



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0003707
Fieldwork ID:	MON-0041467

About the designated centre

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

North County Cork 2 is comprised of three separate buildings, located within the environs of a large town. The largest building has a capacity for 16 residents, three of whom can live in a self-contained apartment unit that is part of this building. This building mainly provides a full-time residential service but there is one bedroom that is used for respite. The remainder of the designated centre is located in another residential area of the town is comprised of two semi-detached houses which have been joined internally to make one building and a two storey semi-detached house located next door. The larger house can provide residential support for up to eight residents from Monday to Friday and closes each weekend and during holiday periods. The other house can support two residents and is open seven days a week. All residents have their own individual bedrooms and other rooms in the three buildings include sitting rooms, living-dining rooms, kitchens and bathrooms. Overall, the centre had a maximum capacity of 26 residents and supports those who are over the age of 18 of both genders with intellectual disabilities. Staff support to residents is provided by nursing staff, care assistant and house parent assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 11 January 2024	18:20hrs to 22:30hrs	Conor Dennehy	Lead
Friday 12 January 2024	10:30hrs to 18:25hrs	Conor Dennehy	Lead
Friday 12 January 2024	10:30hrs to 18:25hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

Residents met during the inspection who provided feedback, generally spoke positively of life in the centre. A pleasant atmosphere was evident in one of the dwellings which was the focus of this inspection. Staff members present engaged positively and respectfully with residents throughout. All three dwellings were visited during this inspection and in one of these it was seen that improvement was needed around cleaning and aspects of the premises provided there.

This designated centre was made up of three separate dwellings. One was a large building which could provide full-time care for 15 residents and respite care for one resident. The second was a detached house open Monday to Friday that could provide residential care for eight residents while the third was a semi-detached house that could support up two residents. During the course of this two day inspection, all three dwellings were visited although the primary focus was on the large building. Across the two days 11 residential residents living there were met while a twelfth residential resident there was seen. In addition, on the first day of inspection one respite resident was met and after they went home a different respite resident who commenced their stay on the second day of inspection was met also. At the time of this inspection there was two vacancies in this building while one resident who normally lived there was staying with their family.

Day one of the inspection commenced specifically in the evening time with a particular emphasis on observations and discussions with staff and residents. Of the residents, met during this time, one residents did not communicate verbally while others did not engage significantly with the inspector present. Other residents though did greet the inspector and/or had a discussion with him. One of the residents was met as they spent time in the television room of the building. This resident indicated that they had spent all day in their home and would do likewise the following day as Thursdays and Fridays were the resident's days off. On Mondays, Tuesdays and Wednesdays, the resident said that they attended day services and that in general they were getting on well. The respite resident who was present during day one of the inspection was also met and told the inspector they enjoyed knitting and that they liked attending this building for respite.

The inspector met a third resident as they were sat in the building's main sitting room watching television with a radio turned on beside them. This resident told the inspector that they had been watching television and listening to the radio all day with the resident seeming happy with this. They also mentioned that they liked watching Fair City which was their favourite television program. When asked, the resident indicated that they had had a good Christmas and liked living in the building. The inspector noted that the flooring in this main sitting room appeared new compared to a previous inspection in February 2023. The resident told the inspector that new flooring had been installed there and in the television room during the autumn. This resident also added that there had been some painting

done in the building also.

Such painting was evident particularly in the main halls of this building but it was observed the flooring present in these halls appeared older in style and in need of a buffering. The flooring in the halls stood out in contrast to some of the flooring in communal rooms such as the television room and main sitting room which appeared more modern in comparison. It was also apparent that such rooms were nicely furnished and appeared homelike in their general present. For example, the main sitting room had a photo collage of a trip some residents had taken to London during 2023. There was also a large kitchen-dining room present in the building with the kitchen décor seen to be modern and clean. It was observed though that there was some mould evident around the main window in that room while some of the chairs at the dining tables were ripped or torn in places. The flooring of a pantry just off the kitchen-dining room was also seen to be marked in places.

Residents were seen to spend time in the communal areas provided in this building and also in their bedrooms during the first day of inspection. Some residents' bedrooms were observed at this time which were seen to be reasonably presented and furnished with storage facilities such as wardrobes provided. Such bedrooms were also personalised with items including soft furnishings and framed family photographs. One of these bedrooms was shown to the inspector by a resident who indicated that they were happy with their bedroom. When asked by the inspector if they liked living in the building the resident responded by saying "kinda". The inspector then asked this resident what they liked and did not like about living there but the resident did not elaborate on either.

The resident did say though that they had a special friend who they lived with in this building and it was seen that the resident spent time in communal areas of the building with their peers. The atmosphere in the building during the first day of inspection was quite calm and relaxed with some of the residents who did not engage significantly or verbally with the inspector seen smiling while also appearing content. All staff present were observed and overheard to be very pleasant and warm in their interactions with residents during this time. For example, when staff sought to support residents who were in their bedrooms, it was seen that such staff knocked on the bedrooms doors before entering. In addition, a change of staff occurred during the first day of inspection and the inspector observed that staff who left said goodbye to residents while staff who came on duty warmly greeted residents.

