



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

## Issued by the Chief Inspector

Name of designated centre:	L'Arche Cork An Cuan
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	04 March 2024
Centre ID:	OSV-0001963
Fieldwork ID:	MON-0038331

## About the designated centre

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

L'Arche Cork An Cuan is comprised of three houses located in the suburbs of Cork City. Combined the three houses have a total capacity for eight residents but at the time of this inspection the provider was in the process of increasing the capacity to 10. The centre provides full-time residential accommodation for residents over the age of 18, both male and female, with intellectual disabilities. Each resident has their own individual bedroom and other rooms in the three houses include kitchen-dining rooms, bathrooms, utility rooms and lounges. Support to residents is provided by the person in charge, staff and volunteers while residents also have access to a community nurse.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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
Monday 4 March 2024	11:30hrs to 20:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Due to premises works, not all residents were staying overnight in the three houses that made up this centre but most were. Six residents in total were met during this inspection who generally spoke positively about living in these houses. Residents appeared to have a good rapport with staff members present.

This centre was comprised of three separate houses, two of which were side-by-side while the third was located a short drive away. The inspector commenced the inspection by going to the two side-by-side houses. Both of these houses were located right beside a road with a public footpath and when the inspector arrived at the front door of the first house, he observed that the keys to the front door were present in the lock. When the inspector knocked on the front door he was greeted by a painter who said that works were being done in the house but that there should be some staff in the house next door. When the inspector went to the house next door, a staff member was present conducting a team meeting with some volunteers who were working in the house.

It was indicated to the inspector at this time that some premises and fire safety works were in the process of being completed in the first house visited while similar works had also been recently completed in the second house visit. To allow these works to be completed, the three residents who usually lived in these houses had gone to stay with their families or had stayed in rented accommodation. One of these residents had since returned and was now being supported in the house where work had been completed. It was indicated to the inspector that at the time of his arrival, this resident was away from the house attending a day service but that they would be back later in the day. The inspector was also informed that one of the residents who was still staying with their family would also be in the house later in the day for dinner but would not be remaining in the house overnight.

After highlighting his observations around the location of the key to the front door for the neighbouring house, the inspector did premises walk around of the second house visited. It was seen to be reasonably presented although a kitchen worktop was chipped in places and things were still being put back in place following the recent premises works completed. A staff office for both of the side-by-side houses was located in an external cabin in the shared garden behind both houses. It was indicated to the inspector that this cabin was kept locked and so were presses contained within. It was stated though that the key to these presses was left stored in the external cabin. Later on, when the inspector visited the third house of the centre, an external cabin was used as an office there also, but the keys for the presses there were kept stored in the third house for added security.

Having used much of the initial hours of the inspection in the second house visited reviewing paperwork and speaking with staff and management, two residents and some volunteers returned to this house for dinner. The inspector spoke with one of these residents, in the presence of a staff member, who indicated that they were

currently staying with their family but hoped to come to their usual home soon. This resident spoke of liking their bedroom in the house where they usually lived and said that they enjoyed listening to music such as Christy Moore and the Dubliners. They also indicated that they played the guitar, went golfing with a group and enjoyed their day service. It was mentioned by the resident that they had had a difficult experience some months prior but that they had done a lot of work with an external group to help them with this. The resident then showed the inspector a folder about the work that they had done. It was observed that this resident appeared comfortable with the staff member present and engaged with them in a jovial manner.

Later on, the inspector met the other resident who had returned and spoke with them in the presence of staff and volunteers. When asked how they had spent their day, the resident talked about playing video games on the computer and said that they sometimes used the volunteers' computers to do this. The resident then spoke of their current home and previous homes where they lived and referenced that there used to be more volunteers present in another house. It was also mentioned by the resident that they found some days long but that they might go bowling occasionally. The resident talked about having a coffee machine which they pointed out to the inspector and said that they used this daily. In doing so, the resident made sure to check if the staff had offered the inspector coffee while he had been present in the house.

Soon after this, the inspector left this house but briefly visited the house where the painters had been earlier in the day. This house was of similar layout and size to the neighbouring house but, unlike the latter house, did not have a sunroom. The house did seem reasonably presented but premises works were still to be completed there. For example, some electrical works were observed to need finishing. Having completed a walk throughout this house, the inspector then went to visit the third house that made up the centre. At the time of the inspector's arrival, none of the four residents living there were present as they had left with some volunteers to go on a weekly house outing. This house was seen to be generally presented in a clean, well-furnished and homely manner. For example, there was artwork completed by one resident in the house's living room while various photographs of residents were on display in communal areas. The inspector did note though that a radiator in one bathroom was rusted while some of the kitchen décor was peeling in places.

