



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcoran and East Cork
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	03 March 2021
Centre ID:	OSV-0005603
Fieldwork ID:	MON-0032149

## About the designated centre

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

Kilcoran East Cork is a designated centre located in the East Cork region. Residential services are currently afforded to 17 adults with an intellectual disability, following reconfiguration of the centre. The centre is comprised of five bungalows each being decorated in line with the resident's individual preferences and taste. The service operates on a twenty four hour, seven day a week basis ensuring residents are supported by staff at all times. Staffing levels in each house are allocated according to residents' assessed needs, as reflected within individualised personal plans. Nursing support is in place as required.

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

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Wednesday 3 March 2021	10:45hrs to 18:00hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector was unable to visit all five houses in this designated centre as a result of the COVID-19 pandemic. To reduce movement between houses, in line with the current public health guidelines, the inspector met with two residents in their home and went to meet four residents in one of the other houses in their garden in the afternoon.

In advance of the inspection, the person in charge had identified which house in the designated centre would be the most appropriate location with the least amount of impact on the residents from where the inspector could conduct the inspection. The two residents in the house were being supported by staff to engage in individual activities when the inspector arrived. Both residents communicated without using words but it was evident that staff were familiar and understood all the requests made by both residents during the day. One resident was sitting in the large sitting room on their preferred seat with relaxing music being played which enhanced the calm and peaceful atmosphere in the house. The staff had closed the curtains and had soft coloured lighting to create a cosy environment. Staff outlined how they had progressed with this activity during the pandemic restrictions and how it had benefited the resident to readily engage in the activity in the house. While the resident did not acknowledge the inspector at that time, they did come into the kitchen shortly afterwards to investigate the increase in people present in the house. The resident made contact in their own individualised way by touching the inspector as they left the kitchen. The other resident was sitting in the kitchen and had been engaged in some table top activities that staff explained assisted with the resident's finger dexterity. The staff spoke of how this resident was a great help to them with many different household chores which included emptying the dishwasher and participating in some baking. In addition, they had picked flowers from the garden the previous day with staff and these were on display on the kitchen table. The resident liked to go out for regular spins and they indicated to staff that they wanted to go out during the morning. Staff facilitated this request and the resident enjoyed a walk along a local beach before they returned for their lunch.

The inspector went to the back garden of another house in the afternoon to meet with one resident who had asked to speak with the inspector. The resident spoke of how happy they were in their new home. They had moved into the house in the summer of 2020 and considered the person in charge and the other peers to be their friends and the house to be their lovely home. They spoke about their bedroom with a television and how they enjoyed doing the vacuuming and had helped with planting some outdoor plants in the garden which they showed the inspector. They spoke about their large extended family and their plans to have a party to celebrate an upcoming milestone birthday. One of the other residents in the house came to the back door to meet the inspector and they told the inspector the name of the soft toy they were holding. The other two residents were observed to be supported by familiar staff. One of these residents put out their hand for a staff to walk with them around the outside of the house. The staff explained that the resident preferred to

go for spins rather than walks and they came out to check if the car was present as they would be going out in the car later in the evening.

The inspector also spoke with a family representative on the phone whose relative had been admitted to the designated centre when circumstances in the family home had changed in 2020. While this had been a difficult and sudden decision at the time, the person was full of praise for the support and care shown to their relative since they have moved into their new home. The resident has remained in regular contact with their relative on the phone. The resident was described as having joy in their voice talking about how they are helping with household chores and enjoying being so close to the beach where they can go for regular walks. The family representative also spoke of how the resident had completed activities such as painting which they would not have previously done while at home. The resident was very well supported by the staff team through a difficult grieving period in recent months; this helped the family to know that the resident was coping especially with the pandemic restrictions in place which made it more difficult for regular family visits. On the few visits that have been able to take place the family have noticed an increase in the resident's independence and confidence in addition to their ability to adhere to public health guidelines such as hand hygiene and wearing a mask. The staff team had supported the resident to complete their own Christmas shopping for personal items, this provided the family with great joy. The family representative was confident the resident would speak to them if they had any issue of concern and were of the opinion that the staff kept them fully informed and involved in the support provided to their relative. Staff always supported their relative in a respectful manner with plans and goals identified to further enhance the resident's independence with courses of interest to the resident once the pandemic restrictions are eased.

