with audits in areas such as medicines and infection prevention and control completed in the centre. The provider had also conducted an annual review for the centre which assessed the centre against relevant national standards. Conducting an annual review is required by the regulations as is the provider, or its representative, conducting unannounced visits to this centre every six months. Two of these visits had been completed recently in February and June 2023 which were reflected in written reports. When reading the report of the June 2023 visit it was noted that the visit had been done over two days with the provider representative returning to the centre on a second day specifically to meet residents who were not present on the first day.

It was indicated though that the unannounced visit in February 2023 had been the first such visit to the centre since May 2022 which was not in keeping with the requirements of the regulations. These regulations also require the provider to have specific policies in place that must be reviewed every three years and to make the written policies available to staff. Having such policies in place is important as it helps to provide guidance and direction on how matters such as residents' finances, intimate person care and safeguarding are to be managed within designated centres. During this inspection the inspector was provided with two policy folders in the centre. While these folders contained the required policies it was noted that a number of them were overdue a review. It was indicated to the inspector that some of these policies may have been reviewed but that the updated policies had not yet been provided to this centre. Following this inspection it was confirmed that some policies had updated but some were still under review by the provider's National Policy Group.

Aside from the policies that were in place, a directory of residents was being maintained in the centre and available for the inspector. Upon review it was seen that the directory of residents contained most of the required information such as residents' names, their marital status and their next of kin details. It was noted

though that one resident's date of admission to the centre was inaccurate while a space in directory to indicate the name of authority, organisation or body that arranged the residents' admission to the centre was left blank. Various other records were maintained in the centre including a log of any accidents and incidents occurring in the centre. When reviewing this the inspector noted that there been a loss of power in the centre in February 2023. While there was no indication that any residents was adversely impacted by this, such a loss of power must be notified to the Chief Inspector within three working day but no such notification had been submitted at the time of inspection.

Regulation 15: Staffing

Appropriate staffing arrangements were provided to support residents including a strong continuity of staff support. It was reported that there was no staffing vacancies in the centre. Staff rosters were maintained in the centre and a sample of staff files reviewed contained all of the required documents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training in various areas while formal supervisions were also taking a place. Copies of the Health Act 2007 and regulations relevant to this centre were present in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

While the directory of residents contained most of the required information, one resident's date of admission to the centre was inaccurate while a space in directory to indicate the name of authority, organisation or body that arranged residents' admission to the centre was left blank.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements had been put in place for this centre.
Judgment: Compliant
Regulation 23: Governance and management
Residents were found to be well supported in this centre with monitoring systems in place. While two provider six monthly unannounced visits had been done in 2023, it was indicated that no such visit was conducted between May 2022 and February 2023.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Residents' contracts for the provision of services required updating so that they accurately reflected the fees residents were paying.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A statement of purpose was in place that was present in the centre and had been recently reviewed. This document contained all of the required information such as details of the staffing arranging and the organisational structure in place.
Judgment: Compliant
Regulation 31: Notification of incidents
A power loss in the centre had not been notified to the Chief Inspector within three working days as required.
Judgment: Not compliant

Regulation 4: Written policies and procedures

While the provider did have all of required policies, a number of policies present in the centre on the day of inspection were out-of-date while it was confirmed following the inspection that policies in areas such as residents going missing and the monitoring of nutritional intake had not been reviewed in over three years but were under review currently by the provider's National Policy Group.

Judgment: Not compliant

Quality and safety

Residents' needs were being appropriately supported in this centre. Some regulatory actions were identified in areas such as fire safety and medicines.

The evidence gathered during this inspection indicated that the health, personal and social needs of residents were being met in this centre. Examples of this included residents being facilitated to participate in activities away from the centre, contact with residents' families being supported and the health of residents being promoted. In line with this residents' health needs were regularly monitored with annual health checks completed by a general practitioner (GP). A further annual health assessment was completed for each resident by their key worker (a specific staff member assigned to support a resident) and reviewed by a community nurse employed by the provider. The inspector did note though that for one resident's health assessment the community nurse was not indicated as having reviewed the assessment for over six months after it had been initially completed by the resident's keyworker.

