



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

Issued by the Chief Inspector

Name of designated centre:	No.4 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0004478
Fieldwork ID:	MON-0037659

About the designated centre

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

No.4 Fuchsia Drive consistent of three detached houses located in a town that provide full-time residential support for residents with intellectual disabilities and autism of both genders, between the ages of 35 and 75. Each house can support a capacity of five residents so the maximum capacity of the centre is 15 residents. One house is a three-storey house with the other two being two-storey houses. Each resident has their own bedroom and other facilities in the houses include bathrooms, sitting rooms, kitchen and staff rooms. Support to residents is provided by the person in charge, social care leaders, social care workers, care assistants and a nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
------------------------------------------------	----

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
Wednesday 21 September 2022	09:15hrs to 18:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Positive feedback was received from residents and a family member spoken with on the day of inspection. Staff members on duty were seen to interact appropriately and positively with residents. While efforts were made to make the three houses that made up this centre homely, some areas were seen where some work was needed.

This centre was made up of three houses located within the same town. On the day of inspection all three houses were visited and in total 12 of the 14 residents living in the houses were met by the inspector. The inspector did though spent most of his time on the inspection in the first house he visited. On arrival at this house, all five of the residents who were living there were present. At this time residents were in the house's sitting room watching television, having breakfast in the kitchen or being supported with personal care in their bedrooms.

Shortly after his arrival the inspector sat with three residents in the sitting room with all three appearing relaxed and comfortable in their home. These residents indicated to the inspector that they liked living in their home. The other two residents were met soon after with both greeting the inspector. Throughout the inspector's time in this house, a social atmosphere was observed with all residents appearing to be calm, comfortable and happy.

As the day progressed these residents were supported to participate in activities. For example, in the morning two residents left the house with a staff member to visit a local library. Other residents were supported by the remaining staff member to do some artwork. It was overheard that this staff member engaged warmly with residents at this time who seemed to enjoy this with one resident in particular heard laughing during this time. In the afternoon of the inspection residents were also facilitated to take part in an online music group with some residents heard singing during this.

Aside from activities residents were also supported to keep in contact with their families and on the day of inspection one resident went to meet a relative. On the resident's return to the centre, the inspector had an opportunity to speak with this relative who provided very positive feedback on the staff support within the house while also describing the care provided to the resident as "marvellous". The relative did highlight though that they would like see better future planning for the resident and emphasised the importance of involving the resident and their family in this.

The inspector also discussed with this relative the house where the resident lived. It was seen that this house was generally presented in a clean and homely manner while also being well-furnished. For example, there were numerous photographs of residents and art works they had completed on display around the house. One resident also had a specific area set up for them in the sitting room where they

could do their art work.

Each resident also had their own individual bedrooms which were personalised and well-furnished. While such bedrooms were generally well-maintained, the inspector did note that one resident's bedroom did need some painting following some recent premises works that had been completed. In addition, it was also observed that there was some differences in the sizes of some bedrooms with the two resident bedrooms on the ground floor noticeably smaller than the resident bedrooms on the first floor.

Upon leaving this house the inspector briefly visited the second house of this centre which was located close by. As with the first house, this house was generally found to clean, well-furnished, well-maintained and homelike. Some residents' bedrooms seen were also noted to be nicely presented. Five residents were living in this house at the time of the inspection, three of whom were met by the inspector. One of these residents did not engage with the inspector and while a second did greet the inspector, they did not engage with the inspector beyond this.

The third resident met by the inspector talked about their family and about some of the places that they travelled. The inspector did not meet the other two residents who lived in this house but he did overhear one of these residents vocalising briefly. The inspector asked to meet this resident but it was suggested by a staff member that it might not be the best time. It was also indicated to the inspector that this resident would vocalise often. When asked if this affected other residents, the inspector was informed that it did not but that occasionally one resident might comment about the vocalisations in the house.

After leaving the second house, the inspector visited the third and final house that made up this centre. On arrival there the inspector observed that some external painting was needed for the house. Internally the house as found to be reasonably presented although in one resident's bedroom the inspector did observe some clear mould along the borders of two windows. It was indicated that up until recently these windows had been behind some blinds, that had since been replaced, which had hidden the mould from view.

The resident whose bedroom this was talked about the recent change in the curtains there and said that they liked their bedroom and a day service their attended. Three other residents lived in this centre all of whom were met by the inspector. While two of these residents greeted the inspector, they did not meaningfully engage with the inspector. Staff members on duty were noted to interact positively with the residents. For example, a staff member sat with a resident while they completed a jigsaw. Another resident was seen to be excited when a member's of the centre's management arrived at the third house and clearly knew who the manager was.