After having a discussion with one staff member present and reviewing some documentation, towards the end of the inspection, the residents returned to the house from their outing. The inspector met with one of these residents in the living room who asked for a staff member to stay while they spoke with the inspector. This resident talked about their family and previous houses where they lived. It was indicated by the resident that they did not like these other houses as much as their current home. When speaking of their current home the resident told the inspector that "I love it here, I really love it". The resident spoke about the art that they did and pointed some of their works out to the inspector. This resident appeared to have a good relationship with the staff member present who they spoke of positively while also saying that they wanted to do the staff member's wedding photos for

them. It was further mentioned by this resident that if they had an argument with a peer then they could always go to this staff member.

The other three residents living in this house commented positively on the staff support they received when met in the house's dining room in the presence of staff and volunteers. It was mentioned by these residents that for their outing earlier they had gone for a meal and bowling while each week they did something different with residents taking turns on what to do. These residents also spoke about attending day services while one resident had a job in the local area. Another resident talked about doing woodwork and paper mache in their day services and told the inspector that they were currently making a Tardis from Doctor Who for their bedroom. The third resident mentioned wanting to restart a Spanish course. A staff member present informed the inspector that the resident liked to learn new languages and had previously done courses in Spanish and German. Overall, these three residents spoke positively about living in this house with some describing it as "home" and one saying "I love being here with my friends". During this time two of the residents were seen to hug while residents also engaged warmly with the staff present.

In summary, residents spoken with during his inspection provided positive feedback. In doing so they talked about some of the things that they liked to do such as bowling, going to play golf and doing language courses. While some premises works were ongoing or had just been recently completed, the three houses visited were generally seen to be well presented.

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

While the provider had recently encountered issues with fire safety which prompted some regulatory engagement, overall on the current inspection residents were found to be well supported. Some inconsistency was identified though regarding the formal supervision of volunteers.

This designated centre was registered until October 2025 with no restrictive conditions. It had last been inspected by the Chief Inspector of Social Services in May 2022 where an overall good level of compliance was found with the regulations. In July 2023 the provider applied to vary its conditions of registration with a view to increase the overall capacity of the centre from eight residents to 10 residents. This was done to enable some residents from another of the provider's designated centres to temporarily transition while premises works were ongoing in that centre.

However, when reviewing the documents submitted as part of the applications to vary, some concerns were raised around aspects of fire safety in the current centre. In response, the provider undertook a review of fire safety with some works recommended across all three houses. The provider subsequently withdrew the applications to vary after engagement with the Chief Inspector.

A plan was submitted for the outstanding fire safety works and the provider did take some specific actions to address immediate concerns. These included providing night-awake staff support in each of the three houses of the centre and building a specific fire wall in one house to provide a protected evacuation route. With fire safety works being conducted in two of the three houses, the provider subsequently re-submitted applications to vary the centre's conditions of registration to allow for an increased capacity. However, shortly after this, it was communicated to the Chief Inspector by the centre's person in charge that one resident, who had vacated the house where they lived to facilitate such works, was being supported in a rented accommodation. Residents are required to be supported to live in a registered designated centre but as this rented accommodation was not registered, this amounted to a breach of the Health Act 2007. On account of this, in February 2024 the provider was issued with a warning letter advising them of the consequences if the provider did not come back into compliance with the regulations.

The provider responded to this and confirmed that the resident involved had moved back into this designated centre. This was found to be the case on this inspection where it was also noted that fire safety and premises works had either been completed or were close to being completed in two of the centre's three houses. Recommended works in one of the houses still needed to be completed but, in the interim, it was found that the waking night staff remained in place. It was highlighted though that this waking staff cover was provided by agency staff (staff sourced from an external agency to the provider). Under the regulations, specific documentation must be maintained for all staff working in a centre, including agency staff. Despite this, on the day of inspection evidence was not produced that all required documentation was being maintained for agency staff. Assurances on this were subsequently provided the day after the inspection. It was also noted though that such agency staff had not completed key training at the time of inspection. This will be discussed further elsewhere in the report.

Aside from the agency staff, support to residents living in this centre was generally provided by staff directly employed by the provider and live-in volunteers in line with the provider's model of care. Staff spoken with during this inspection demonstrated a good awareness of residents' needs while records provided indicated that provider employed staff and volunteers had completed relevant training. Arrangements were in place for such staff and volunteers to receive formal supervision although some volunteers were not receiving such supervision at the frequency indicated. It was highlighted to the inspector though that informal supervision was being conducted and that team meetings took place regularly. The inspector viewed notes of such meetings in one house and noted that such meetings were taking place frequently but the notes did not record matters such as safeguarding and infection prevention and control as being discussed at all meetings.



