



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

Issued by the Chief Inspector

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| Name of designated centre: | Cairdeas Services Woodstown |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Waterford |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 17 October 2023 |
| Centre ID: | OSV-0008223 |
| Fieldwork ID: | MON-0037305 |

About the designated centre

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

Cairdeas Services Woodstown consists of bungalow located in a rural area but within close driving distance to a city. Full-time residential care can be provided in this centre for up to four female residents between the ages of 23 and 40, with intellectual disabilities including those with additional needs. Four individual bedrooms are available for residents, three of which have access to en suite bathrooms. A kitchen, dining room, sitting room, a utility room and a staff room are also in the centre. Support to residents is provided by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 |
|----------------------------|-------------------------|---------------|------|
| Tuesday 17 October 2023 | 08:15hrs to 16:05hrs | Conor Dennehy | Lead |

What residents told us and what inspectors observed

Residents had commenced living in this centre in March 2023 and it was indicated that they had settled well in the centre. Individual bedrooms were available for residents and the premises provided for them was found to be well-presented. The inspector noted that all staff members present supported the residents in a caring manner.

This designated centre had a capacity for four residents but at the time of this inspection, three residents were living in the centre all of whom were wheelchair users. On arrival at the centre the three residents were initially met by the inspector as they were being supported with their breakfast by the staff members present. During an introduction meeting with a member of management it was indicated that the three residents were familiar with one another before moving into this designated centre in March 2023 as they had previously availed of another centre operated by the provider. It was also indicated that a fourth resident was due to move into this centre the month following this inspection and that this resident was also familiar with the three current residents.

After completion of the introduction meeting, the inspector met these residents again as they were watching a television programme and were being prepared by staff to attend day services. Staff told the inspector that residents had recently started watching this programme and really enjoyed it. The three residents did not communicate verbally and, aside from occasionally looking at the inspector, they did not interact with him. The staff who were supporting the residents at this time told the inspector that the residents' transition into this centre had gone well and that they were settled into their new homes. It was also mentioned that the move to this centre had been very positive for one resident who had previously lived full-time in another centre but had been sharing with different respite residents then.

Staff spoke about some of the things that residents did such as going to the cinema and going on walks. A bus was provided for the centre that was wheelchair accessible and could transport up to four residents on outings. This bus was also used to support residents to attend day services Monday to Friday. One resident had recently resumed swimming through their day services which was highlighted as a positive development for the resident. It was highlighted also that if residents did not want to go to day services, that arrangements were in place to support residents to remain at home in the centre if they so wished. Aside from activities away from the centre, residents were able to receive visitors in their home with staff spoken with indicated that residents regularly received visits from their relatives.

It was noted that some of the staff who were supporting residents in this centre had known and been supporting the residents for years and had transitioned with the residents when they moved into this centre. This helped promote a continuity of staff support for the residents and during the early part of this inspection, it was observed and overheard that all staff members present were very attentive, caring

and warm as they supported the residents. For example, staff praised the appearance of the residents, were heard letting residents know what was happening and took time to ensure that the residents were appropriately dressed as they departed the centre for their day services. After being supported onto the bus, the three residents left with staff and were not met again by the inspector until the end of the inspection.

As the centre was largely empty for much of inspection, the inspector used this time to review relevant documentation and the premises provided for residents to live in. Overall, this premises was found to be presented in a clean, homely and well-furnished manner. All residents had their own individual bedrooms with ceiling hoists to support the needs of residents. These bedroom were brightly decorated and offered facilities for residents' personal belongings to be stored. The communal areas of the centre comprised of an open plan design whereby the kitchen, dining room and sitting room had no interconnecting doors. Within the communal areas the inspector noted that some Halloween decorations and a fish tank were also present which added to the homely feel.

To the rear of the centre was a garden with a slope. Given the slope, the garden could not be accessed by residents given their particular needs but the inspector was informed that steps had been recently added to this slope. This increased the ease of access to a shed located at the top of the hill with this shed used for storage. Residents could access the garden area at the front of the centre and works had recently been done in this area to improve the general appearance of this area while also creating more space for staff parking. Some potted plants and shrubs were present at the front door but it was seen that a hand rail also present here required some painting. As the inspector was leaving the centre, he met the residents at the front of the centre as they were supported to exit the centre's bus after returning from day services. As he was saying goodbye to the residents, one of them raise their hand to say goodbye. The resident was praised by staff for this.

In summary, residents were living in nicely presented centre that was homely in its general appearance. All staff present during this inspection were very caring and warm in their interactions with the residents. While the residents did not communicate verbally, it was indicated to the inspector that their transitions to this house had gone well.

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

It was found that the provider had ensured that a comprehensive unannounced visit to this centre had been conducted to review the services provided. Despite this

some regulatory actions were identified including one related to staffing while an urgent action was also highlighted.