In summary, staff present during this inspection were overheard and observed to interact appropriately with residents. From speaking with one resident's relative and some residents, the inspector received positive feedback. Some maintenance works were required in some of the houses that made up this centre.

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

The provider had taken action to respond to a recent change in circumstances for one resident. However, as had been found on previous inspections aspects of the premises provided did not meet the needs of all residents and previously indicated time frames for addressing this had not been or would not be met.

This designated centre was registered until December 2023 without any restrictive conditions. A July 2019 inspection by the Health Information and Quality Authority (HIQA) had highlighted concerns around aspects of the premises provided meeting the assessed needs of some residents. In response to that inspection the provider indicated that they would be in compliance with Regulation 17 Premises by 30 June 2022. The centre was inspected again in October 2021 where it was found that the premises in two of the three houses did not meet the assessed needs of all residents living there. This resulted in a non-compliance Regulation 17 Premises and also Regulation 23 Governance and management as the provider must ensure that the designated centre is appropriate to residents' needs.

In the compliance plan response to the October 2021 inspection the provider indicated that they had a plan to address the premises issues identified which would involve completing extension works to some houses. In this response it was indicated that such works would be completed by 31 December 2022. Communication received by HIQA during 2022 indicated that one of the three houses of this centre, which was rented by the provider could be sold. In light of this and given the previous premises concerns identified by HIQA, a compliance plan update to the October 2021 inspection was requested from the provider. In its response to this the provider indicated that it was in the process of purchasing the rented house and hoped to complete the sale in September 2022. However, it was also indicated that previously indicated premises works might not be completed until July 2024.

Taking into account this update, it was decided to conduct the current inspection during which it was indicated that the provider had not yet completed the purchase of the rented house but still hoped to do so in the month of the inspection. It was also found that the aspects of the premises provided by the centre did not meet the needs of all residents which will be discussed elsewhere in this report. The provider did have a plan to address this and had purchased an alternative premises which was intended to provide a temporary home for residents in two of this centre's three houses while works were completed there. While it was acknowledged that there were some factors outside of the provider's direct control, it was indicated that this

alternative premises might not be ready to serve as a temporary home until the second quarter of 2023.

As such at the time of inspection the premises continued not to suit to the needs of all residents and information provided by the provider suggested that this might not be resolved before the current registration end date of the centre. It was found though that the provider had changed some flooring and made some alternations to a bathroom in one house to better suit the needs of one resident following a recent change in circumstances. The provider had also increased the staffing support provided for this house which helped ensure that the resident could continue to reside in their home. While these were positive developments, it was noted though that the changes in this bathroom had altered size of three rooms of that house, meaning that the actual layout of the house was different to the floor plans the centre was registered against. Despite this the provider had not applied to vary a relevant condition of registration to reflect this.

Similarly, such changes and the increase in staffing support had not been reflected in the centre's statement of purpose. It was found though that the overall staffing arrangements in place at the time of inspection were appropriate to meet the assessed needs of residents. This would need to be kept under close review though given the potential for the needs of some residents to change. Planned and actual staff rosters were also maintained and, in the house where the inspector spent most of his time, it was indicated that there was a good consistency of staff working in that house. This is important in ensuring professional relationships and a consistency of care. Staff members spoken with demonstrated a good awareness of the needs of residents they supported.

Staffing was reviewed by the annual reviews and unannounced visits to the centre conducted by the provider with reports of these available to the inspector for review. It was found that the annual review focused on relevant standards and consulted with residents and their families. Provider unannounced visits must be conducted every six months and since the October 2021 HIQA inspection, multiple such visits had been completed. When reviewing the report of an April 2022 visit it was noted that an interview with the centre's person in charge had been completed as part of the unannounced visit process before an actual visit was done. While assurances were received following this inspection that the person in charge was not made aware during this interview when a visit to any house of the centre was to happen, the provider would need to ensure that holding such interviews in advance of actual visits did not compromise the intended nature of unannounced visits as is outlined in the regulation.