Amongst the residents who lived in this building were two residents who lived in an attached apartment area. The inspector visited this apartment and met these two residents as they sat in the apartment's dining-living room with their feet up on recliner chairs. Both residents appeared very comfortable and told the inspector that they were happy living in the apartment with one resident highlighting that they liked the freedom of living in the apartment as they answered to no-one. The inspector asked these residents if they ever got support from staff. The residents responded by saying that they called for staff support when they needed them and that the staff always came. It was also indicated by the residents that these staff

were good to them.

When asked how they had spent their day, one resident said that they had been performing with a band while the other said it had been their day off. The residents then mentioned that a third resident had previously lived in the apartment area but had recently moved into a bedroom in the main part of the building. Both residents indicated that they were happy with this as this resident used to wake them up with complaints about this matter having been noted during the February 2023 inspection. On the current inspection though it was highlighted by both of these resident that a different resident from the main area of the building could come into the apartment area without knocking which they did not like. The residents said that they had told staff about this and there had been follow up with the resident.

However, the residents said that this was still happening regularly including the week before this inspection. This matter was queried with staff and management and it was highlighted how the resident entering the apartment did so out of curiosity and that attempts were made to maintain light of sight supervision of the resident at all times. It was also seen that a door connecting the apartment to the main area of the building had keypad present which could be used to limit access to the apartment with residents living there encouraged to use this. The inspector queried the resident who used to live in this apartment and it was suggested that they had not impacted other residents since the February 2023 inspection. It was also indicated that this resident had requested a bigger bedroom which was now provided for them and it was hoped that this bedroom would lessen their potential impact on others.

This resident was seen to spend time with other residents in the communal areas of the building and towards the end of the first day of inspection it was seen that residents were invited by staff to come to the kitchen-dining room for a cup of tea. The majority of residents took up this offer and it was overheard that staff present offered residents a choice of snacks and drinks. Two of the residents present later told the inspector that they had had a cup of tea and a yogurt which were nice. One of these residents mentioned that they started a computer course recently while the other told the inspector that they had gone swimming earlier on the first day of inspection. The latter resident was later seen to be supported by staff to get a vacuum from one the building's two laundry rooms. The resident was then observed doing some vacuuming in the main sitting room with the inspector told that the resident liked to do this. A staff member was also seen doing some cleaning around this time.

Large parts of the building visited on day one of the inspection were seen to be clean, particularly communal areas such as the main sitting room. Despite this, it was observed that some of the bathrooms present needed further cleaning. The bathrooms in this building did vary in their general appearance, and while some were reasonably presented, in others it was seen that areas like shower trays and shower doors required cleaning. Some bathrooms fixtures such as taps and shower controls had lime scale and/or grime evident with some appearing worn. Some vents in these bathrooms were seen to be visibly dirty. One staff member spoken with said concerns had been raised around the quality of the bathrooms in the building and

demonstrated how the flooring near a shower in one bathroom could move. In another bathroom it was seen that it was being used to store wheelchairs and a hoist. The inspector was informed though that these were removed when residents were being supported to use this bathroom.

When in the hall outside a different bathroom, it was seen there was a basin on the floor and during the first day of the inspection, the inspector present was informed that there was a leak in the ceiling. When the inspector opened the door of the nearby bathroom, there a strong musty odour clearly evident and on the ceiling this bathroom there were multiple large patches of mould present. It was indicated that this mould was not related to the leak but linked to ventilation issues. While the inspector was informed that there was no such mould present in other rooms of the building, and no similar mould was observed during the course of the inspection, it was later indicated that the mould on this bathroom ceiling had been there for "months and months". The inspector was also informed that some residents used this bathroom with one resident seen entering this bathroom during the inspection.

During the early stages of the second day of this inspection it was indicated that the mould issue would be addressed that day with painters on site to paint that bathroom ceiling also. It was suggested that these painters had been due to attend the building having been doing painting in the other dwellings of centre. However, it was also indicated that their presence on day two of this inspection had been prompted by the mould observations of an inspector the previous day. By the end of the inspection it was seen that the mould have been removed from this ceiling and the strong musty odour was no longer present. Inspectors were also informed that the bathroom ceiling had been painted with a specific paint to prevent the mould reoccurring. Aside from this, it observed though during day two that a laundry room used by residents in the apartment area also required cleaning. Regarding the cleanliness issues observed in this building, it was indicated that a deep clean was scheduled for later in January 2024 while maintenance and new furniture requests had also been made.

Much of the second day of inspection was again spent in the larger building of the centre but inspectors focused on documentation and discussions with staff and management. Inspectors did see or meet 12 of the residents who were present the day before in addition to a different respite resident who commenced their stay. During the second inspection day, some residents left the building to go to day services before returning while other residents remained in the building. Some in-house activities for residents were provided which included a meditation session and a music session. The respite resident present was seen participating in the latter and when briefly met by an inspector, the resident appeared happy with a member of management praising the resident's haircut. As with the first day of inspection, staff on duty were respectful and pleasant towards residents. At one point though a delivery person was observed to enter the building without waiting or announcing their arrival at the front door first. This had the potential to impact residents' privacy. An inspector also noted that some closed-circuit television cameras were present on the exterior of the larger building but it was indicated that these were not in use. When leaving this building it was seen that some residents were

receiving visitors.

