



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

Issued by the Chief Inspector

Name of designated centre:	Cottage Gardens
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 August 2023
Centre ID:	OSV-0001921
Fieldwork ID:	MON-0031290

About the designated centre

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

Cottage gardens is a designated centre for persons with disabilities which is located on a shared campus setting in a rural area of West County Dublin. It provides residential services to up to 15 persons with intellectual disabilities and increased care support needs, particularly in advanced age and dementia. The centre is comprised of three individual but adjoining units locally known as Rose, Bluebell and Lavender cottages. The units provide modern and spacious living and recreational spaces for residents including individual bedrooms and a fully accessible and adapted environment. There are open plan kitchen, dining and living spaces to allow for participation of residents in a broad range of activities including baking, cooking and the preparation of meals. The staff team was made up of a person in charge, a clinical nurse manager, staff nurses, health care assistants, an activity coordinator, and household staff members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Thursday 3 August 2023	10:00hrs to 18:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Cottage Gardens. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by the person in charge for the duration of the inspection and the Person participating in Management (PPIM) at intervals throughout the day. Overall, the findings of this inspection were that there was good local governance and management arrangements in place. However improvements were required in relation to a number of regulations including protection and residents' rights.

Cottage Gardens is a single storey bungalow located on a large campus in West Co. Dublin. The centre is comprised of three self-contained apartments. Each resident has their own bedroom and access to an internal open courtyard. Residents bedrooms were decorated in line with their personal tastes with pictures of families, friends, favourite movie stars, hobbies of interest and football teams evident. Each apartment in the centre has a living and dining room area for residents with each kitchen fitted with wheelchair accessible tables and counter tops. The centre had regular access to transport and there was a bus route within walking distance of the centre. Each apartment in the centre was found to be clean, homely and decorated in line with each residents' personal preferences.

The inspector had the opportunity to meet ten of the 11 residents living the centre. Due to their communication needs and preferences some residents did not verbalise their opinions on care and support in the centre. The inspector had the opportunity to observe interactions between residents and staff within the centre. It was observed that residents appeared relaxed, comfortable and enjoyed being in the company of staff members. The care provided in the centre was found to be person centered and it was noted that staff were very familiar with residents' needs and preferences. The inspector carried out a review of records and documentation, and spoke with key staff members to inform judgments regarding the residents' quality of life.

The inspector saw that resident and staff interactions were familiar and positive. The inspector heard residents and staff chatting and joking with each other throughout the course of the inspection. Staff were seen to support residents in a kind and gentle manner. The inspector observed all residents who chose to take part in a group music session in the centre, with staff playing guitar and singing. All residents were seen to be enjoying the music by joining the singing, requesting songs or simply listening and smiling. One resident told the inspector that the music session happens regularly and how they enjoyed singing.

The inspector met with one resident who was relaxing in the living area. This resident greeted the inspector and the person in charge. The inspector noted the resident to be comfortable and relaxed in the presence of staff. The resident told

the inspector that they like living in their home. The resident informed the inspector that they had requested new blinds for the living room area as the sun was very bright at times and blocking their view of the television. The resident was aware that the blinds had been ordered and the choice of blinds was discussed with them by the staff team. The resident had also been offered the complaints procedure at the time of identifying the issue with the blinds. The inspector saw evidence that the blinds were due for delivery in the coming weeks.

The inspector met with one resident who requested to show the inspector their bedroom and the pictures of some of their hobbies. The bedroom had been decorated with a floral theme as the resident told the inspector that they loved flowers and going for walks in parks. The resident had a keen interest in horses and animals and showed the inspector a number of pictures where the resident had attended horse shows and local farms. The resident told the inspector that they loved their home and their bedroom and enjoyed visiting the day service.

One resident spoke to the inspector with staff assisting with their communication needs. The resident told the inspector how they enjoyed fashion and jewellery. The resident told the inspector that staff helped them to get ready each day and always helped them to look their best as this was very important to them. The inspector found that the staff had the knowledge of the individual and skills to assist residents to communicate their needs.

One resident spoke of the activities available in the day centre and how they could choose which activity they wished to attend such as pottery, music and gentle exercise. The resident told the inspector that they also enjoyed activities in the local community and that there was a planned pilgrimage trip to Knock for residents in the coming weeks.

The inspector reviewed 11 residents' questionnaires which had been sent out to residents prior to the inspection taking place. The questionnaires ask for feedback on residents' experiences in the centre, their home, day-to-day routines, staff, people they live with and having a say in decisions about their lives. The majority of residents reported to be satisfied where they lived and were happy with the staff support they got and their home. However, one resident reported that they did not like living in the centre having moved their in line with assessed needs. The resident noted that they like the staff team but that they missed their previous residence and did not wish to participate in the range of activities the centre had to offer. The resident and staff team had brought this issue to the provider in different forums which will be discussed later in the report.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall, the provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was safe, appropriate to their needs, and consistently and effectively monitored. The inspector observed evidence that the registered provider was making progress with bringing the service into regulatory compliance. However improvements were required in relation to staffing and the completion of actions identified through the local governance systems. The inspector acknowledged that the provider had completed a number of recruitment campaigns in relation to staffing and were in the pre-employment stages for three staff. However, on the day of the inspection there was four whole time equivalent staff vacancies consisting of two healthcare assistants, 1.5 staff nurses and a part time activities co-ordinator.