Throughout the inspection, staff spoken to were very familiar with the needs and preferences of the residents. They had successfully kept the residents safe during the pandemic and supported individuals to access preferred activities such as walks on local beaches while adhering to public health guidelines. Residents were seen to be supported in a respectful and supportive manner by staff who were familiar to them during the inspection. The staff team had also received compliments from family representatives regarding the positive outcomes for their relatives and the person centred care given to the residents. An annual review and provider-led audits had been completed by the provider where actions were identified which had been completed or were being progressed. However, during the morning the inspector observed the kitchen door did not have a self-closing mechanism when staff from the maintenance department tested the generator in the house, all other doors had closed effectively. This was discussed with the person in charge during the inspection and will be referred to in the quality and safety section of this report.

## Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centered service for residents. However, not all notifications had been submitted as required by the regulations and the satisfaction of complainants was not always documented.

On the day of the inspection, there were sufficient numbers of suitably qualified staff on duty to support the residents assessed needs and facilitated them to enjoy activities of their choice. An additional house had been added to this designated centre since the last inspection in 2019, the inspector had requested to visit this house during the inspection. However, the person in charge informed the inspector during the day that one of the residents had requested that the inspector not visit their home. This request was respected. The person in charge spoke with the resident over the phone during the inspection as they were anxious. The person in charge assured the resident that the inspector would not be visiting and made an arrangement to meet with the resident the following day. The CNM2 went to the house to ensure the resident was happy with this arrangement. This support provided to the resident was consistent with what the person in charge and CNM2 outlined to the inspector as the responsive supports provided to all the residents. The person in charge was available to meet and support residents as required and ensured they engaged with residents and the staff team either by phone or in person while adhering to the current public health guidelines.

The person in charge worked full time in the designated centre. They were supported in their role by two Clinical Nurse Managers CNM2, who each had responsibility for specific houses within the designated centre. The assessed needs of the residents in each house was reflected in the staffing supports provided; either nursing supports or social care. The person in charge and CNM2 had ensured the changing needs of the residents were being supported, for example, maintaining a meaningful day while adhering to the current public health restrictions and supporting the residents to maintain family bonds. In addition, the provider and staff team were actively reviewing the future care needs and any additional supports that may be required by the residents in this designated centre. Additional relief staff were available to support the core staff team. The person in charge was aware that there were gaps in the training requirements of the staff team. This had also been identified in the annual review and six monthly audits. The person in charge had ensured all staff had completed the required training in infection prevention and control through on-line courses. In addition, the person in charge had scheduled training for staff but due to the pandemic restrictions in-person training had been cancelled. The inspector was informed that the return of in-person training was been reviewed by the provider.

The inspector reviewed the regulatory notifications that had been submitted by the person in charge. Not all quarterly notifications had successfully been submitted during 2020. These were discussed with the person in charge during the inspection. In addition, while staff had supported residents to make complaints; two residents in one of the houses had made eight complaints between 21 January - 8 June 2020. The complaints were regarding the impact the actions of another resident was

having on them which disturbed their sleep or caused them distress. While the provider did resolve the issue in June 2020, the documentation of the complaints was not always completed, with a number of the complaints stating the complaint had not been resolved or the section of the form was not completed. While the complaints had all been closed in June 2020, the actions taken by staff to support the residents at the time of the complaint or subsequently were not consistently documented.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota and staffing levels were maintained as per the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to and availed of appropriate training provided by alternative on-line resources. However, there were a number of staff who required refresher mandatory training.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

There was effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents, this included a comprehensive audit schedule in each house with the person responsible identified.



