



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

## Issued by the Chief Inspector

Name of designated centre:	Tír na nÓg
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	07 July 2023
Centre ID:	OSV-0001824
Fieldwork ID:	MON-0031903

## About the designated centre

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

Tír na nÓg is a detached bungalow located on the outskirts of a town and is registered to provide a residential service for up to three children aged over 4 and under 18 years of age of both genders with intellectual disabilities and additional needs. Three individual bedrooms are present in the centre for children and other facilities include a dining room, a kitchen, a lounge room, a reception room, a family room and bathrooms. Support to the children is provided by the person in charge, social care workers and care assistants.

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

Number of residents on the date of inspection:

2

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 7 July 2023	11:20hrs to 18:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Staff members working in this centre supported the children in a caring manner during this inspection. The centre overall was well-presented and offered the two children sufficient space with both tending to spend their time separately in particular rooms. The atmosphere in the centre was generally calm with both children appearing comfortable in the presence of staff members.

The centre had a capacity for three children but at the time of inspection only two children, of varying age, were living in the centre with both having moved into the centre in March 2023. The two children were initially away from the centre attending a summer camp when the inspector arrived. As a result the inspector had an opportunity to speak to the person in charge and some of the staff who came on duty. All indicated that the two children had settled well since they had moved into the centre. The inspector was also informed that when in the centre the two children tended to spend their time in separate rooms of the house.

One of these rooms was a reception room inside the front door of the centre. This room was furnished with couches and a television. The other room was a larger lounge room that had been set up as a playroom with floor mats, beanie bags and various toys present. This lounge room also had a television and a painted colourful mural of a ship, train and a castle on one wall. Other communal rooms present in the centre included a family room, a kitchen and a dining room all of which were seen to be clean and well presented. To rear of the centre was a garden area that included a basketball hoop and swing set for the children to avail of.

There were three individual bedrooms present in the centre for children to use. The vacant bedroom in the centre was being used primarily for storage at the time of inspection. The bedrooms of the two children living in the centre were seen and were noted to be well furnished and personalised to the children with dolls and art works present amongst other age appropriate items. One of these bedrooms had a door that linked directly to a wetroom with this wetroom was also being accessible from the main hall via another door. The inspector was informed that costings had been submitted to install a ceiling hoist leading into this wetroom from that bedroom to better support the child using the bedroom. It was unclear when this ceiling hoist would be installed but in the interim a manual hoist was present in this child's room.

In the afternoon the two children in this centre returned to the centre from their summer camp having been collected by staff using the vehicle provided for the centre. The person in charge was overheard explaining to the two children that the inspector was in their home. The inspector greeted both children and it was observed that both spent much of their time in the reception room and the lounge room in the presence of staff members. Both appeared comfortable with this. For example, when the inspector visited the lounge room on one occasion it was seen that the child there was engaging in some floor time with a staff member bringing a

box of toys to the child and tipping it over so the child could get a toy. The child appeared to enjoy this and was seen smiling.

The other child spent much of their time using a tablet device watching cartoons. At one point this child was heard vocalising and it appeared that they were looking for some headphones which staff obtained for the child. On another occasion the child came to the inspector as he was in the hall area with the child appearing excited. They then went to the lounge room of the centre with staff accompanying saying that they were going to visit the other child. After briefly staying in the lounge room the child came back to hall and gave one of the staff a picture of a drink to indicate that this is what they wanted. The staff duly got a drink from the kitchen and gave it to the child.

Both children were supported to have meals in the centre as the inspection progressed. While the atmosphere in the centre was generally calm throughout the inspection, one child was heard vocalising as they were getting a meal. This child went to bed shortly after this meal with support from staff members who were observed and overheard to be very pleasant, respectful and warm towards both children during the inspection. The other child left the centre at one point to go for a drive with a staff member and on their return briefly used the swing set to the rear of the centre. As the inspector was leaving the centre this child came out to the front door area and with encouragement from staff gave the inspector a high five.

In summary, the two children present lived in a centre that offered them space and their own personalised bedrooms. Staff members present interacted with the children in a caring manner throughout the inspection. Both children also appeared comfortable with such staff. On the day of inspection the two children spent much of their time in different rooms of the centre in the presence of staff members.

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

This inspection found children to be well supported overall with appropriate staffing arrangements in place. Some improvement was identified relating to the provision and maintenance of some specific documentation relating to agency staff members.