Towards the end of the second day of inspection, the remaining two dwellings that made up this centre were visited. Both of these were located side-by-side. As the larger of these only operated on a Monday to Friday basis, the six residents who currently availed the dwelling were not present there when inspectors visited (there were two vacancies in this dwelling). Of the two residents who lived in the smaller dwelling, one of these was with a family member on the days of inspection while the other had earlier gone to their family for the weekend when their home was visited. As such none of the residents who lived in these two dwellings were met by inspectors. It was indicated though that two residents who had recently come to live in these dwellings had settled well and that other residents there were getting on well. All residents in these two dwelling had their own individual bedrooms, all of which were seen.

While these did vary in size they were observed to be nicely furnished and personalised according to individual preferences. An inspector was informed that residents had been involved in choosing the paint colours for their bedrooms. Both of the dwellings were seen to be homely and generally well-furnished but some furniture was observed to be worn such as the couches in the sitting room in the larger dwelling. Also some dining room furniture in this part of the centre was observed to be chipped and worn but a member of management informed an inspector that new dining room furniture had been ordered and was due to be delivered the following week. There were numerous areas on the walls of one of these dwellings that had recently been patched up and were awaiting painting. Some painting had already been completed in this dwelling with painting also planned to be carried out in the dwelling next door.

Across the three dwellings over the course of this two day inspection, twenty-one different residents were present with thirteen of those residents met and another seen. It was highlighted though that there could be some upcoming changes in the residents living in the centre going forward. In a meeting with management of the centre during the inspection, it was indicated that a respite resident was being assessed for a full-time admission to the centre while another resident was being considered for a transition to another designated centre operated by the provider. It was indicated that neither resident were aware of these respective matters. While there were particular circumstances involved for both residents, it would be important to ensure that both residents were adequately informed and consulted around such matters.

In summary, parts of the premises provided across this centre were well-presented and homely but in one it was apparent that some improvement was needed around cleaning, maintenance and some furniture. Residents' bedrooms seen were nicely furnished and positive feedback was generally received from residents spoken with. Such residents were observed and overheard to be supported by staff in an appropriate manner throughout the two days of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There had been progress since the previous inspection which was reflected in improved compliance levels. However, there remained a number of regulatory actions overall which suggested that the management and monitoring systems in operation needed improvement to ensure that all relevant issues were promptly identified and addressed.

Registered until June 2024 for a maximum of 26 residents across three dwellings, this designated centre had previously been inspected by the Chief Inspector of Social Services in February 2023. That inspection found all nine regulations reviewed to be non-compliant. Particular concerns were raised around the night-time staffing arrangements in place to support the evacuation of residents from the largest building of the centre where only two staff were on duty to support up to 16 residents, some of whom had mobility needs. Such was the concern around this matter that the provider was issued with two urgent actions during the February 2023 inspection. The provider responded appropriately to the urgent actions and indicated that a third staff was to be put in place at night in the building pending a review of staffing and fire safety that was to be completed by May 2023. However, the provider's response to a non-compliance under Regulation 23 Governance and management from the February 2023 inspection did not provide sufficient assurance as to how oversight of the centre would be maintained.

Following this in April 2023 some information of concern was received which indicated that there had been times where only two staff had been on duty at night in the largest building. Given the concerns that had been raised about this during the February 2023 inspection, assurances were sought from the provider in this area. The response the provider acknowledged that there had been six occasions since the February 2023 inspection where only two staff had been on duty at night. However, they highlighted that such instances were contributed to by factors such as short-notice sick leave and reiterated their commitment to complete the review of staffing and fire safety during May 2023. This review was completed that month with the outcome of this provided to the Chief Inspector. This confirmed that additional staffing was needed at night with the provider committing to keeping this in place pending the outcome of a business case submitted by the provider to their funder. After this no further information of concern was received by the Chief Inspector related to this matter and in December 2023, the provider submitted an application to renew the registration of the centre for a further three years beyond June 2024.

As such the purpose of the current inspection was to inform a decision on whether to grant this application or not. Overall this inspection did find improved compliance

and the concerns around fire safety and staffing that had been evident previously were not found. Discussions with staff, rosters reviewed and other records provided indicated that three staff were always on duty at night in the larger building except on occasions where resident numbers were reduced. Additional management support had also been provided to the centre. However, some improvement was required in the management and monitoring systems in operation given some of the findings of this inspection and the number of regulatory actions identified. These will be discussed further below in this report. Aside from this it had been previously suggested that the provider had been considering splitting this centre to divide it up into two separate designated centres. On the current inspection an inspector was informed that was not actively being considered but that it could be again in the future.

