



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

## Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0005085
Fieldwork ID:	MON-0030160

## About the designated centre

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

In this centre, a full-time residential service is available to a maximum of 10 adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The centre comprises of two houses. They are located a short distance apart. At the time of the inspection one resident was supported in one house, and five residents lived in the second house. Residents attend off-site day services Monday to Friday.

Transport to and from this day services is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. Both premises are two storey houses. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The larger house has a ground floor apartment adjacent to the main house. Both houses are located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Other than when residents are at day services, there is at least one staff on duty in each house, at all times. At night there is a sleep over staff in each house. Additional staff support hours are provided as the need arises.

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

Number of residents on the date of inspection:

6

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 - 2015 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
Tuesday 5 October 2021	9:00 am to 4:30 pm	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with the six residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall the inspector found that improvements were required to ensure that issues highlighted by this inspection were proactively identified by the provider's own oversight systems. These included matters such as staffing resources, adherence to oversight of infection prevention and control checklists, contingency planning and the management of complaints.

The designated centre comprised of two houses located in an urban area, a short distance apart. The inspector spoke with and observed care delivery to all six residents who lived in the centre. Three residents had moved to the designated centre in the weeks before this inspection. Two residents moved to one house where a total of five residents were supported. The third resident moved to the centre as an emergency admission, where the registered provider would assess the supports they would require in a long-term residential setting. This resident was provided with an individualised service.

Each resident had a private bedroom in their home, which had been decorated to reflect their individuality. Residents' homes were decorated with photographs and personal items. Painting was required in both houses, and some minor premises works were required in the home of the resident being provided with an individualised service.

When the inspector arrived to the designated centre, two residents were getting ready to go to day services, while another resident was getting ready to attend a medical appointment. Two residents who had recently transitioned to the designated centre showed the inspector their bedroom. Both residents told the inspector that they had been to visit the centre before they had moved in, and met the other residents that they would be living with. They spoke about choosing the colour they wanted their room painted and new bedding they bought to personalise their bedrooms.

Residents presented as content living in the designated centre. Residents told the inspector that they liked their home and the staff members that supported them. One resident spoke about being able to attend basketball training now that the COVID-19 restrictions had reduced. Residents also spoke about recent and upcoming birthday celebrations. However, it was noted that one resident had expressed their unhappiness with one resident they lived with by making a complaint. There was no evidence of follow-up to the complaint, or actions taken to address the complaint, from the time the complaint was made on 12 September

2021 to the date of this inspection. This did not ensure that the resident's voice was heard.

While it was evident that sufficient staff members had been allocated to support the resident who was admitted for a period of assessment, the other house did not have adequate staffing resources. In this house, there was a staffing ratio of five residents to one staff member. It was evidenced in records of a residents' house meeting that staff members had told residents that weekly activities could only take place if extra staffing was in place. This reason given was that there was too much work for staff members to complete each evening. Staffing duties included observation of residents when eating in line with their assessed needs, provision of intimate and personal care, medicines administration, cleaning, laundry, management of residents' finances and documentation. This impacted on the ability of staff members to spend quality time with residents.

All residents in one of the houses had returned to day service, with two returning on a full-time basis while the other three attended for a couple of hours each day. The resident in the second house was supported by staff all times in the centre. Staff members spoke about plans for two residents to go on a hotel break, and that they were hoping to make plans for other residents to do the same. Additional staffing had been requested to support this to happen.

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

It was evident during this inspection that staffing levels in the centre impacted on the completion of staff duties, which impacted on the designated centre's compliance with the regulations.

Monitoring systems in the centre failed to proactively identify issues that were noted on this inspection of the designated centre. An annual review and unannounced six monthly visits to the designated centre had been carried out. These reviews included areas such as safety checks, financial audits, complaints, medicines management and COVID-19. When issues were identified, these were not appropriately addressed. For example, it was noted that the review of residents' personal plans was a repeated action in the six monthly reports in October 2020 and April 2021. The development of residents' personal plans was noted as an area on non-compliance on this inspection.