Judgment: Compliant

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

The provider had an admissions policy in place and had supported two emergency admissions in line with the statement of purpose since the last inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. The person in charge made some minor changes as requested by the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief Inspector had not been notified in writing of all notifications as required by the regulations.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Residents were supported by staff to make a complaint, while complaints had been recorded, actions taken to resolve issues raised had not been documented. In addition, the satisfaction of the complainant was not consistently recorded on the complaints reviewed by the inspector.

Judgment: Substantially compliant

## Quality and safety

Residents well-being and welfare was maintained by a good standard of evidence-based care and support. They were supported to have a good quality of life while ensuring adherence to the current public health guidelines. However, the inspector requested assurance from a person competent in fire safety regarding the fire safety systems in place in the designated centre

The person in charge facilitated the inspector to review a sample of documentation from all of the houses during the inspection. Personal plans that were reviewed had been subject to regular review. In addition, to alert staff of important information regarding individual residents, a discreet respectful alert was secured to the outside of the personal plan but located in a place that staff would see it. For example, one resident needed staff to encourage them to eat slowly and another required support as they were at risk of falling. There was documented evidence of ongoing activities, records of care provided including acute care support plans when required and involvement of residents in setting out their goals for the year ahead. The goals identified in some cases were dependant on the lifting of the pandemic restrictions such as attending theatres or going to watch football matches. However, in the interim period staff had progressed with providing substitute activities which reflected these interests. One resident was supported to listen to preferred music and another was enjoying watching the current rugby championship on television. Another resident who liked arts and crafts and would like to attend art classes when they become available had been supported to paint items out in the garden as a way of providing alternatives to indoor activities. One resident who regularly attended religious services prior to the pandemic restrictions was supported to watch these services on television. Another resident had enjoyed regular visits to their local public house prior to the pandemic, staff were supporting the resident to enjoy their favourite drink at home when they chose while the restrictions were in place.

Staff informed the inspector that some of the residents had become more independent during the pandemic restrictions. As they were in the houses more, they actively sought to engage regularly in household activities such as vacuuming, laundry and cooking. Staff also spoke of how some residents were more relaxed in their homes in recent months and that family representatives also had commented on this. During the afternoon one resident was seen by the inspector to be relaxing on a couch with their feet up. This was a progressive step for the resident and staff outlined how previously the resident would not have done this. Another resident who had been supported by an independent advocate when they moved into the designated centre no longer required this service since the summer of 2020. The resident and advocate were happy with the service provided and the increased independence the resident had gained since their move from a congregated setting.

Residents' healthcare needs were supported by the staff team and allied professionals, this included availing of national health screening programmes. Residents had also been supported and given information in appropriate formats surrounding the process required for swabbing for COVID-19 and vaccination programmes, this included easy-to-read information and social stories being

discussed with residents to assist with their understanding. The person in charge was knowledgeable of outstanding healthcare referrals that had been delayed due to the pandemic, these included a referral for one resident to a consultant and another to a dietician. The inspector was informed that neither resident required urgent referrals at the time of the inspection and their general practitioner was aware and provided ongoing advice when required by the staff team.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. Residents were supported with visual aids to assist in their understanding which included the practicing of hand hygiene and testing for COVID-19. All staff had undertaken training in areas of hand hygiene and the use of personal protective equipment, PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. The person in charge had completed an assessment of the preparedness of the designated to support residents during the pandemic. However, the most recent COVID-19 self-assessment issued by the Health Information and Quality Authority, HIQA had not been completed for the designated centre at the time of the inspection. While it was evident during the inspection that staff ensured frequent touch points were cleaned at intervals during the day, this was not documented in the daily cleaning schedule reviewed by the inspector. It was unclear if the cleaning procedures required in line with public health guidelines were been adhered to.