Aside from this, it was highlighted that the provider had submitted an additional business case to their funder. This was seeking additional resources to keep the dwelling that was currently operating on a Monday to Friday basis, open on a seven day basis. This business case had only been recently submitted while it was indicated that the previously referred to business case also remained active. In addition, when submitting the registration renewal application for the centre to the Chief Inspector, the provider indicated that it wanted to keep the centre's maximum capacity at 26 residents. However, during this inspection it was suggested that on account of current vacancies within the centre, the provider was now considering reducing the overall capacity of the centre. It was stressed though by a member of management that this was only being considered and that a decision had not been made on this.

Registration Regulation 5: Application for registration or renewal of registration

While the provider had submitted a registration renewal application in a timely manner, some of the required documents submitted had errors or had not been submitted at the time of inspection. These were;

- The floor plans provided did not show all doors in two of the dwellings while for one of these dwellings, the layout of one room as suggested in the floor plans did not reflect the actual layout
- On the application form submitted it was not expressly indicated if one of the three dwellings was to provide for adults or children
- An updated employment history for one member of management had not been submitted with the application

Judgment: Not compliant

Regulation 15: Staffing

While the provider did have some active business cases related to staffing resources, the overall evidence gathered during this inspection indicated that appropriate staffing arrangements were in place to support residents within the current operations of the centre. Most notably three staff were now consistently in place at night-time within the larger building of the centre except on occasions when resident numbers in that building were reduced. It was highlighted though that this building could benefit from having a dedicated catering staff given the number for residents living there. In addition, at certain times (excluding night-time) staff from this building could be re-allocated to the other dwellings of this centre or to another designated centre operated by the provider.

Most staff working in the centre were employed directly by the provider but some agency staff (staff sourced from an external agency) had been used in recent months. Staff rosters were being maintained in an electronic format and were available for the inspectors to review. When reviewing one week's roster it was noted that the roster indicated one night where only two staff had been on duty at night in the largest building of the centre. This was queried by an inspector who then shown a different roster for the same week which indicated that three staff were on duty that night. However, the second roster had last been edited eight days before the initial roster seen. While an explanation for this was put forward and other documentary evidence was produced which indicated that three staff had been on duty that night, care was needed to ensure that rosters being maintained contained consistent information. Staff files were not reviewed during this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

During the second day of this inspection a training matrix was provided which was indicated as having been updated that day. While this showed that most staff had completed training in relevant areas, it was highlighted that some staff were overdue refresher training in areas such as fire safety and positive behaviour support. It was indicated that such staff had been invited to complete this refresher training.

For some other staff members, they were not listed as having completed any training in certain areas. This will be addressed under the relevant regulations below.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was provided for that contained all of the required information such as residents' dates of admission to this centre.

Judgment: Compliant

Regulation 22: Insurance

Documentary evidence was provided as part of the registration renewal application which indicated that appropriate insurance arrangements were in place for this centre.

Judgment: Compliant

Regulation 23: Governance and management

Additional management support had been provided for this centre and there was evidence provided of staff and management meetings occurring. While such meetings were used to discuss various topics, it was noted that there was some inconsistencies in the frequencies of certain staff meetings. In addition, during discussions with staff and management of the centre, some varying information was provided regarding the care of one resident at a particular time.

The provider was also conducting annual reviews and provider unannounced visits for the centre, both of which are required to be completed under the regulations. Such annual reviews and unannounced visits were completed by representatives of the provider with reports of these provided to the inspectors to review. It was seen that these annual reviews and unannounced visits did consider matters relevant to the quality and safety of care and support received by residents. It was noted though that the annual review conducted did not assess the centre against relevant national standards as required. This had also been highlighted during the February 2023 inspection of the centre.

When monitoring designated centres, it is important that regular audits are conducted to assess, evaluate and improve the provision of the services provided in a systematic way. It was seen that an audit schedule was in place for this centre for 2023. While it was indicated that an audit schedule for 2024 had yet to be formalised, the 2023 audit schedule provided for audits in areas such as residents' finances, medicine, fire safety and complaints to be completed at specific frequencies. While there was evidence that some of these of these audits were conducted as scheduled in 2023, some had not been completed.

These included environmental and complaints audits which were both to be

completed monthly but no complaints audits and only one environmental audit had been completed in 2023. While some of the audits that had been carried out did identify relevant issues, some improvement was needed to some aspects to ensure that they captured all issues. For example, one audit conducted in December 2023 indicated that all cleaning had been done but as highlighted under Regulation 27 Protection against infection there were gaps in cleaning records reviewed.

As such, while overall compliance levels had improved since the February 2023 inspection and there was evidence of improvement, the current inspection on behalf of the Chief Inspector found a number for regulatory actions. This indicated that that the management and monitoring systems in operation needed improvement to ensure that all relevant issues were promptly identified and addressed.