The provider had applied to the Chief Inspector of Social Services register this centre in February 2022. After a site visit conducted in April 2022 where no concerns were identified, the centre was registered without any restrictive conditions until June 2025. The centre remained unoccupied until March 2023 when residents first moved into the centre. As such the current inspection marked the first inspection of the centre since it had been registered with the focus of this inspection being on the supports provided to residents and the levels of compliance with the regulations. Overall, the findings of this inspection indicated that residents had settled well in their new homes but there were some regulatory actions identified.

In line with the requirements of the regulations, the provider had ensured that an unannounced visit to the centre by a representative of the provider had been conducted in July 2023. This visit was reflected in a written report that was reviewed by the inspector. It was seen that this unannounced visit report was very comprehensive in its nature and was focused on matters which directly affected the quality and safety of care support provided to residents. Where any areas for improvement were identified, they were included in an action plan which assigned responsibility and time frames for completing specific actions to address such issues.

Amongst the actions that had been identified in this provider unannounced visit report was to review the remit of the person in charge. At the time of this inspection, the person in charge, who was not present during this inspection, was responsible for a second designated centre but was also involved in other centres and services operated by the provider. To support the operations of the current centre a clinical nurse manager 1 (CNM1) had been put in place to provide a managerial presence in the centre. This CNM1 was present during the inspection and demonstrated a good awareness of the needs of the residents and provided all information requested by the inspector. Following the action highlighted in the July 2023 unannounced visit report, it was indicated that there were plans to appoint a new person in charge.

The July 2023 unannounced visit report also included an action to risk assess the night-time staffing arrangements with regards to fire safety. While this had been done shortly before this inspection, this inspector identified an urgent action in relation to the same matter. This will be discussed further elsewhere in this report. However, one of the factors that contributed to this urgent action related to the number of staff on duty at night in the centre. When the centre was first registered in June 2022, it was done so against a statement of purpose which formed the basis for a permissive condition of registration. This statement of purpose set out the staffing arrangements that were to be provided in the centre and suggested that at night there would be one staff nurse on duty and one care assistant on sleepover.

It was indicated to the inspector though that since residents had moved into this centre, only one staff member had been present in the centre at night. This was also reflected in the planned and actual rosters that were being maintained for the centre. The centre's statement of purpose had been reviewed since the centre's

initial registration and it was noted that the most recent version had removed reference to there being a care assistant on sleepover at night. The inspector was informed that a new resident was due to be admitted to the centre in November 2023 and that once this happened there would be a second staff member on duty at night to support the four residents who would then be living in the centre. Following the provider's response to the urgent action, a second staff member commenced working in the centre at nights from 20 October 2023 on.

The inspector was also informed during the inspection that the staff member to be on duty on night since residents moved in was to be a staff nurse. Despite this, when reviewing the staff rosters the inspector noted that there had been some occasions, mainly at nights, when assigned nursing shifts in the centre would be filled by a care assistant. It was acknowledged that there was staffing challenges affecting the health and social generally while a member of this centre's management outlined the challenges the provider was encountering in recruiting new staff. The inspector was also informed that in the event that nursing staff was not working in the centre, nursing support could be obtained from other centres or services operated by the provider.

Regulation 15: Staffing

Assigned nursing staff shifts had sometimes been covered by care assistants. The number of staff on duty at night at the time of inspection contributed to the issuing of an urgent action. This is addressed under Regulation 28 Fire precautions.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was present in the centre which contained required information such as residents' particulars and details of their next-of-kin. It was noted though that the directory did not indicate the name and address of any authority, organisation or other body which arranged residents' admission to the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the provider had ensured that a comprehensive unannounced visit to the centre had been conducted, a number of regulatory actions were found on this

inspection including a matter which required urgent attention. This suggested that elements of the monitoring systems in operation for the centre needed improvement. It was indicated that there were plans to appoint a new person in charge.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose provided during this inspection had been recently updated and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Any restrictive practices in use in a centre must be notified to the Chief Inspector on quarterly basis. While such a notification had been submitted for the second quarter of 2023, during this inspection it was noted that this notification did not include one particular restrictive practice that had been used during this period. This restrictive practice had been discontinued in June 2023 after review by a multidisciplinary team.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Hard copies of the provider's policies were present in the centre's staff office but it was seen that some of these were out-of-date. The CNM1 was subsequently able to access current version of the provider's policies electronically. This indicated that most of the required policies had been reviewed within the previous three years but a policy related to nutrition had not been reviewed since May 2020. The provider did not have a standalone restrictive practices policy but matters in this area were referenced in some of the provider's other policies.

Judgment: Substantially compliant

Quality and safety

It was indicated that residents had settled well into their new home with residents' personal plans having been reviewed since their transitions. While the centre had fire safety systems in place, an urgent action was identified relating to night-time fire evacuation.

As highlighted earlier in this report, it was indicated to the inspector that the move to this centre had gone with the residents' personal plans indicating that their current home was suited to their needs. Such plans are required by the regulations and are important in setting out the needs of residents and providing guidance for staff on meeting these needs. The inspector reviewed a sample of these plans and noted that they had been reviewed since residents moved into this centre and contained information on supporting the residents in various areas. This included supporting residents with their nutrition and intimate care. It was also noted that these plans were subject to multidisciplinary review on a regular basis.