The staff and volunteers working in this centre formed part of the overall organisational structure that was in place for the centre. This provided for lines of accountability and reporting from those working directly in the centre to the provider's board of directors. The provider had also ensured that there was monitoring of this centre both at local and provider levels. For example, audits were conducted in areas such as personal plans and medicines. Key regulatory requirements had also been completed since the previous inspection by the Chief Inspector in May 2022. These included representatives of the provider conducting six monthly unannounced visits to the centre. Such visits were reflected in written reports which were available for the inspector to review. Annual reviews, another regulatory requirement, had also been completed which provided for consultation with residents and their families. Overall, this inspection found residents to be well supported which provided assurances that the management systems in place were operating to ensure that the centre was appropriate to residents' needs.

### Registration Regulation 8 (1)

The provider had submitted applications to vary the centre's conditions of registration with all of the required supporting documents provided. These applications were being progressed at the time of inspection.

Judgment: Compliant

### Regulation 15: Staffing

Staff spoken with demonstrated a good knowledge of residents. Planned and actual staff rosters were being maintained. Staff files relating to staff employed directly by the provider were not reviewed during this inspection. Assurances were provided following the inspection that the required documents for agency staff were being maintained. These included written references, proof of identification and evidence of Garda Síochána (police) vetting.

Judgment: Compliant

### Regulation 16: Training and staff development

Records provided indicating that staff were in receipt of formal supervision.

Judgment: Compliant

### Regulation 23: Governance and management

A clear organisational structure was in place for the centre. Audits were done in various areas while regulatory requirements such as provider unannounced visits were being completed. Overall, this inspection found residents to be well supported.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose submitted with the recent applications to vary had all of the required information contained within it.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers working in this centre had their roles and responsibilities set out in writing along with evidence of Garda vetting. Arrangements were in place for volunteers to receive formal supervision but some volunteers were not receiving such supervision at the frequency indicated.

Judgment: Substantially compliant

### Quality and safety

Some actions were identified on this inspection relating to fire safety and training for agency staff. Residents had personal plans in place and, while improvement was noted in aspects of these, this inspection found residents' needs to be well supported.

As highlighted earlier in this report, following a review, some fire safety works had been identified in all three houses. Such works had either been completed or were in the process of being completed for two of the houses. Some fire safety works though were still needed in the third house with such works relating to aspects of

fire containment. Aside from this, other fire safety systems were in place across all three houses including fire alarms, emergency lighting and fire extinguishers. Fire drills were also being conducted with records of these reviewed for two of the houses. In these, it was noted that low evacuation times were recorded but for all drills conducted since January 2023, all residents had evacuated through the same evacuation point in both houses while no drills had been done to reflect a night situation when residents would be in bed. Records provided indicated that all staff employed by the provider and volunteers had completed fire safety training. However, as highlighted earlier waking night cover in the houses was provided by agency staff and during this inspection, it was identified that most agency staff who worked in this centre had not completed fire safety training.

While it was acknowledged that assurances were received following this inspection that such staff were to complete such training by 6 March 2024, this training gap had not been identified before this inspection despite agency staff working in this centre for several months. It was also noted that such agency staff had not completed specific training in de-escalation and intervention despite a risk assessment for one resident indicating that all staff required this training. Guidance though was available on how to support the resident to engage in positive behaviour. In addition, an external group was doing some work with the resident at the time of inspection to develop a new positive behaviour support plan for the resident. Information on how to support residents with their behaviour and other needs was contained within their individual personal plans. These are required by the regulations and are intended to set out residents' health, personal and social needs and how to provide for these needs. The inspector reviewed a sample of personal plans and, in general, found that they provided clear guidance on how to support residents' needs.

For example, there is specific information on how to support residents with particular health needs such as diabetes. It was noted though that one resident did not have a care plan in place around cognitive decline something which was highlighted as a concern for the resident at the time of inspection. Despite this, it was acknowledged that reviews with some health and social care professionals had taken place around this while further referrals had been made to support the resident. Residents were also supported to be involved in their personal plans through person-centred planning although it was noted that such a process and related annual reviews had not taken place for some residents within the past 12 months. The majority of contents in residents' personal plans had been reviewed within the previous 12 months but some specific care plans had not. While this needed review, the overall findings indicated that appropriate arrangements were in place to support the health, personal and social needs of residents at the time of this inspection. However, given the suggested cognitive decline for one resident, this would need to be kept under close review.