Judgment: Not compliant

Regulation 3: Statement of purpose

An updated statement of purpose (SOP) was submitted to the Chief Inspector during the course of this inspection. It was seen that this contained most of the required information but some errors and inconsistencies were noted. These included;

- The sizes of some bedrooms in two dwellings did not match the stated room sizes in the floor plans submitted while the size of a laundry room in one of these dwellings was incorrectly stated.
- The staffing arrangements in full-time equivalent (FTE) in the SOP were outlined and while it was initially suggested that the FTE was unchanged, it was noted that the stated FTE was reduced compared to a previous SOP submitted.

Judgment: Substantially compliant

Quality and safety

While regulatory actions did remain, improvement was noted on this inspection in areas such as safeguarding and fire safety. IPC practices and aspects of healthcare provision were identified though as areas which required review given the findings during the inspection.

Overall, the findings of this inspection indicated that appropriate arrangements were in place to meet the needs of residents living in this centre. This had improved since the February 2023 where some concerns had been raised around this area and it was noted that one resident had since transitioned between two of the dwellings in

this centre. This was intended to ensure that this resident was provided with an environment more suited to their needs. The transition also had some positive consequences in reducing the potential risk of safeguarding incidents occurring in one dwelling. However, when speaking with some of the staff members working in this dwelling, some varying information on safeguarding plans that were in effect there were provided. It was observed though that given a past incident one resident was highlighted as requiring light of sight supervision to be maintained by staff members. This seen to be in provided during the inspection.

Most staff had completed safeguarding training but some staff were not indicated as having done this training. Similar training gaps were noted in IPC and fire safety training also. As referenced earlier in this report arrangements for night-time evacuations in one dwelling had improved with the addition of extra staff. While some fire drills records from this dwelling were limited in their details, they did indicate that residents were being evacuated in low evacuation times. Internal fire staff checks on the fire safety systems in place were also kept. While these were generally being recorded as being done, some gaps were noted for one check. Gaps in cleaning records were also found and, as referenced earlier in this report, some areas were seen that needed further cleaning. Such findings did raise some concerns around aspects of the IPC practices followed. In addition to cleaning matters, other IPC related matters also needed some improvement. For example, a number of expired personal protective equipment (PPE) was identified during this inspection.

Aside from this a sample of resident files were reviewed. Each file contained a profile of the resident and these were seen to be very positive and provided a good level of information for staff that might be unfamiliar with a resident. Staff spoken with during the inspection were familiar with the support needs of residents. For example, one resident required regular supports to turn in bed for skin integrity and all staff spoken to were aware of this. This resident was observed to have their position changed on occasion throughout inspection. There were support plans available to provide guidance to staff in respect of specific care and support needs of residents. Intimate care plans were in place for residents and records reviewed for some residents showed that residents were supported daily with their personal care if required. However, there was some evidence that there was not full oversight of all the documentation kept in the centre in respect of residents.

For example, one resident was seen to have two different person-centred plans in their file, with conflicting dates on these. An inspector was told that this had likely occurred due to some confusion regarding the recording of the person-centred plan meeting and told the inspector that one would be removed. In addition, while documentation was being reviewed and there was evidence of regular review of support plans, these reviews were not identifying or highlighting specific issues. For example, one resident was overdue a number of routine healthcare appointments and no action had been taken following reviews of the support plans in place. This meant that this resident had not received a routine dental check since 2019, despite their oral care support plan identifying that they occasionally presented with some issues in this area. They also had not been seen by an optician since January 2020 despite an eye-care health action plan detailing that they should be reviewed every

two years.

Another resident did not have any information about aspects of the healthcare they received on file in the centre, such as details on optician or dental appointments. It was indicated that their family members supported them to make and attend these appointments but there was no record in the centre of when or if these appointments had taken place. This meant that full oversight was not maintained in respect of these issues. Also, while records of appointments were available in a residents' medical file, the appointment record in their personal file was not always updated to reflect the most recent appointments, and this had the potential to cause confusion for staff.

Regulation 11: Visits

Space was available within the three dwellings that made up this designated centre for residents to meet visitors in private. In one of these dwellings some residents were seen receiving visitors during the second day of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Facilities were provided for residents to store their personal belongings. It was indicated that most residents living in this centre had their finances managed by their families but no issues were reported in such arrangements on this inspection. Some residents though were primarily supported in managing their finances by the provider and for these residents to gain access to their money would require a requisition form to be completed. It was highlighted though that progress had been made in obtaining bank cards for these residents which would give them better access to their money. Audits on residents' finances were being completed but it was noted that these highlighted some recurrent issues around records and receipts.