The designated centre was not adequately resourced, in line with the needs of residents. Staff members spoken with told the inspector that the staff team had raised concerns that plans to admit two residents to the designated centre would

impact on the quality of support they can provide to residents. This was evidenced in the minutes of a team meeting, which was attended by one of the persons participating in management of the designated centre. It was not documented what actions had been taken, such as an assessment of the impact on current residents or an assessment of the staffing arrangements in the centre, before the residents moved to their new home. The residents moved into the designated centre approximately six weeks before the inspection. There was evidence that this impacted on the completion of staff duties, which impacted on the designated centre's compliance with the regulations. This is further evidenced in the quality and safety section of this report.

There were clear lines of authority and accountability in the designated centre. The person in charge had taken a planned absence from the designated centre and an individual was appointed to the role of person in charge to cover their absence. This individual had the necessary skills and qualifications to carry out the role. However, it was noted that there were some delays in submitting all of the information required by Schedule 3 of the regulations for the person in charge covering the absence.

An agreement outlining the care and support provided to residents in the designated centre had been agreed before they moved into their home. The fees that two residents were to be charged to live in their home was not clearly outlined in their contract of care.

### Registration Regulation 7: Changes to information supplied for registration purposes

At the time of the inspection, the person in charge was absent from the designated centre. This was a planned absence, and an alternative person in charge had been appointed in the designated centre.

The registered provider had not ensured that full and satisfactory information about the new person in charge had been submitted to HIQA within 10 days of them being appointed to the role of person in charge in the centre. This information is required under Schedule 3 of the regulations.

Judgment: Substantially compliant

### Regulation 15: Staffing

The staffing levels in one of the designated centre's houses were not appropriate. Two residents had moved into this house in the weeks before the inspection. It was documented in meeting notes in April 2021 that staff members had raised concerns to the management team that the staffing ratio of five residents to one staff would not be sufficient, before the residents moved in. No additional staffing was

appointed to the centre.

This had a negative impact on the provision of individual activities to residents during the week. It had an effect on the completion of staff duties, which impacted on the designated centre's compliance with the regulations. This included the development of residents' personal plans and completion of COVID-19 checklists. Staff members spoken with told the inspector that they missed being able to spend quality time with residents, and that they would love to be able to bring them out to engage in activities more often.

Judgment: Not compliant

### Regulation 23: Governance and management

Oversight of the designated centre was found to be poor. This was evidenced by the high level of not compliant findings in this inspection. Although the registered provider had completed audits including an annual review and unannounced six monthly visit reports, they had failed to identify issues that were noted on this inspection of the designated centre.

When issues were identified, these were not appropriately addressed. For example, it was noted that the review of residents' personal plans was a repeated action in the six monthly reports in October 2020 and April 2021. This was noted as an issue on this inspection under regulation 5. Provider auditing, action planning and follow-up required further improvement to ensure the quality and safety of care and support was being reviewed in the context of all residents assessed support needs.

Judgment: Not compliant

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

Residents had a contract of care that outlined the supports they were to receive in the designated centre. The contract for two residents referenced that the fees to be charged were outlined in an appendix to the contract. This appendix was not attached to the residents' contracts.

Management advised the inspector that residents did not pay a fee for the first 30 days they resided in the centre. This was to facilitate an assessment to be completed to determine the fees they should pay. This assessment had not been completed for these residents, despite them both completing their first 30 days. Therefore, the fee they were to be charged was not clearly outlined.



Judgment: Substantially compliant

### Regulation 32: Notification of periods when the person in charge is absent

A planned absence of the person in charge had been notified to the chief inspector in writing. An alternative person in charge had been appointed during this time.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

On notification of a planned absence of the person in charge, an alternative person in charge had been appointed to cover the absence period. The person in charge was due to return from their planned absence at the end of October 2021.