At the time of this centre's previous inspection in November 2022, this designated centre was registered as a centre for adults with a maximum capacity for four. During that inspection it was noted that the centre had been unoccupied for some time but that the provider had completed significant premises works the centre which had resulted in doubling the size of bedrooms in the centre from an earlier inspection in September 2020. Since the November 2022 inspection the provider had

applied to vary this centre's conditions of registration to reflect the changes in the floor plan, reduce the capacity of the centre from four to three and to make the centre a children's centre. This application was granted by the Chief Inspector of Social Services and following this two children moved into the centre in March 2023. As such the purpose of the current inspection was to assess the supports provided to these children since their move to this centre.

Overall, this inspection found that the children were well supported and that the provider had put in place appropriate governance arrangements for the centre. This included the appointment of a suitable person in charge. The person in charge was also responsible for a second designated centre but this remit was not found to negatively impact the running of the current centre. Staff members spoken with commented positively on the person in charge and the support they provided. Since the children moved to this centre, the person in charge had undertaken some monitoring activities for the centre such as completing a relevant assessment on infection prevention and control (IPC) but limited audits had been completed in the centre since March 2023. It was noted though that an audit schedule was in place for the remainder of 2023. Having such an audit schedule is important to ensure that the centre is monitored in a systematic way.

Aside from audits, providers are required to conduct their own unannounced visits to a centre every six months. During the November 2022 inspection it was noted that the provider had continued to carry out such visits to this centre even while the centre was unoccupied. On the current inspection it was queried with management of the centre if any provider unannounced visit had been conducted since November 2022. As there was uncertainty about this on the day of inspection, the inspector requested confirmation to be provided in the days after this inspection as to whether any such visit had taken place since the November 2022 inspection. The subsequent response received did not address this particular query but did indicate that the person in charge had been informed of when the next provider unannounced visit to the centre would take place. This was highlighted to the provider who indicated that the prior notice given to the person in charge had been an exceptional occurrence and was done so as part of an attempt to engage in a clear and direct manner with the inspector. While this was acknowledged, given the role of the person in charge for the centre, their prior notice of this visit compromised the unannounced nature of the visit as required by the regulations.

Such regulations also require specific documentation relating to all staff working in a centre to be maintained and made available for inspection by the Chief Inspector. In two inspections of the provider's other designated centres earlier in 2023, the provider had not been able to provide assurance that all the specified documentation was being maintained for agency staff (staff sourced from an agency external to the provider) working in those centres. This led to a cautionary meeting for one of these centres in May 2023 after which the provider indicated that it agreed a process to ensure the required documentation for agency staff was present, maintained and available for inspection. During the introduction meeting for this inspection it was indicated that some agency staff worked in this centre so the inspector specifically requested that all of the required documents relating to these staff be made available for review. While the person in charge was able to produce

some of this documentation, such as evidence of Garda Síochána (police) vetting, other documents including written references, photo identification and full employment histories were not provided on the day of inspection.

This did not provide assurance that all of the required documentation relating to agency staff working in this centre was being maintained and available to review despite previous regulatory engagement with the provider on this matter. The November 2022 inspection also identified regulatory actions relating to the maintenance and availability of required documents. Despite this it was seen on the current inspection that the provider had put in place appropriate staffing arrangements to support the children living in this centre. The staff members spoken with during this inspection demonstrated a good knowledge of the children they were supporting. Training records reviewed indicated that staff had completed relevant training to provide them with the necessary skills and knowledge to assist in meeting the children's needs. A staff supervision schedule had not been put in place at the time of inspection but staff spoken with confirmed that they had received formal supervision from the person in charge recently. Records of some staff formal supervisions were also available indicating that some supervisions had been completed since March 2023.

Such supervision records indicated that matters such as safeguarding and restrictive practices were discussed with staff members. Any restrictive practices in use in a centre must be notified to the Chief Inspector on a quarterly basis. While the centre had been unoccupied until the two children moved in during March 2023, such a notification had been submitted in April 2023 which was intended to cover the first three months of 2023. However, shortly into this inspection the person in charge highlighted to the inspector that this notification did not include all restrictive practices that were in use after the children first moved into the centre. As such the requirements of the regulations in this area had not been complied with. It was acknowledged that this matter had been recently identified internally by the provider and that the person in charge brought this to the inspector's attention promptly. The person in charge also committed to notify the Chief Inspector of all restrictive practices in use in the centre in the next quarterly notification that was due to be submitted by the end of July 2023.

#### Regulation 14: Persons in charge

A suitable person in charge had been appointed to this centre. Their remit over two designated centres was not found to have negatively impact the running of the current centre.

