



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 23
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	04 August 2022
Centre ID:	OSV-0007458
Fieldwork ID:	MON-0028587

About the designated centre

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

Cork City North 23 provides full time residential support for up to three adults with severe to profound levels of intellectual disability. The community based centre is a single storey dwelling which can accommodate full access to the entire building for all residents. The house is a detached bungalow with three individual single bedrooms, lounge room, kitchen-diner, multi-sensory room and shower room. There is parking for the transport vehicle at the front of the house and a spacious garden area to the rear. The centre is located in a mature residential area in the city with easy access to local amenities and public transport. Social and community integration is an integral part of the service provided.

Cork City North 23 provides support through a social model of care and staff support residents in all aspects of daily living. The staff team also includes support from nursing staff which is shared with another designated centre. Residents are supported day and night by the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 4 August 2022	09:20hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspector met with two residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

On arrival the inspector was informed that one resident had already left to attend their day service. This resident was attending two days each week since the public health restrictions had eased. Staff explained how this resident really enjoyed social activities and eagerly looked forward to attending their day service. Other activities such as weekly swimming sessions had also resumed and staff reported the resident enjoyed many social activities, either with their peers or individually with a staff member regularly each week. These included eating in restaurants, going to the cinema and shopping. The staff also outlined the numerous activities planned for this resident to celebrate an upcoming milestone birthday. This included a holiday with their peers to a hotel in a large tourist town, having a disco with their friends on the day of their birthday, going shopping and visiting family members.

The inspector met the other two residents during the morning after they had been supported by staff. Both residents required support with all activities of daily living (ADLs). Staff were observed to be very familiar with the routines and assessed needs of the residents. The inspector observed the residents to respond to staff interactions throughout the inspection in a positive way which included smiling. Residents were observed to relax and listen to their preferred type of music in the sitting room. The end results of a baking activity in the morning were enjoyed with the homely smell permeating throughout the designated centre. Staff were then observed to prepare a dinner for the residents. The inspector observed one resident being supported by a staff member and the resident appeared to relish their home cooked meal which was enjoyed in a relaxed manner. Staff were very familiar with residents' food preferences while adhering to their feeding, eating and drinking plans (FEDs).

Another resident had a scheduled visit by the physiotherapist during the morning. The person in charge explained to the inspector that the resident required review after there had been a decline in their mobility in recent weeks. The resident was also supported to attend a pre-arranged medical appointment with their general practitioner later in the morning and enjoyed a spin in the community before returning to the designated centre.

The atmosphere in the designated centre was homely, welcoming and filled with personal items including photographs of many locations that the residents had

visited in the local and wider community.

Staff spoken to were very familiar with the residents and had been supporting the residents since they moved into the house in 2020. All of the residents communicated without words, but staff were observed to be familiar with the gestures and vocalisations of the residents. Staff spoke of how they included family representatives more in the lives of the residents since they moved into this designated centre. Regular contact through sending photographs and phone calls during the pandemic helped to keep communication channels open. Staff outlined plans to invite family representatives to attend planned events such as parties celebrating birthdays and the option to take residents to visit older relatives in social settings closer to the family home.

The inspector spoke with a number of family representatives on the phone during the inspection. They spoke of the positive impact the staff team and the house were having on their relative. They outlined how the staff regularly contacted them with information about how their relative was getting on and what activities they were involved in. They were assured that their relative was being supported by a dedicated staff team who welcomed and facilitated the family representatives during every visit to the designated centre.

While the findings of this inspection found residents were supported to have a good quality of life, with person centred care and support provided by a dedicated staff team, a number of issues required further review by the provider. These included the oversight and governance in the designated centre and residents rights regarding access to parking in dedicated wheelchair areas.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a person centred service for residents. The provider had ensured actions from the previous inspection in January 2022 and October 2020 had been addressed. However, further improvements were required by the provider to ensure consistent service provision to meet the assessed needs of residents.

The person in charge worked full time and had remit over a total of four designated centres at the time of this inspection. They were very familiar with their role and responsibilities. They were assisted in their role by clinical nurse managers, CNM1.

The responsibilities for the person in charge had increased in May 2022. This increase had impacted the oversight and governance of this designated centre. For example, audits were not completed as scheduled during May and June 2022, staff supervision for 2022 had not commenced and the ability for the person in charge to spend time in this designated centre had been reduced in recent months. They were however, in regular contact with the staff team and available by phone while on duty. The person participating in management had recently been appointed to the role for this designated centre. The inspector met both of these staff members during the inspection.