Registration Regulation 8 (1)

Although changes in a bathroom of one house finalised in June 2022 had altered the size of three rooms in that house, the provider had not submitted an application to vary a relevant registration condition related to the floor plans at the time of

inspection.
Judgment: Not compliant
Regulation 15: Staffing
Staff rosters were maintained and in one house of the centre it was found that staffing arrangements had been increased to support the needs of residents while a consistency of staff support was also provided for.
Judgment: Compliant
Regulation 23: Governance and management
As had been found on previous inspections aspects of the premises provided did not meet the needs of all residents and previously indicated time frames for addressing this had not been or would not be met.
Judgment: Not compliant
Regulation 3: Statement of purpose
The statement of purpose had not been updated to reflect changes in staffing arrangements and the floor plans in one house.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
When reviewing the complaints log in one house some recent entries were noted. While these were discussed with relevant parties on the day of inspection, the complaints log reviewed did not indicate how the complaints had been followed up or what the outcome was.
Judgment: Substantially compliant

Quality and safety

Residents had personal plans in place which outlined their needs and how to support these. Residents' health needs were supported. Concerns around the suitability of the premises remained.

Under the regulations all residents must have individualised personalised plans in place which are intended to set out the needs of residents and how to support these needs. A sample of such plans were reviewed in one house of this centre and they were noted to contain a good level of information and guidance on residents' needs. These plans were subject to multidisciplinary review while residents were also supported to be involved in the review of their plans. This allowed key goals for residents to achieve to be identified. For example, when reviewing one resident's personal plan it was indicated that they had a goal to have a specific area created for them to do art work. Such an area was seen to be present in the house where the resident lived on the day of inspection.

Residents' personal plans also contained specific guidance on how to support the assessed health needs of residents. There were also indications that residents' health needs were being supported at the time of inspection. For example, one resident required specific exercises to be completed on a daily basis and during the inspection a staff member was overheard encouraging the resident to do these while a log was also in place indicating that these exercises had been done consistently in recent months. Other records reviewed indicated that residents' health needs were monitored regularly with residents supported to access various health and social care professionals such as dentists, chiropractors, general practitioners, physiotherapists and occupational therapists. Residents were also being facilitated to avail of relevant national screening services.

Risks related to residents' health needs were reflected in relevant risk assessments. Such assessments were contained within house specific risk registers with one of these reviewed by the inspector. It was noted that the risk register reviewed had been recently reviewed and contained risks relating to areas such as the premises and COVID-19. Given the ongoing pandemic it was noted that measures were in place to promote infection prevention and control (IPC) practices. For example, in one house of the centre it was seen that cleaning schedules were in place which were indicated as being done consistently while staff were seen to wear face masks throughout the inspection in all three houses visited. Hand sanitiser was also available in the houses but in one house the inspector did find two bottles of sanitiser present that had passed their expiry dates while a relevant IPC assessment had not been completed at 12 week intervals as required.

Some staff had completed training in IPC but training records reviewed during inspection suggested that all staff working in the centre had not completed such training nor training in fire safety and safeguarding. It was indicated that such records might not be accurate so the inspector afforded the provider some additional time following the inspection to confirm training numbers. Subsequent

post-inspection information did not provide assurances that all staff had completed such training. It was found that staff spoken with during this inspection demonstrated an awareness of any relevant safeguarding issues and how to respond to any safeguarding allegations. Arrangements were also in place to protect residents from the risk of fire with fire drills seen to happen regularly in one house with low evacuation times recorded while residents were also provided with recently reviewed personal emergency evacuation plans outlining the supports they needed to evacuate.

Within the same house the inspector did observe though that the floor plans on display as part of the fire evacuation procedures did not reflect the actual layout of the house. In addition, while this house was provided with fire safety systems including a fire alarm and emergency lighting, it was seen that some fire doors had noticeable gaps under them which could impact their ability to contain the spread of fire and smoke. Aside from this, as had been found on previous HIQA inspections, aspects of the premises provided did not meet the assessed needs of residents. This was particularly evident in one house where a resident with mobility needs had their bedroom on the first floor and nearby need to use to the stairs. In addition, in two houses it was found that some residents had to use the bathrooms of other residents as there was an absence of suitable communal bathrooms for residents. The inspector was informed that involved residents were in agreement with the use of their bathrooms in this way.

Regulation 13: General welfare and development

On the day of inspection residents in one house were seen to go to their local library, meet with a family member and engage in activities such as arts and a music group.

Judgment: Compliant

Regulation 17: Premises

Some maintenance was needed in some houses. This included some painting in one resident's bedroom and some external painting for one house. Mould was seen in the windows of one resident's bedroom. Aspects of the premises provided did not meet the assessed needs of residents including where a resident with mobility needs had their bedroom on the first floor. In addition, in two houses it was found that some residents had to use the bathrooms of other residents as there was an absence of suitable communal bathrooms.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk registers were in place containing various risk assessments that had been recently reviewed and outlined various control measures for responding to identified risks.