The provider did have fire safety management systems in place which included regular servicing of equipment, fire drills and personal emergency evacuations plans, PEEPs for residents. However, as previously mentioned in this report a kitchen door in one of the houses did not have a self-closing mechanism in place in the event of the fire alarm being activated. Also, recommendations were made in a fire safety review in 2019 which had not been implemented which included the fire alarm be extended to include the boiler house and garage in one of the houses; while these areas are not part of the designated centre they are located adjacent to the house. In addition, weekly checks of the fire panel and emergency lighting had not taken place between 12 March – 11 May 2020 and again between 17 December 2020 – 25 February 2021. The reason given to the inspector for this was that these checks were carried out by staff in the maintenance department and due to the pandemic restrictions these staff did not go to the houses to carry out these checks. This was discussed with the person in charge during the inspection and with the provider representative during the feedback at the end of the inspection. Also, in some of the weekly checks carried out by staff in the houses, some actions identified had not been resolved in a timely manner. For example a tamper seal was reported missing on the 28 December 2020 from a carbon dioxide fire extinguisher in one house. This was identified as an issue in all subsequent weekly checks up to the time of this inspection. The provider representative gave an undertaking during the feedback meeting that a review of the fire safety in the designated centre would be completed by a competent person in the days following this inspection and the report findings will be made known to the inspector.

## Regulation 10: Communication

The registered provider ensured each resident was assisted and supported to communicate in accordance with their needs and wishes. While the accessibility of reliable internet services was limited in the locality the provider had sourced tablet devices and these were being made available to residents to facilitate on-line activities and video calls to family members.

Judgment: Compliant

## Regulation 11: Visits

The residents were supported to maintain contact with relatives and friends while adhering to public health guidelines.

Judgment: Compliant

## Regulation 17: Premises

The registered provider ensured that the premises met the assessed needs of the residents. The provider had identified areas for improvement in the annual review such as the garden area of one house and this would be progressed once the government restrictions were lifted.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC. However, some gaps were identified in the documentation of actions completed by staff when cleaning regularly touched points.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While the provider had fire safety management systems in place which included a fire alarm and emergency lighting, not all extinguishers had tamper seals in place and not all fire doors had self-closing mechanisms. Weekly checks of the fire panels had also not taken place during periods of increased pandemic restrictions.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of residents was carried out.

Judgment: Compliant

### Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had good understanding in regards to supporting residents with behavioural needs. Behavioural support plans were subject to regular review and restrictions had

been reduced or removed when no longer required since the last inspection.

Judgment: Compliant

### Regulation 8: Protection

The provider ensured arrangements were in place to safeguard residents from harm or abuse. This included staff training, care plans for personal and intimate care and a review of incidents and accidents in the designated centre. There were three active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated where required with actions completed.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times.

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 - 2015 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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kilcoran and East Cork OSV-0005603

Inspection ID: MON-0032149

Date of inspection: 03/03/2021

## 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
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training compliance has increased since inspection. Restrictions due to the COVID 19 pandemic have reduced capacity of in person training. Additional classes will be provided, HseLand online courses are being prioritized.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifications will be printed in hard copy to provide evidence of submissions. All notifications will be made in a timely manner as per regulations.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints book is under review service wide and a more robust recording will be carried out immediately. New complaints book will be submitted to Quality and Safety</p>	

Committee in May 2021 for approval.

Regulation 27: Protection against infection

Substantially Compliant

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

A new recording document has been introduced across the designated centre to capture the additional cleaning carried out due to COVID 19 pandemic.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Weekly fire panel checks have recommenced. Fire procedure has been updated to include a contingency plan in the event maintenance are unable to carry out checks.

All fire doors now have the relevant self-closing mechanisms in place.

A competent company contracted on behalf of the HSE will carry out an assessment of fire safety compliance with the resulting report available 30th April 2021.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021
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.	Substantially Compliant	Yellow	04/03/2021

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.	Not Compliant	Orange	30/04/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	30/04/2021
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	04/03/2021
Regulation 31(3)(b)	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	Not Compliant	Orange	04/03/2021

	centre: any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.			
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	30/05/2021