While the person in charge had endeavoured to support the residents with familiar staff, this had been impacted by a recent outbreak of COVID-19 in the designated centre. There was a core staff team working in the designated centre since the residents had moved into their new home in January 2020. The staff team demonstrated their flexibility in recent months to ensure the assessed needs of the residents were being supported during the COVID-19 outbreak. For example, a nurse familiar to the residents assisted the staff team with the administration of medications when no staff with medication management was available to be on duty. During the inspection, the staff spoken too outlined how the team supported each resident individually on a daily basis. The team adapted schedules to ensure residents were able to engage in preferred activities. The staff also outlined how they adapted routines for residents during the period of time they were being supported during the outbreak of COVID-19.

The provider's own auditors had identified the impact of reduced staffing during a recent six monthly audit carried out on 20 July 2022. On a number of occasions only one staff was present in the designated centre in the evening time, for example on 29 June 2022. While two staff were on duty during the day to support the three residents, only one staff was on duty from 16:30 hrs until 20:00 hrs. The inspector acknowledges this was during the active outbreak of COVID-19 in the designated centre. However, the increased assessed needs of the residents, in particular the decreased mobility of one resident required two staff to support them. The provider's auditors noted this situation directly impacted the ability of staff to ensure residents were consistently supported in a safe manner. Residents were deemed to be at increased risk of aspiration and falls during these periods. Following a review of relevant documentation, the inspector noted that the risk register of the designated centre had been reviewed and updated and senior management had been informed of the auditor's findings. The same audit also highlighted issues with a number of other regulations in their report. At the time of this inspection some actions had been completed or were in progress. These issues included staff vacancies, training and supervision, review of policies, gaps in documentation in cleaning checklists and in some personal plans.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to maintain staffing levels during the recent outbreak of COVID-19. However, while staffing levels had been maintained as per the contingency plan for the designated centre, this had impacted in the evenings on a number of occasions due to emergency situations and unavailability of staff due to illness. Residents assessed needs had also increased during this period of time and a resident was not consistently supported safely with two staff at all times during the day.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff team had undertaken specific training based on the assessed needs of residents with additional training scheduled to take place during 2022. Staff requiring refresher training in medication management were scheduled to attend in advance of their previous training expiring. However, at the time of this inspection some staff required refresher training in managing behaviours that challenge. In addition, the supervision of staff had not been completed in 2021 or commenced in 2022. This was consistent with the findings of the provider led audit of July 2022.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured all information including periods of absences for residents were maintained in the directory of residents. In addition, an action arising from the most recent provider led audit relating to updating the information relating to the newly appointed person participating in management had been completed.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

While systems were in place to monitor governance in this designated centre which included an annual review and six monthly audits being completed; further review was required to ensure effective governance and management arrangements, including the supervision of staff, completion of scheduled audits and ensuring the provision of consistent safe services to the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy. The person in charge outlined to the inspector how a recent complaint regarding the garden area had been dealt with quickly to resolve the issue to the complainants satisfaction.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further improvements were required relating to residents rights and centre specific infection control measures.

Residents were supported to return to community activities once the public health restrictions had eased. These activities included swimming, attending day services, visiting social and shopping locations in the community. Residents were supported to engage in daily activities either within the designated centre or out in the community. Activities within the centre included painting garden furniture and decorating the garden areas with staff support. The staff team included an activation nurse who attended the centre one day each week and provided additional support to the residents and staff team. The progress of goals was documented in either daily activity records or in the resident's personal plans. Each resident had a keyworker and the nursing staff supported the completion of medical health checks as required.

As previously mentioned in this report, the provider had been made aware of issues identified during the most recent audit of this designated centre which included the impact of reduced staffing levels on residents' rights. In addition, the inspector noted that residents were also been adversely impacted due to the lack of valid disability parking permits. Staff outlined that the transport vehicle or individual

residents did not have a valid permit. While staff had highlighted the issue to the relevant department within the provider's organisation the issue remained unresolved at the time of this inspection.

Staff practices throughout the inspection evidenced good infection prevention and control measures. The most recent public health guidelines were available for staff to reference in the designated centre. The provider had identified a staff member as the COVID-19 lead. The inspector spoke with this staff member during the inspection. They outlined how they ensured all staff members were kept informed of up-to-date information on infection prevention and control (IPC) measures. They discussed how the ongoing temperature checks for the residents and staff while not required as per the latest IPC guidelines were still in operation in this designated centre to ensure the ongoing safety of the residents who had complex medical needs. In addition, staff outlined the annual checks being completed to support one resident who had historically been diagnosed with a blood borne condition but now only required annual monitoring by a specialist clinic.