Such health assessments covered various areas such as if residents had availed of national health screening services which they were entitled to participate in. Other records seen during this inspection indicated that eligible residents had participated in such screening services with resident also accessing various health and social care professionals such as GPs, dentists, psychiatrists and speech and language therapists (SLTs) when required. When reviewing records for two residents the inspector did note that both had had particular assessments conducted by a psychologist in February 2020 with the reports of both assessment recommending that they be reviewed again in two years. No record of such a review was seen by the inspector during the inspection. In the days following the inspection it was indicated that this matter had been followed up for one resident during 2021 but not for the other resident.

It was seen though that health interventions such as vaccines were facilitated with resident also given support around their prescribed medicines. A medication audit conducted in the centre in April 2023 had highlighted though that residents had not

been assessed to determine if they could self-administer their own medicines. Facilities were provided for medicines to be stored in with the assigned medicines' press divided into different shelves for each of the four residents living in this centre. When viewing this press the inspector did identify that one medicine for one resident was stored in a shelf that was assigned to another resident. Also within the medicines' storage press was a separate locked unit for the storage of control medicines (a specific class of medicines which have specific legal requirements around their management because of their nature). A register of control medicines used in the centre was kept which was recorded daily with the key to the medicines' press and the locked unit for control medicines kept in a coded lock box.

There was also a separate press where residents' money and records of their cash transactions were kept. According to the provider's local procedure in this area, residents money and records were to be kept securely but it was noted that the key to this press was left in an unlocked key box in the staff office. It was indicated though that the staff office would be locked when no staff were present in the house and there was an additional safe present in the press where larger amounts of residents' personal money were kept. It was indicated that only three specific staff could access this safe. Records were kept of residents' finances and while these were subject to review, they were not being kept in a manner consistent with the provider's local procedure in this area. When reviewing this local procedure, the inspector noted that certain transactions of residents' money over a certain amount had to be the subject of "specific correspondence" with management.

When reviewing one resident's log of personal possession the inspector saw an entry which suggested that the resident had purchased an item over the specified amount. As such the inspector requested to see a record of the communication required by the provider's local procedure. In the days following this inspection the inspector was provided with a copy of a communication indicating that there has been correspondence about this matter around the time of purchase. Other documents that were reviewed during this inspection indicated that all residents did have back accounts in their own name but did not have their own bank cards. As a result two specific individuals were assigned as signatories for these accounts who were the only people who could withdraw the residents' money from the residents' account. Oversight arrangements were place around such matters but when reviewing some documents related to this, the inspector noted the fees residents were currently paying were higher than that amounts that were stated in the residents contracts for the provision of services.

Aside from such matters, the management of fire safety in the centre were also reviewed. It was noted that fire drills had been conducted regularly in the centre, including to reflect a night-time situation when staffing would be at its lowest with low evacuation times recorded. The fire evacuation procedures were also on display in the centre while each resident had a recently reviewed personal emergency evacuation plan in place outlining the supports they needed to evacuate. Fire doors were provided in the centre with information received from the provider following this inspection indicating that these doors were of a suitable standard. Such fire doors are important in preventing the spread of fire and smoke but it was noted that

one door had a gap under it which could limit its effectiveness in this regard.

It was seen that the centre was provided with emergency lighting, a fire alarm, a fire blanket and fire extinguishers with such systems subject to regular maintenance checks. A fire extinguisher was also present in the centre's vehicle along with other safety equipment such as a first aid kit. On the day of inspection it was unclear though when this fire extinguishers had been last serviced to ensure that it was in proper working order. Following the inspection it was indicated that this extinguisher was either a new extinguisher or had missed a maintenance check. The provider indicated that this matter was being followed up. It was observed that the vehicle was relatively clean and had appropriate insurance provided. It was noted though that the vehicle's National Car Testing certificate had an expiry date of 30 March 2023. The inspector was informed that the vehicle was on a list for priority testing with a test date awaited at the time of inspection. Other records reviewed in the centre indicated that the vehicle had been serviced in April 2023 and was subject to a fortnightly maintenance check in recent months with no concerns noted.

Regulation 10: Communication

Information regarding particular hand gestures to use when communicating with one resident was contained within the resident's personal plan. Staff were seen using such gestures and records provided indicated that staff had undergone training in this area. Televisions were provided within the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Some improvement was needed to ensure that the provider adhered to all aspects of its own procedures around residents' personal finances. Residents had their own bank accounts but did not have their own bank cards which lessened their control over and access to their own personal finances.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents participated in activities such as swimming, bowling and horse riding. Support to residents was provided to keep them in contact with their families.