Judgment: Compliant

### Regulation 34: Complaints procedure

One resident living in the centre had made a complaint about the service provided in their home. When the resident did not receive a response to their complaint, staff members contacted the person the complaint was escalated to. There was no evidence of follow-up to the complaint, or actions taken to address the complaint, from the time the complaint was made on 12 September 2021 to the date of this inspection.

The inspector reviewed the designated centre's complaints policy, which was dated September 2020. It was noted that this policy did not reference the accessible complaints procedure used by residents to make a complaint. This procedure was referenced in an accessible complaints procedure which was dated 2005. The timelines for when residents' complaints should be dealt with was not outlined in this. It was evident that this required review to ensure the process of how residents' complaints would be dealt with was clearly outlined.

Judgment: Not compliant

## Quality and safety

Whilst there were some good examples of care and support to residents, overall the provision of quality and safe care in this centre required substantial improvement.

In line with the regulations, residents are required to have a personal plan, which outlines the residents' assessed needs and the supports that they require. The inspector reviewed a sample of residents' files. It was identified that a personal plan had not been developed no later than 28 days after two residents had moved into the designated centre. Where one of these residents had identified health care needs, these were not support by an associated plan of care. Goals had not been developed for these residents, in line with their wishes.

Whilst there were some good procedures in place regarding infection control practices in the centre, suitable contingency planning was not in place. The contingency plan did not include the specific measures to be taken in relation to self-isolation, zoning of residents and donning and doffing areas. The contingency plan had not been reviewed since June 2021, which was before additional residents had moved to the designated centre.

Regular temperature checks were documented for residents and staff, and residents were supported to have visitors to their home in line with relevant guidance. A COVID-19 lead had been appointed in the centre. A weekly COVID-19 walk-around and daily cleaning checklists were to be carried out. It was identified that these were regularly not documented as having being completed.

A fire alarm system, emergency lighting and fire-resistant doors were provided in the designated centre. Fire fighting equipment was located in a number of areas, and these were serviced annually. Residents participated in regular fire drills, and it was evident that residents could safely evacuate in the event of a fire.

### Regulation 17: Premises

The designated centre comprised of two houses located in an urban area, a short distance apart. Each resident had a private bedroom in their home, which had been decorated to reflect their individuality. Residents' homes were decorated with photographs and personal items.

Painting was required in both houses, and some minor premises works were required in the home of the resident being provided with an individualised service.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Residents living in the centre had access to transport which was roadworthy.

The staff team had raised concerns that plans to admit two residents to the designated centre would impact on the quality of support they could provide to residents. It was not documented what actions had been taken, such as an assessment of the impact on current residents or an assessment of the staffing arrangements in the centre, before the residents moved to their new home.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Improvements were required to ensure that residents were protected from all sources of potential infection. It was identified that the designated centre's contingency plan did not include a number of key measures to be taken in the event of an outbreak of COVID-19, including isolation procedures and donning and doffing areas specific to the designated centre. Cleaning checklists and COVID-19 checklists were not being completed as frequently as it was outlined by the provider.

Judgment: Not compliant

### Regulation 28: Fire precautions

Fire-resistant doors, a fire alarm panel and emergency lighting were provided in the designated centre. Fire-fighting equipment was located in a number of areas throughout the centre, and it was serviced annually. Residents participated in regular fire drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Two residents' personal plans had not been developed within 28 days of their admission to the designated centre. One resident's day service support plan was available in their file, but this was dated prior to their admission to residential services. No goals had yet been identified for the residents. Another resident did not have a plan to guide staff on the supports they required to meet their hygiene needs.

There was evidence of multi-disciplinary discussion regarding the transition of these

residents. Psychology support plans had been developed for these residents.