Judgment: Substantially compliant

Regulation 13: General welfare and development

During this inspection it was indicated that residents enjoyed external activities such as going out for coffee, swimming, computer courses, cinema, shopping, mass, drives, sports and holidays away. Residents were supported to leave the centre to attend day services and external activities on a regular basis. Where residents did not attend day services, in-house and external activities were facilitated. A sample of

activity records viewed showed that residents enjoyed in-house activities such as baking, music, sensory activity, chair exercises, tablet device activities, knitting and games. An activation 'champion' had been appointed since the previous inspection and there were plans for a second to be appointed. Support to residents to maintain contact with their families was also provided for.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises provided across this centre were well-presented and homely some improvement in the following areas particularly relating to one dwelling of the centre;

- There was leak in the ceiling
- Some of the chairs at the dining tables in one dwelling were ripped or thorn in places while in another dwelling some furniture was chipped and worn
- The flooring near a shower in one bathroom could move
- The flooring in another bathroom had risen creating a space between it and the wall
- The flooring present in these halls appeared older in style and in need of a buffering
- In August 2023 it was highlighted how there was a need for this dwelling to have a clinical area for the preparation and review of medicines but this was not in place at the time of this inspection

In addition to the above, in the same dwelling it was highlighted how the relative of a resident had complained about the lack of Wi-Fi there in October 2023. This complaint remained open at the time of this inspection and it was indicated that options were being considered. When reviewing the complaints records though it was noted that this matter had been previously escalated internally within the provider in February 2023. In addition, it was highlighted that the presence of Wi-Fi in the dwelling would benefit residents some of whom were not able to use their tablet devices fully without Wi-Fi.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an individual residents' guide in place for each of the three dwellings that made up this centre which were reviewed during the inspection process. While these contained most of the required information, such as how to access inspection

reports, there was some errors and inconsistencies in these guides. These included;

- The guide for one dwelling did not clearly reflect that respite was provided there while the indicated number of bathrooms and toilets did not match the floor plans provided
- A second guide did not accurately reflect the person in charge and management arrangements of the dwelling with the same guide containing inconsistent information around staffing
- The third guide also contained some inconsistent information about staffing

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had in place a risk register that detailed identified risks in the centre. Risk assessments were in place that identified control measures to mitigate against risk for any identified risks and there was evidence that these had been recently reviewed. During the most recent review, it was observed that the ratings of some risks had been changed to reflect changing circumstances or new information. It was seen though that a risk assessment around burning and scalding in one dwelling indicated that taps there were thermostat controlled. This was indicated as being a control measure to reduce the risk of harm occurring. However, for one sink this was not found not be the case during the second day of inspection which meant that the control measure was not in place when initially reviewed. This was highlighted to management of the centre. Shortly afterwards, a plumber was observed to be looking at this and an inspector was told that this was being addressed and this was the only bathroom where the taps were not thermostatically controlled.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement was identified regarding aspects of IPC practices. These included;

- On day one of the inspection in one dwelling a number PPE products were seen that had either passed their expiry date in June or July 2023 or had passed their stated shelf life in 2022. This was highlighted during the second day of inspection and while some PPE were removed, some of these products remained in place. An expired box of face masks was also seen in another of the dwellings visited.
- In the same dwelling there was a bottle of hand sanitiser present with an expiry date form February 2023.

- The storage of wheelchairs and a hoist in one bathroom was not ideal from an IPC perspective
- While provision had been made for some external cleaning support in one dwelling, some areas were observed to need cleaning there including parts of some bathrooms and a laundry room used by some residents
- While cleaning schedules and records were in place in the same dwelling, a number of gaps were evident in these. For example, no nightly cleaning records were available for 23 nights in December 2023 and for 14 nights in November 2023. A kitchen cleaning rota was available and a one month sample viewed showed this had gaps in records for eight days in December 2023.
- Based on the areas that were seen to need cleaning or mould removal during this inspection and the gaps in the cleaning records, inspectors were not assured that cleaning was consistently and effectively conducted.
- While most staff had completed relevant training, some staff had not completed training in areas such as hand hygiene and PPE

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety systems were in place across all three dwellings including fire alarms, emergency lighting, fire blankets and fire extinguishers. Such systems were being subject to maintenance checks by external contractors to ensure that they were in proper working order. Fire drills were reviewed in two dwellings with these indicating that residents were being evacuated in low evacuation times. Despite this, the following was noted;

- While records of fire drills conducted were being maintained, it was seen that some contained very limited details. For example, some did not indicate the scenario of the drill fire or the time of day that the drills were done.
- All residents had personal emergency evacuation plans (PEEPs) in place outlining the supports they needed to evacuate. While these had been recently reviewed, it was noted that some PEEPs did not directly answer how many staff they needed to evacuate despite this being a specific question in the PEEPs.
- In one dwelling a fire folder contained a PEEP for one resident who had recently moved elsewhere.
- While most internal staff checks on the fire safety systems in place were recorded as being done, a monthly check on fire extinguishers in one dwelling had not been recorded as being done since October 2023.
- Most staff had completed fire safety training but some had not.
- One staff member indicated that they had not participate in a night-time drill while another staff member indicated that they had to take part in any drill since commencing work in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

This regulation was not reviewed in full but during this inspection it was found that a protocol for a PRN medicine (medicine only taken as the need arises) was not in place. Such a protocol is important in providing clear guidance on when such a medicine is to be used and the maximum dose that can be administered with a 24 hour period.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The previous inspection had raised concerns as to whether suitable arrangements were in place to meet the needs of all residents. Since that time a compatibility assessment had been completed for some residents in one dwelling. While the findings of that assessment were unclear, it was noted that one of the relevant residents had transitioned to another dwelling within the centre. Inspectors were informed that this resident's new home was more suited to their needs.