Judgment: Compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were provided in this centre with planned and actual staff rosters being maintained.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had undergone formal supervision since March 2023 while training in various areas had also been provided.

Judgment: Compliant

### Regulation 21: Records

Not all of the specific documentation relating to agency staff working this centre was available for the inspector to review on the day of inspection despite requests for these to be provided. This did not provide assurance that such documentation was being maintained with the registered provider being responsible for this.

Judgment: Not compliant

### Regulation 23: Governance and management

Overall this inspection found the children in this centre to be well supported. An audit schedule was in place for the remainder of 2023 and the provider was aware of its responsibility to conduct unannounced visits to the centre and annual reviews. An annual review had been conducted for the centre in January 2023 which assessed the centre against relevant national standards. The person in charge had been given prior notice of when the next provider unannounced visit was to take place.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

One child had a contract for the provision of services in place which set out the

services to be provided and the fees to be paid. This contract was signed for by a representative of the child. The other child did not have such a contract at the time of inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose in place for the centre had been recently updated and contained all of the required information such as details of the staffing arrangements in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

While the centre had been unoccupied in 2023 until children moved in during in March 2023, a quarterly notification submitted in April 2023 for the first three months of the year did not include all restrictive practices that were in use in the centre in March 2023.

Judgment: Not compliant

## Quality and safety

The children in this centre were being appropriately supported in various areas including in their development, personal and nutritional needs. Some regulatory actions were identified in areas such as fire safety and IPC.

It was apparent during this inspection that arrangements had been put in place to support the needs of the children living in this centre. For example, to ensure that one child could attend school, transport had been made available by the provider and staff rosters had been changed so that the child could be taken to and from school. Both children were also supported to maintain personal relationships with one child regularly visiting their family while specific arrangements were in place to facilitate the other child to receive visitors at the centre. Aside from supporting such personal and development needs for the children there was evidence that efforts were being made to provide each of the children with appropriate nutrition. The children living in the centre had specific diets that they had to follow or had particular preferences around how and what they ate and drank. Specific care plans

were in place for both child outlining particular approaches to take or modified consistency diets to give to the children which were intended to meet their nutritional needs and encourage them to have consistent meals.

Staff spoken with demonstrated a good knowledge of such plans and based on the meal times observed by the inspector were seen to follow these care plans. Such nutritional care plans were contained within the children's overall individualised personal plans. These personal plans were informed by a clear assessment process and where a particular need was identified a corresponding care plan was put in place for these needs. The inspector reviewed both children's personal plans and noted that they had been recently reviewed and reflected the children's move to this centre. While the contents of these plans generally provided clear guidance, the inspector did note one inconsistency between one child's epilepsy care plan and a related protocol for a particular PRN medicine (medicine only taken as the need arises). It acknowledged though that the child had not had an epileptic seizure in some time. It was also noted that the steps to take for and progress made with goals identified for one child through a person-centred planning process were not recorded in the child's personal plan.

However, it was seen that notes of one-to-one meetings between the child and their key-worker (a staff member specifically assigned to support a resident) referenced some of these goals being discussed while one of the child's goals was to transition to this centre which had happened. The centre that the child had transitioned to was equipped with fire safety systems such as a fire alarm, a fire blanket, fire extinguishers and emergency lighting. Fire doors were also present in the centre which are intended to prevent the spread of fire and smoke but the use of some of these required improvement to ensure that they operated as intended. For example, the door to the centre's utility room did not have a self-closing mechanism in place. As a result the door to this room, which was a higher fire safety risk given the presence of washing and dryer machines, remained open throughout the inspection. Despite this multiple fire drills had been done since both children moved into this centre and it was seen that low evacuation times were recorded with staff spoken with demonstrating a good awareness of the contents of the children's personal emergency evacuation plans.

Staff were also conducting internal checks on the fire systems in place but, while such checks were generally recorded as being done, the inspector did observe some occasions where such checks were not recorded as having been completed. Gaps in some cleaning records for the centre were also seen and it was noted that cleaning schedules, which outlined specific cleaning tasks to be done daily, were not reflective of this centre as they did not include all rooms in this centre. It was acknowledged though that the centre was observed to be clean on the day of inspection. Supplies of cleaning products and personal protective equipment such as face masks and gloves which are important for IPC practices were in the centre. A risk assessment and contingency plan was in place for the centre related to IPC but it was seen that these both focused exclusively on COVID-19 rather than other potential infectious diseases such as influenza. Training records provided did indicate though that staff had completed relevant IPC training in addition to training in other areas such as fire safety and safeguarding. During the course of this

inspection no safeguarding concerns were identified.