Judgment: Not compliant

### Regulation 6: Health care

When one resident had identified health care needs, these were not supported by a plan of care. Therefore there was no clear guidance for staff members on how to support this resident to meet their healthcare needs.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Staffing issues in the designated centre impacted on the ability of residents to complete activities in their local community. This was communicated to residents in a residents meeting by staff members. This impacted on residents' freedom to exercise choice and control in relation to their daily plan.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0030160

Date of inspection: 05/10/2021

## 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 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: <ul style="list-style-type: none"> <li>• All necessary documentation relating to changes to the person on charge will be submitted to HIQA within the required time frame.</li> </ul>	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• A system has been introduced which facilitates the provision of additional staffing at evenings and weekends to meet the planned expressed wishes of the residents in this designated centre.</li> <li>• In addition, as a result of skill mix, the registered provider is now in a position to allocate some further resources to facilitate choices of the residents.</li> <li>• A meeting is planned with the staff team to discuss the issues highlighted during the inspection.</li> </ul>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Recruitment has commenced for a Compliance Officer reporting to the Director of Services who will have responsibility, among other tasks, for carrying out unannounced audits of designated centres, following up to ensure that actions arising from the audits are addressed and reporting on trends</li> <li>• Unannounced six monthly audits will be more robust to ensure that issues which could lead to non compliances are identified and actioned</li> <li>• The Compliance Officer will have responsibility for following up with the PIC in relation to actions arising from audits and ensuring that actions which cannot be addressed are escalated appropriately.</li> <li>• Please see response under Regulation 15 in respect of staffing</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• Residents had received information in respect of fees to be paid to the registered provider prior to moving into the designated centre however this had not been attached to their Service Undertaking. This will be rectified and will be now be attached.</li> <li>• The Finance Department aim to complete and issue RSSMAC assessments within 28 days of the person becoming liable for RSSMAC charges or of receiving satisfactory income information whichever is the later.</li> </ul>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The I'm not Happy Complaints procedure will be reviewed to ensure that complaints made by individuals supported are addressed promptly and will include <ul style="list-style-type: none"> <li>o the alternative arrangements if the responsible person is on leave</li> <li>o a timeline for addressing complaints</li> <li>o the satisfaction or not of the resident with the outcome</li> </ul> </li> <li>• The Complaints Procedure is under review and will include reference to where</li> </ul>	



complaints from various sources will be maintained including details of follow up, outcome, resolution reached

- The outstanding complaint of the resident has been addressed

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Painting and remedial works as identified will be carried out.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- In advance of any new admissions into the designated centre an assessment will be carried out and documented of the impact of new admissions on current residents and an assessment of the staffing arrangements in the house in the context of new admissions
- A meeting is planned with the staff team to discuss the issues highlighted during the inspection.

Regulation 27: Protection against infection

Not Compliant

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

- The contingency plan in the event of infection has been reviewed and includes information related to: isolation procedures, donning and doffing areas and zoning areas.
- The importance of completing the cleaning checklists and Covid-19 checklists will be emphasised with the Lead Worker Representative and the wider staff team.
- An audit of compliance with the COVID reporting arrangements will be undertaken

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• People who move into this designated centre will have initial personal plans developed within 28 days.</li> <li>• A plan to guide staff on the supports an individual requires to meet their hygiene needs will be put in place</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• A personal plan outlining the application of a cream has been completed for one resident.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Please see response under Regulation 15 in respect of staffing</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 7(1)(b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre.	Substantially Compliant	Yellow	05/10/2021
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.	Not Compliant	Orange	31/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	31/03/2022

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2022
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	31/12/2021
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 24(4)(a)	The agreement referred to in	Substantially Compliant	Yellow	30/11/2021

	paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	11/11/2021
Regulation 34(1)(a)	The registered provider shall	Not Compliant	Orange	31/03/2022

	provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	04/11/2021
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	04/11/2021
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	04/11/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints	Not Compliant	Orange	04/11/2021

	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.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/11/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	31/12/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/11/2021

Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	28/02/2022
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