There were effective management arrangements in place that ensured, for the most part, the safety and quality of the service was closely monitored. The provider had completed an annual report for the centre, however this had not taken into consideration the views of the residents or their representatives. In addition, six-monthly unannounced reviews of the quality and safety of care and support provided to residents were taking place. However some improvements were required in relation to the completion of identified actions by the provider. For example, the centre had two purpose-built accessible baths in two of the apartments. Due to the instalment and the positioning of one of the the baths they could not be used in a safe manner. For this reason the bath had not been operational in the centre since the centre opened in 2022, despite residents and staff identifying the benefits the bath would have. While the person in charge had made the provider aware of the issues, it was found that the work was not completed in a timely manner and on the day of the inspection there was no time line identified for the completion of the works.

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge in ensuring that the operational management and administration of centre resulted in safe and effective service delivery.

There were a number of staff vacancies in the designated centre. The provider had completed a number of recruitment drives and had secured three new recruits that were in pre-employment stages. The person in charge managed the roster closely to ensure that residents' care and support needs were met. However increased staff vacancies were having a negative impact on the operation of the centre. The inspector noted a reliance of relief and agency staff to cover shifts in the centre. However, the person in charge had ensured that relief and agency staff were supported on shift with a number of experienced staff and efforts were made to ensure continuity of care for residents by block booking the same relief and agency

staff for block periods. A review of records found that on a number of occasions the person in charge fulfilled the role of staff nurse despite being supernumerary, which reduced their capacity to carry out other administrative and managerial roles.

Notwithstanding the above, staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in the centre. Staff had received additional training in adult safeguarding and were advocating for residents in relation to their rights.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs such as dementia care, diabetes and syringe driver management. The provider had ensured that relief or agency staff who worked in the centre were suitably trained. There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team as per the providers policy.

The centre's statement of purpose was reviewed. It was found to have been recently updated and contained all of the information as required by Schedule 1 of the regulations.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place for the designated centre. A review of the roster demonstrated that there were generally sufficient staff to meet the needs of the residents as set out in the statement of purpose.

The centre was operating with four whole time equivalent vacancies at the time of inspection. These positions were filled by a panel of regular relief and agency staff which somewhat supported continuity of care for residents. However, the provider had completed a number of recruitment campaigns and were currently in the process of pre-employment for three staff positions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There were established supervision arrangements in place for staff. The person in charge ensured that relief staff had access to formal supervision.

Staff received training in areas determined by the provider to be mandatory, such as safeguarding, fire safety and first aid. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Management structures were in place in the designated centre to ensure that the service provided is safe, appropriate to residents needs and consistent. However, there were gaps identified within the monitoring system of the quality of care by the provider. For example, there was evidence that works identified by the person in charge within the centre had not been captured in the providers six-monthly audits and therefore had not been given a time bound plan for completion.

An annual review of quality and safety had taken place however, there was no evidence of consultation with residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre for residents and their families.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspector found that the day-to-day practice within this centre supported the delivery of safe and good quality care. However, improvements were required in relation to residents' rights and protection, which will be discussed further in this report.

The inspector completed a walk through of each apartment within the designated centre and was accompanied on this walk-through by the person in charge and staff. The inspector saw that each of the apartments were large and well - maintained. Living and dining areas for communal use were decorated in a homely manner with photos and pictures on display. Each area of the centre was clean to a high standard and was bright with large windows allowing for natural light. Residents had access to an internal garden, which had small sensory scent plants in flower beds. Each resident had their own bedroom which was decorated in line with

their personal tastes and individual preference.

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

The inspector reviewed a sample of residents files which demonstrated comprehensive assessments of need had been completed and that these had been updated within the last 12 months. Support plans were in place for identified needs. These support plans were written in a person-centred manner which accounted for residents' personal wishes and preferences. Support plans included measures to respect residents' autonomy. A goal tracker was in place to track progress towards achieving these goals. Health-care plans were in place for each assessed need. There was evidence that residents had access to a range of multi-disciplinary professionals as required including access to general practitioners, dentists, chiropody, psychology and neurology. There was also evidence that where residents refused a medical intervention that this wish was respected and that, where appropriate, additional supports were put in place to assist residents in understanding medical interventions.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. There was comprehensive guidance in place to support residents who may engage in behaviours of concern and staff on duty had a good understanding of these support needs.