### Regulation 11: Visits

Space was available in the centre for children to receive visitors in private. Specific arrangements were in place to facilitate one child to receive visitors at the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Both children were supported to attend school and summer camps while also being facilitated to maintain personal relationships.

Judgment: Compliant

### Regulation 17: Premises

The premises that made up this centre was seen to be clean and well-presented on the day of inspection while offering sufficient space for both children. To the rear of the property was a garden area with a swing and a basketball hoop. Ramps for accessibility were present at the front and rear of the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

Staff spoken with demonstrated a good awareness of the dietary needs and preferences of the children in this centre. Meals for the children were provided in a manner consistent with nutritional care plans in place.

Judgment: Compliant

### Regulation 27: Protection against infection

Some gaps in cleaning records for the centre were seen while cleaning schedules were not fully reflective of this centre. A risk assessment and contingency plan was in place for the centre related to IPC but it was seen that these both focused exclusively on COVID-19 rather than other potential infectious diseases such as influenza.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The use of some fire doors in the centre required some improvement to ensure that they operated as intended. Some occasions were noted where internal checks on the fire safety systems in place were not recorded as having been done.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Both children had recently reviewed personal plans in place but one inconsistency was noted between one child's epilepsy care plan and a related protocol for a particular PRN medicine. The steps to take for and progress made with goals identified for one child through a person-centred planning process were not recorded in the child's personal plan.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff working in this centre had completed training in Children First while those spoken with demonstrated a good awareness of how to respond if a safeguarding concern arose. Information about the centre's designated liaison person was on display in the centre including their contact information. Guidance around supporting the children with intimate personal care was contained within the children's personal plans.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Tír na nÓg OSV-0001824

Inspection ID: MON-0031903

Date of inspection: 07/07/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            The Provider wishes to ensure the Chief Inspector that it continues to work with the agencies to ensure all the required documentation for agency staff are made available for review to both the Provider and the Chief Inspector. Members of St Joseph’s senior management team met with all the agencies on May 23rd and 24th outlining to them the list of required documentation for their staff that needs to be made available to the Provider in advance of the agency staff work commencement.</p> <p>The provider’s own internal systems are currently under review to ensure compliance with regulation 21 is achieved and maintained. For example, the Quality &amp; Risk manager has initiated a monthly audit of agency staff files. Any gaps identified from this audit will be followed up and actioned with all concerned. This audit will form part of the Provider’s Quality KPI’s.</p> <p>This will be completed by September 15th 2023.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            On the day of the inspection following a query from the Inspector regarding an unannounced review, the PIC contacted his Area Manager who informed him that the upcoming unannounced 6 monthly review was to take place on July 14th 2023. This information was communicated to the inspector.</p>	

To comply with Regulation 23 the provider will ensure that all annual and six monthly reviews will be conducted unannounced.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The Provider is currently in the process of finalizing a contract for Provision of Services for the Resident in question. This contract will be in place by September 1st 2023.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Provider will ensure that all Restrictive Practices will be notified as required by the regulations by the Person in Charge.

This will be completed by July 31st 2023.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Person in Charge will ensure that the cleaning schedule will be updated to reflect the correct designated centre. This will be completed by August 11th 2023.

Furthermore, to ensure compliance with regulation 27, a contingency plan will be reviewed and updated accordingly to reflect other infectious diseases such as influenza. This will be completed by August 14th 2023.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Provider can confirm that the necessary works required for the fire doors has now been carried out and completed. Also to ensure compliance with Regulation 28, the Person in Charge will ensure that all required fire safety checks will be carried out as per regulations and recorded correctly. This will be completed by August 1st 2023</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  To ensure compliance with Regulation 5, the Person in Charge will ensure that the epilepsy care plan will be reviewed by the resident's GP. Furthermore, the Person in Charge will ensure that both the epilepsy care plan and support plan are reflective of each other. To come into compliance with regulation 5, the provider will ensure that the goals identified for residents, the process and progress will be recorded in the Residents' care plan. This will be completed by August 18th 2023.</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	15/09/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided	Substantially Compliant	Yellow	03/08/2023

	in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	01/09/2023
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	14/08/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/08/2023
Regulation	The registered	Substantially	Yellow	01/08/2023

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/07/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	18/08/2023