Judgment: Compliant

Regulation 27: Protection against infection

Some bottles of expired hand sanitiser were present in one house while a relevant IPC self-assessment had not been completed in a timely manner. Records reviewed during inspection and post-inspection information did not provide assurances that all staff had completed relevant IPC training.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In one house it was seen that the floor plans on display as part of the fire evacuation procedures did not reflect the actual layout of the house. In the same house, it was observed that some fire doors had noticeable gaps under them which could impact their ability to contain the spread of fire and smoke. Records reviewed during inspection and post-inspection information did not provide assurances that all staff had completed fire safety training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which had residents' input and were subject to multidisciplinary review. Residents were supported to achieve goals that were identified through the personal planning process.

Judgment: Compliant

Regulation 6: Health care

Guidance was available on how to support residents' health needs with such needs found to be provided for in a manner consistent with such guidance. Residents were supported to access various health and social care professionals while also being facilitated to avail of national screening services.

Judgment: Compliant

Regulation 8: Protection

While staff spoken with during this inspection demonstrated an awareness of any relevant safeguarding issues impacting the centre and how to respond to any safeguarding allegations, records reviewed during inspection and post-inspection information did not provide assurances that all staff had completed safeguarding training.

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 8 (1)	Not compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not 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	Substantially compliant

Compliance Plan for No.4 Fuchsia Drive OSV-0004478

Inspection ID: MON-0037659

Date of inspection: 21/09/2022

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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1): The registered provider will be submitting an application to vary to reflect the structural change of an en-suite bathroom on the ground floor of one of the premises of this designated centre.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has ensured that:</p> <p>The detailed timeline for the planned extensions to two of the houses in the Centre to support changing needs of the residents has been reviewed and updated in conjunction with Buildings and Facilities manager, Person in Charge, Sector Manager and Provider. The original timeline was subject to unanticipated delays that may arise caused by delays in planning approval and building delays.</p> <p>A property to support the residents to remain in their local town has been purchased and is to be renovated and extended. An application to register the property will be submitted in Quarter 2 of 2023 to the Authority. This will be used initially by the residents of both houses as a temporary residence while their homes are reconfigured.</p> <p>Once this property is registered, residents from one house will move to this property in order for works to commence on their residence in Quarter 2 of 2023, with the timeline of residents moving back to their home in Quarter 4 of 2023 once works are completed</p>	

and Application to Vary has been submitted.

In quarter 4 of 2023 the residents from a second house in 4 Fuchsia Drive will move to property whilst works are undertaken in their house with a timescale of works being completed in Quarter 2 of 2024.

These works will address the needs of residents in 4 Fuchsia Drive.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The registered provider will ensure that the statement of purpose is reviewed to include an updated floor plan and to current increased staffing arrangements in place that are subject to ongoing review.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The registered provider will arrange for the complaints log to be reviewed to ensure that all follow ups made and the outcomes are fully documented.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The registered provider will ensure that the premises of the esignated centre are kept in a good state of repair externally.

External painting request has been submitted to maintenance department for one property and it will be completed as per painting schedule.

Windows have been cleaned indoors and outdoors on one property by external cleaning company on 03/10/22

Painting request for one bedroom has been submitted to maintenance department and it will be completed as per painting schedule.

Remaining matters are set out in this action plan in Regulation 23.

Regulation 27: Protection against infection

Substantially Compliant

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

The registered provider will ensure that residents are protected by continuing to adopt the relevant public health guidance in its procedures.

All hand sanitizer bottles in each location have been checked for expiry dates, with any expired sanitizer disposed of.

Infection prevention and control self-assessment questionnaires have been reviewed and updated by the Person in Charge who will ensure this is kept updated in accordance with review timelines.

All staff training records have been reviewed and staff identified have completed relevant infection prevention and control training.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider will ensure that effective fire safety management systems are in place.

Floor plans have been updated as part of the application to vary and a copy of the updated floor plan will be distributed to the house for display.

Fire doors in one location will be reviewed by Buildings and Facilities Manager and replaced as required.

All staff training records have been reviewed and staff identified have since completed fire safety training.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider will ensure that residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.</p> <p>The Person in Charge has reviewed all staff training records and staff identified have completed training in safeguarding.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	30/06/2024
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	31/12/2022

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2024
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 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	Substantially Compliant	Yellow	31/10/2022

	healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/10/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Substantially Compliant	Yellow	31/10/2022

	the information set out in Schedule 1.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/10/2022
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	31/10/2022