The centre was seen to be equipped with appropriate fire detection, containment and extinguishing measures. Automatic door closers were fitted to doors. Fire extinguishers were available throughout the centre. Staff had been in receipt of appropriate fire safety training and regular fire drills were held with the residents. These drills demonstrated that all residents could be evacuated in a safe time frame.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy and clear procedures. There was an identified designated officer, and it was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies. However, the inspector found evidence that residents did not wish to live in the centre both through residents' questionnaires and documentation completed on the residents behalf by the person in charge and members of the multidisciplinary team. Residents expressed wishes to move as the centre was having a negative impact both on the individual resident and residents residing in one apartment in the designated centre. Although safeguarding concerns were investigated and reported according to the provider's policy, there remained ongoing safeguarding risks. Residents were experiencing verbal abuse and witnessing property destruction. While the provider had implemented comprehensive safeguarding plans to mitigate risk, the inspector found that while the current living arrangements were in place, the risk of continued behavioural incidents remained, and as such, the provider could not be assured that

residents were protected from all forms of abuse at all times. The provider had commenced consultation with residents and multidisciplinary team members in order to identify alternative living arrangements. However, the inspector noted that there had been a delay in the providers consultation process, with no provider-lead meeting held since February of 2023 despite ongoing safeguarding concerns and compatibility issues identified within the centre.

The inspector saw that residents were consulted with in relation to aspects of the day-to-day running of the centre and that external supports, such as advocacy services, were engaged if required to support residents to exercise their rights. However, due to an issue identified from a fire report the provider had removed partition that obscured the view from each apartment, leaving transparent glass panels in the doors between each apartment in the centre. This had the potential to negatively impact the residents' right to privacy, as when entering each apartment the inspector observed clear view through the glass panel into each main living area. This concern was raised with the person in charge and PPIM during the course of the inspection and blinds were being sought to address this concern.

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Each resident had their own bedroom which were nicely decorated and personalised to reflect their preferences.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place.

Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Judgment: Compliant

Regulation 6: Health care

A review of a sample of residents' files demonstrated that residents had access to a wide range of medical and multidisciplinary supports as required. There was also evidence that where residents refused a medical intervention that this wish was respected and that, where appropriate, additional supports were put in place to assist residents in understanding medical interventions.

Staff had completed training in line with residents' assessed healthcare needs for example dementia care, syringe driver and diabetes management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up -to -date and written in a person centred manner. The person in charge had introduced specific training for staff at induction level to ensure that staff have up - to - date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The inspector found that although the provider was endeavouring to manage and implement strategies to reduce the compatibility issues in the house, the overall impact of the incidents was affecting residents' lives in a negative manner. Without further intervention, the provider could not be assured that residents were protected from all forms of abuse at all times. The provider had identified residents expressed wishes to no longer live in the designated centre and had discussed the ongoing safeguarding issues through the providers transition committee. However, the inspector found that the provider had not discussed residents proposed move which

was initially highlighted in October 2022 since the last committee meeting held in February of 2023 and that not all actions had not been completed despite identified safeguarding risks.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were consulted with and afforded choices in decisions and objectives which were meaningful to them. The inspector reviewed a sample of resident meetings and found good examples of residents' positive and negative feedback being collected.

As referred to earlier in the report the inspector found that residents ability to maintain their privacy was negatively impacted due to the removal of partitions in each apartment in the designated centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cottage Gardens OSV-0001921

Inspection ID: MON-0031290

Date of inspection: 03/08/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has ongoing recruitment campaigns with open days and continual advertising for vacant positions, weekly interviews are being scheduled in conjunction with open days. New staff commencing week of 4th September 2023 and further internal transfers week of 18th September 2023. There are more new staff currently in the recruitment process.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All annual reviews will include consultation with residents, their representatives and staff. Six monthly reviews will incorporate environmental issues & discussions with the PIC. The provider will be completing workshops with relevant staff relating to the audit process.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p>	

The Committee met on the 30th of August 2023 and discussed options for the refurbishment of an existing accommodation onsite. The refurbishment will require architectural surveying and building quotes to be submitted in a business case to funders (HSE). Plans are in place to discuss refurbishments, obtain costings from architects and builders and present a business case to funders (HSE).

- Discuss at transfer committee to establish suitable living arrangements - completed 30/08/2023.
- Assess options for the refurbishment of an existing accommodation onsite which would provide a self-contained apartment for the Resident and eliminate safeguarding risks.
- Submit business case to HSE with proposed building works, costings and required staffing levels -by 30/11/2023.
- Safeguarding plans are in place and staff are continuing to adhere to the safeguarding plans, support from the designated officer and social work team continue.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The provider is currently reviewing alternative options relating to maintaining Resident's privacy following removal of partitions – discussions are ongoing with Fire Officers to ensure any alternatives are in line with Fire Safety.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2023
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	Substantially Compliant	Yellow	31/01/2024

	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.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/11/2023
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/11/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional	Substantially Compliant	Yellow	31/12/2023

	consultations and personal information.			
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