A sample of personal plans were viewed. The documentation in place showed that residents had taken part in person-centred planning meetings and that these were attended by their representatives if desired. Personal plans developed following these reviews were person-centred and included relevant goals. There was evidence of progression and completion of goals in place. Some of the personal planning documentation was presented in an easy-to-read format.

Judgment: Compliant

Regulation 6: Health care

There was evidence that not all residents had been supported to access all appropriate healthcare in a timely manner. For example, one resident had not had a dental review since 2019 or an optician review in four years. In addition, some healthcare information was not available in the centre for some residents which this meant that full oversight could not be maintained of their healthcare needs. For example, a resident had not taken part in some national health screening programmes and there was no rationale provided for this.

End-of-life care plans were viewed for some residents which were very brief. For

example, one was seen to outline a resident's wishes to have religious and family involvement when they reached this stage in their lives but did not contain any other information about the supports that might be required.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some restrictive practices were in use in the centre which were recorded in a log. One of these restrictions was a lock on a laundry room door in one dwelling. It was indicated that this was locked due to chemicals stored within the laundry but it was highlighted though that access to this room would not pose a risk for some residents. As such an alternative locking device for this door had been proposed to allow some residents to access this room but it was unknown when this would be fitted. It was noted though that a risk assessment had been updated in relation to this to reflect that a training programme would be developed for residents who wished to access this room.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, safeguarding had improved since the previous inspection. While no safeguarding matter of a high risk was identified during this inspection some records provided indicated that some staff had not completed safeguarding training (albeit the majority of staff had). In addition, some staff spoken with gave varying information around active safeguarding plans that were in effect in one dwelling. For example, one staff member indicated that the only safeguarding plan in place there related to two particular residents but a different staff member informed an inspector that the only safeguarding plan active in the same dwelling related to another resident who no longer lived there.

Judgment: Substantially compliant

Regulation 9: Residents' rights

As referenced in the 'What residents told us and what inspectors observed' section of the report, staff on duty were seen to interact with residents in a respectful manner throughout the inspection. However, there were some matters that required

further consideration to promote the rights of residents. These included;

- It was observed that a delivery person entered one dwelling without using the doorbell and waiting at the front door first. This had the potential to impact residents' privacy in their home.
- Residents' forums were also happening in recent months where relevant issues were discussed with residents but based on notes provided these meetings were happening at varying frequencies. In particular, it was indicated by a member of the centre's management that such forums were to be conducted weekly but only notes of two such meetings from December 2023 were provided. In addition, there were no notes available of any forums held between May 2023 and September 2023.
- While the majority of language used in records reviewed was appropriate, some language used in one incident report to describe one resident availing of a bathroom in a public setting was not person-centred

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	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not 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	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for North County Cork 2 OSV-0003707

Inspection ID: MON-0041467

Date of inspection: 12/01/2024

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> • The facilities Manager has re: measured rooms to ensure correct sizing. Floor plans have been updated to reflect the actual layout of the Designated Centre. To be submitted to regulator. • An email has been sent to registration advising that dwelling No. 1 dwellings is to provide accommodation for adult. • The regulator was forwarded an updated employment history for one member of management. • The WTE funded number will be reviewed in conjunction with the PIC, Chief Operations Officer, PPIM and HR to ensure the SOP funded WTE is determined and identified in an updated SOP. 	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The PIC /PPIM will submit a business case to reflect the request for a catering staff to support meal preparation within the larger residence in the Designated Centre. Business case to be completed by 31.03.2024 • The PIC will maintain a planned roster and an actual roster in electronic form. • The PIC, PPIM, HR and COO will review staffing to ensure that centre is supported as per funded WTE and the SOP will be updated accordingly. • Two previous business cases to the HSE will continue to be prioritised at HSE Operational meetings to support additional funding. When funded is obtained the SOP staffing will be reviewed in line with funding. Outcome from bi-monthly HSE meetings will be recorded to support follow up. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The training matrix for the Designated Centre will be reviewed and updated to reflect 	