## Regulation 12: Personal possessions

It was indicated that all residents had their own bank accounts but most residents did not have their own bank cards. Having these could increase the residents' ease of access to and control over their own finances. One resident had recently requested this and efforts were being made to support the resident with this while the inspector was informed that a protocol had been recently developed around residents getting bank cards. For one resident, it was indicated that the provider did not have oversight of this resident's bank account.

Judgment: Substantially compliant

### Regulation 17: Premises

While some premises works had been recently completed in one house and was ongoing in another, overall the three houses were seen to be well presented but some minor maintenance issues were observed. These included a chipped worktop, some kitchen décor peeling and a rusted radiator in one bathroom. As two of the houses were not at full capacity on the day of inspection the inspector could not make an assessment as to whether these houses provided sufficient space.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk registers and risk assessments were in place which had been recently reviewed. A system for the recording and review of any incidents was also in operation.

Judgment: Compliant

### Regulation 27: Protection against infection

This regulation was not reviewed in full but during the inspection it was noted that a cleaning schedule was in place for one house which was followed. Specific isolation plans had been developed for residents to support them in the event that they needed to isolate due to an infectious diseases.

Judgment: Compliant

## Regulation 28: Fire precautions

While the provider had undertaken some fire safety works already, further fire containment works were needed in one house. All fire drills conducted in two houses since January 2023 involved residents evacuating through the same evacuation points while no drill had been done to reflect a night situation when residents would be in bed. While it was indicated that any outstanding agency staff were to complete fire safety training on 6 March 2024, on the day of inspection it was identified that most agency staff who worked in this centre had not completed fire safety training despite such agency staff working in the centre for months.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Residents had personal plans in place but some specific care plans in these were not indicated as being reviewed in over 12 months. Some annual reviews and person-centred planning processes had also not taken place in other 12 months. Overall though, this inspection found that residents' needs were met in this centre. For example, activities such as bowling, golf and language course helped to provide for residents' personal and social needs.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had care plans in place around specific health needs but one resident did not have a cognitive decline care plan in place. Another resident's cardiovascular care plan indicated that the resident was to receive monthly blood pressure checks and weight checks. It was indicated to the inspector that weight records were provided but when queried with staff on the day of inspection it was unclear if blood pressure records were being kept. Aside from this records were provided of residents attending various health and social care professionals such as general practitioners, psychiatrists, dentists and chiropodist. Residents also availed of vaccines and national screening services.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Agency staff had not completed specific training in de-escalation and intervention despite this being indicated as being required in a risk assessment for one resident.

Judgment: Substantially compliant

### Regulation 8: Protection

No safeguarding concerns were identified during this inspection. Where any safeguarding incidents had taken place previously, they had been appropriately screened with safeguarding plans put in place. It was also noted that a resident was being supported around understanding relationships to help ensure that they had sufficient knowledge and skills for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff met during this inspection spoke respectfully of the residents they were supporting. Residents appeared very comfortable with staff and volunteers on the day of inspection. Residents were consulted and given information via weekly meetings.

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
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for L'Arche Cork An Cuan OSV-0001963

Inspection ID: MON-0038331

Date of inspection: 04/03/2024

## 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 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: Arrangements will be put in place to ensure that volunteers receive formal supervision every 2 months	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Each resident will be given a choice of having their own bank card. A copy of the bank statement will again be requested for the resident for whom we did not have oversight of their bank details.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The chipped worktop, kitchen décor that is peeling and the rusted radiator in the bathroom will be fixed by our maintenance team.	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The further fire safety works required in one house are a part of a larger tender process which is currently underway. The works will take approximately 12 weeks and the house will need to be vacated during the works. As a part of the larger tender process this house will be in compliance by December 2024. In the interim the control measure of waking nighttime staff, mitigate against the fire risk, and the fire consultant is satisfied with same as an interim measure.</p> <p>All night staff have completed fire training.</p> <p>A fire drill will be undertaken in each house that includes residents being in their beds at the time of the fire drill. We will ensure that different fire exits are used.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All personal plans will be reviewed within 12 months</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: A cognitive decline healthcare plan will be put in place for the resident who is in need of this.</p> <p>All results of the monthly health checks being done by the nurse will be included in each resident's care plan.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All agency staff will complete the training in de-escalation of challenging behaviour.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	16/05/2024
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	16/05/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	31/12/2024

	extinguishing fires.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	12/03/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26/04/2024
Regulation 30(b)	The person in charge shall ensure that volunteers with the designated centre receive supervision and support.	Substantially Compliant	Yellow	26/04/2024
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	30/04/2024

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/04/2024
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	26/04/2024
Regulation 07(2)	The person in charge shall	Substantially Compliant	Yellow	15/04/2024

	ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.			
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