Judgment: Compliant

Regulation 17: Premises

While the centre was presented in a clean and homelike manner, the premises was showing some signs of old age. These included some cracks in the paintwork around the doorframe of one resident's bedroom and gaps between skirting boards and the floor in places.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Appropriate facilities were provided for food to be stored in. Specific feeding, eating, drinking and swallowing plans were provided for residents which had been recently reviewed by an SLT. Staff had completed training in food hygiene.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide in place for this centre contained required information in areas such as complaints and visiting.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and systems for recording and reviewing incidents. Various risk assessments were in place that had been recently reviewed and outlined control measures to reduce the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

Supplies of cleaning products, hand sanitiser and face masks were present in the centre. Cleaning records provided indicated that all scheduled clean was carried out consistently in recent months. While the centre's contingency plan had been updated since the previous inspection, some of the information contained in it around the number of bathrooms in the centre was inaccurate.

Judgment: Substantially compliant

Regulation 28: Fire precautions

One fire door in the centre had a gap under it which could limit its effectiveness in preventing the spread of fire and smoke.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Assessments had not be conducted at the time of inspection to determine if residents could self-administer their own medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had individualised personal plans in place which had been informed by a comprehensive assessment of needs and were subject to multidisciplinary review. While some documents in these personal plans were undated, it was indicated that they had been recently reviewed and the majority of documents within the sample of personal plans seen by the inspector had been reviewed within the previous 12 months.

Judgment: Compliant

Regulation 6: Health care

While overall the residents were appropriately supported around their healthcare, a recommendation made in assessment for one resident to be reviewed had not been

followed up at the time of inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding training had been provided to staff and information about the provider's designated officer (person who reviews safeguarding concerns) was on display in the centre. No safeguarding concerns were identified during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were treated respectfully by the staff members on duty during this inspection. Residents meetings were taking place where residents were given information.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.5 Stonecrop OSV-0005144

Inspection ID: MON-0031493

Date of inspection: 30/06/2023

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The person in charge will review and add correct dates of admission to the centre for each person supported and add details to indicate the name of the authority, organisation or body that arranged resident's admission. [14/07/23]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will ensure that the frequency of the Provider Unannounced visits will be carried out in accordance with regulations i.e. every 6 months. The next visit is due in December 2023.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider will issue updated Residential Agreements to all residents showing the updated rate of HSE Residential Support Service Accommodation Contributions (RSSMAC). The annual letter showing the charges and payments and any letter issued to residents advising of changes in the rate of RSMACC issued to residents will form of this agreement.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

The Person in charge will review loss of power to Centre and submit a NF09 to ensure completeness of Notifications for this Centre [17/07/23]	
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: The Provider has updated a number of policies and procedures which will be circulated to the Centre [31.07.2023]</p> <p>Other local and National policy and procedures due for review will be updated and available in the Centre by 30.09.2023</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Person in charge will review red financial books as per local procedure to ensure a section on personal possessions is present. [14/07/23]</p> <p>The Person in charge will review individual money management competency assessment and apply for bank cards in accordance with capability of resident. [31/07/23]</p> <p>The Provider will ensure that the Procedures for Safeguarding Possessions will be updated to clarify cash security measures to fully support residents to access their monies for day to day expenditure and will be guided by the local practices in this Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will ensure that the premises is maintained and the planned maintenance schedule supported including ensuring that cracks in paintwork and gaps between skirting boards and floor are added to maintenance list for completion in quarter 4 of 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Provider will ensure that the Person in charge will review contingency plan and update to reflect layout of the centre and number of bathrooms. [14/07/23]</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider will ensure that</p>	

<ul style="list-style-type: none"> - the fire door identified as having a gap underneath will be replaced. [31/07/23] - The correct documentation with details of service inspection to be added to fire extinguisher on Centre's vehicle. [14/07/23] 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The person in charge will ensure that self-medication assessments are completed for each person in the Centre and where indicated residents will be supported to self-administer in line with their independence skills and their capability.[31/07/23]</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Provider will ensure that</p> <ul style="list-style-type: none"> - All new Health Care Management Plans developed are reviewed by the Provider Community Nurse on a timely basis - All allied health reviews recommended are followed up for individual residents 	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/12/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/07/2023

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	15/12/2023
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	31/08/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	14/07/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2023
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/07/2023
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water,	Not Compliant	Orange	17/07/2023

	and any incident where an unplanned evacuation of the centre took place.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/09/2023
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	30/09/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/07/2023