mandatory training. A schedule of outstanding training will be actioned by the PIC. The PIC and PPIM will agenda staff training to be discussed monthly.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
<ul style="list-style-type: none"> • The management team will endeavour to improve auditing systems as per schedule to enable service improvement. An organisational auditing schedule has been implemented in the Designated centre with identified staff members from the team assigned roles and responsibilities. The PIC will audit the schedule monthly to ensure governance and oversight and action any identified concerns and escalate as appropriate to the various stakeholders. To be commenced by 29.02.2024 • The PIC will monthly or as actions are completed update the electronic tracker auditing system for HIQA compliance and internal audits. To be completed monthly. • Quarterly staff meetings with a detailed agenda has been scheduled by the PIC. • Six monthly and annual reviews will be revised to review how audits are completed to reflect as advised to consider matters relevant to the quality and safety of care and support received by residents. Annual review audits will also reflect assessing the centre against relevant national standards as required. To be completed by 31.05.2024 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	
<ul style="list-style-type: none"> • The Statement of Purpose will be reviewed to reflect accurate rooms measurements and staffing WTE. To be completed by 31/03/2024 	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:	
<ul style="list-style-type: none"> • The management team will ensure robust auditing of resident's financial records on a monthly basis. • The Finance Department are in the process of supporting residents to access to their own finances through the use of a personal bank card. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
<ul style="list-style-type: none"> • Identified maintenance was completed on a leak from ceiling. • A furniture improvement plan is in place, the procurement process for purchasing furniture has commenced. • Since inspection date sign off on 3 dining room sets have been completed. Awaiting delivery. • A flooring improvement plan is in place. The procurement process for new flooring has commenced. • The contract cleaning company have ordered a buffing machine, buffing will be now part of the weekly cleaning schedule. • The office space in the larger community residence is under review by the Facilities Team with input from the clinical team with time view to full revamp. • Currently the residence is not able to access WIFI as the WIFI provider is not able to deliver an upgrade to the existing line which would provide the residence with access. However, internet provider and IT department are lookinbg at other alternative solutions. 	
Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents: <ul style="list-style-type: none"> Residents guide for the three dwelling are currently under review, a new format has been developed, inaccuracies to be corrected. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> The facilities team will review the designated centre to ensure thermostats are in place 	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> The PIC and management team will in conjunction with Clinical Nurse Specialist in infection control develop and improve outlined IPC standards. A full audit of all PPE products onsite has been completed. A monthly audit and inventory of all PPE stock will be maintained The PIC and management team will ensure a full review of all cleaning records and audit as per schedule, the team will be advised on the importance of maintaining accurate cleaning records to reflect effective and consistent cleaning. The PIC met with contract cleaning company on 19/1/24 to outline improvements needed. A deep clean of all three residents has been scheduled All staff will complete IPC training and training matrix will be reviewed monthly by PIC. Storage within the Designated Centre will be reviewed by PIC, PPIM and Chief Operations Officer. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> The PIC and management team have updated the fire drill recording system to ensure more robust details are provided around fire scenarios & time of the drill, these improvements will be communicated to the team in NCC2. All PEEPs will be updated to reflect how many staff for individual evacuation. To be completed by 29.02.2024 The additional PEEP was removed from a folder on day of inspection in one dwelling to reflect a resident's recent transition. The PIC and management team will ensure that the monthly check on fire extinguishers will be carried out in all three dwellings. This will be included on a monthly schedule. Identified staff who had not completed fire training will have fire training completed by 29.02.2024 Staff identified in report as having not taken part in a fire drill have completed same since date of inspection. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> The nursing team developed the identified PRN protocol which included maximum dose in 24-hour period. This was sent to the community medical team to be signed as per policy. 	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • A full review of all health care plans was undertaken in January 2024. The nursing team will ensure that residents are scheduled for dental, optician reviews and national health screening program's where applicable to be completed by 31.03.2024 • Training for nurses and care staff on documentation is being facilitated in NCC2. Training for nurses and care staff on end of life and palliative care has been scheduled for NCC2 Feb 2024 & April 2024. To be completed by 30.04.2024 • The clinical team within the organization is currently reviewing the end of life care policy which will reflect future end of life care plans to be more robust, with best practice and current research. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The locking device for the laundry door was changed to facilitate a simple access system for residents who wish to utilize the laundry. • A training information sheet has been developed for those who wish to access the laundry room. This has been discussed at a resident forum. A full review of storage in the laundry will be undertaken by the PIC and the management team. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The PIC and management team will ensure that all staff have completed safeguarding training. To be completed by 15.03.2024 <p>The PIC and management team will develop a system where information on active safeguarding plans are disseminated to the team. To be completed by 15.03.2024</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Signage to remind visitors to ring the door bell and wait for assistance will be displayed to ensure that all residents are afforded privacy in their home. • A schedule of weekly regulatory duties to be undertaken by the team has been developed, this includes a section on resident forum meetings to be completed weekly. • Training on documentation is being facilitated. This includes guidance on appropriate language to be used in report writing. PIC has also spoke to the team regarding the use of person centred language in practice and in report writing. This will be added to the agenda of the next team meeting. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	31/03/2024
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Not Compliant	Orange	29/02/2024

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
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	21/06/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and	Substantially Compliant	Yellow	29/02/2024

	that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/03/2024
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2024
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	30/09/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/03/2024
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre	Substantially Compliant	Yellow	30/09/2024

	are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.			
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/05/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	31/03/2024

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/04/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/03/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/03/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures,	Substantially Compliant	Yellow	30/03/2024

	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.			
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	30/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	29/02/2024

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/03/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	30/04/2024
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	30/04/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	31/03/2024

	intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/03/2024
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	15/03/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/04/2024
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	Substantially Compliant	Yellow	30/04/2024

	personal care, professional consultations and personal information.			
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