The person in charge had ensured the Health Information and Quality Authority (HIQA) self-assessment for preparedness, was subject to regular review. They had also revised the cleaning checklist for the designated centre following the previous inspection in January 2022. However, further review was required to ensure it reflected the centre specific cleaning required for this designated centre. This was discussed with the staff present during the inspection. In addition, while there was a contingency plan dated 3 October 2021 and site specific plan dated 4 October 2021 in place for the designated centre, these also required further review. While the contingency plan did outline in the event of an emergency a minimum of one staff could support the three residents, the visiting protocols were not reflective of the current guidance. In addition, the site specific plan referenced the requirement for a 14 day isolation period.

The inspector reviewed a post outbreak review that had been completed on 21 July 2022. The rationale for some actions taken which included supporting the residents to remain in their bedrooms for five days were outlined by the staff team. Details of the input from the clinical nurse specialist IPC was provided specific to the assessed needs of the residents during the outbreak. The post outbreak review contained information relating to when the outbreak started and how many people it affected. It also outlined supports in place for unfamiliar staff working in the designated centre, medication management, the supply of PPE and deep cleaning of the centre post the outbreak. However, the review did not provide information on what had worked well or learning outcomes which could assist the staff team and provider to reduce the risk or support the effective management of future outbreaks, if they occurred.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. All fire exits were observed to be free from obstruction during the inspection. All staff had up-to-date training in fire safety. Each shift had an identified fire marshal. Fire drills were

carried out regularly, including minimal staffing drills. All were completed in less than three minutes. The person in charge had identified the requirement for an additional fire evacuation mat to support one resident who had experienced a decrease in their mobility in recent weeks. This was present in the resident's bedroom at the time of the inspection to facilitate a safe and effective evacuation for the resident if required. While there was a fire evacuation plan for the designated centre which was subject to regular review, it did not provide details for unfamiliar staff regarding which resident would require evacuation first in the event of a night time evacuation with only one staff on duty. This was discussed with the staff team during the inspection.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. The staff team had ensured effective communication was maintained with family representatives while public health restrictions were in place or if family representatives were not able to visit.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends while adhering to public health guidelines.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. All actions identified in the previous inspection relating to the premises had been adequately addressed by the provider.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the special dietary requirements and assistance required by each of the residents in this designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. In addition, recently published easy-to-read information relating to assisted decision making was also available for residents at the time of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk. In addition, actions identified by auditors in July 2022 relating to staff lone working during the day in the designated centre had been further reviewed and updated to reflect a change in the assessed needs of one of the residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. The person in charge had completed the HIQA self-assessment, a contingency plan and a post-outbreak review. However, a further review of the centre specific cleaning schedule and contingency plan was required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and personal emergency evacuation plans (PEEPs) that were subject to regular review. However, further review of the fire evacuation plan was required to ensure all staff were aware of the procedure to follow in the event of one staff being on duty to effectively and safely evacuate all three residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. Personal goals were identified and progressed which included social inclusion and re-connecting with family representatives. Actions identified in the most recent audit had been addressed at the time of this inspection.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident. They were supported to access allied health care professionals and consultants as required.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy was respected at all

times. They were supported to engage in meaningful activities daily either within the designated centre or out in the community. The provider's auditors had identified that residents choices to engage in activities had been reduced at times when only one staff was on duty and due to an increase in the assessed needs of one resident following their recent illness. The requirement of two staff to support all ADL's for this resident could not be met. The person in charge endeavoured to maintain a minimum of two staff during the day. At the time of this inspection the residents were also being impacted accessing dedicated parking spaces for disabled persons. Neither the transport vehicle for the designated centre or the residents had valid permits permitting them to use these dedicated spaces, which the inspector was informed had impacted the dignity of the residents on occasions.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 23 OSV-0007458

Inspection ID: MON-0028587

Date of inspection: 04/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: PIC will continue to maintain staffing levels which will safely support the residents. 2 staff will be rostered on until 20.00 daily.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff refresher training is scheduled and will be completed by Sept 30th. All staff will have performance management reviews. Supervision will be increased weekly by PIC and CNM1.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC's remit will be reduced to 3 areas by the 16th September. A person has been identified to take over CCN8 and handover will take place after the PIC returns from	

annual leave on the 5th September. Supervision of staff and scheduled audits will be carried out onsite for longer periods.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Cleaning schedules and contingency plan reviewed and updated.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Evacuation plan reviewed. New guidelines with photographs added as to which resident to evacuate first, second and third if an emergency evacuation is needed.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
2 staff are rostered on to support all ADI's of the residents. One resident's condition is improving.
Transport manager contacted and a parking permit will be provided for the Centre's vehicle.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	05/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	16/09/2022

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	05/08/2022
Regulation	The registered	Substantially	Yellow	05/08/2022

28(3)(d)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Compliant		
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	05/08/2022