Circle of support meetings were also conducted with residents and their families to involve them in their personal plans and to identify goals for them. These goals focused on areas such as social activities and as referenced elsewhere, residents were being supported to go out for activities. One resident also had a goal to help with the centre's garden and it was indicated that they had helped to plant some seeds. It was noted though that some health related goals had also been identified for residents. Given that the provider already had regulatory responsibilities relating to supporting residents' health, this was queried by the inspector. In response it was indicated that health played a big part in the lives of these residents so it was important to reflect this in their goals.

Aside from this when reviewing some residents' personal plans it was noted that they were indicated that individual residents needed the support of two staff in transfers to and from their wheelchair. The centre's fire evacuation plan and residents' individual personal emergency evacuation plans indicated that if two residents were in bed at night they would need to be transferred to their wheelchairs for evacuation. While it was seen that the centre had fire safety systems in place including a fire alarm, fire extinguishers and fire containment measures, as highlighted earlier in this report, only one staff member was on duty at night at the time of this inspection. Records provided did indicate though that all staff were trained in fire safety.

However, it was indicated to the inspector that a safe evacuation time for the centre had been assessed as being five minutes. Based on records provided on the day of inspection, two fire drills had been conducted to reflect a night-time situation since residents moved in. Both of these recorded evacuation times of over five minutes with the most recent of these drills recording a time of over seven minutes. This did not provide assurance that all three residents could be safely evacuated from the centre in a timely manner so the provider was issued with an urgent action around this matter. In response the provider indicated that they conducted a further drill on 19 October 2023 but that the evacuation time had been over 5 minutes again. As such it was indicated by the provider that from 20 October 2023 a second staff

member was to be rostered at nights before the planned fourth resident was to move in.

The provider indicated that once this fourth resident moved in, a review of night-time evacuation plans based on a full risk assessment would be carried out. While the addition of the second staff at night did address the urgent action identified, as referenced earlier in this report, night-time staffing arrangements with regards to fire safety for this centre had been recently risk assessed. A copy of this risk assessment was reviewed during this inspection which indicated that the risk around this matter was a low risk. Given the evidence seen by the inspector during this inspection and the subsequent fire drill conducted by the provider on 19 October 2023, it was unclear how this matter had been assessed as being a low risk. Aside from this, other risk assessments related to the centre generally and individual residents were seen. While these had been recently reviewed, some required updating while some other risks impacting this centre needed to be assessed.

Regulation 17: Premises

While an external hand rail was seen to need painting, overall the premises provided was found to be clean, homely and well presented.

Judgment: Compliant

Regulation 18: Food and nutrition

Appropriate facilities were provided for food to be stored hygienically while guidance was in place on residents' assessed nutrition and hydration needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had risk registers in place for the centre overall and individual residents. However, it was seen that these needed in updating in some areas. For example, the risk assessment relating to the slope to the rear of the centre did not reflect the steps that had been recently added while staffing challenges for the centre were not included in the risk register. The risk related to night-time evacuation had been risk assessed just before this inspection and rated as a low risk. Given the urgent action issued in this area and the subsequent fire drill conducted by the provider on 19 October 2023, it was unclear how this matter had been assessed as being a low risk.

Judgment: Not compliant

Regulation 27: Protection against infection

Some mops for cleaning were stored externally to the rear of the centre but did not have a small shelter. During the inspection some expired personal protective equipment and hand sanitiser was found in the centre. The centre had a recently reviewed contingency plan but this focused on COVID-19 rather than other infectious diseases.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Taking into account the needs of the three residents living in the centre at the time of inspection, the night-time staffing arrangements and the night-time fire drill records provided, the Inspector was not assured that all three residents can be safely evacuated from the centre in a timely manner. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed. This included the addition of a second staff at night from 20 October 2023 on. Once a fourth resident moved in, a review of night-time evacuation plans based on a full risk assessment would be carried out.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Facilities were present in the centre for medicines to be stored but the location of and ease of access to the key for medicines' press required review to ensure security. A sample of medicines stored in the centre were reviewed and were generally noted to be in date and labelled. One medicine though was missing a label but the inspector was informed that one had been collected from the pharmacy on the day of inspection. Another medicine was marked to be discarded three months after first use. While the medicine appeared to have been used it did not have a date opened indicated on it. However, based on the label the medicine had only been prescribed in August 2023.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which had been reviewed since their moves to this centre and contained guidance on supporting residents' needs. Such plans were subject to multidisciplinary input and circle of supports were held with residents and their families to identify goals for residents.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection with staff having undergone relevant training. Guidance was provided on how to support residents with intimate personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed and overheard to be very respectful in their interactions with residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 19: Directory of residents | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Cairdeas Services Woodstown OSV-0008223

Inspection ID: MON-0037305

Date of inspection: 17/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • A risk assessment has been completed in relation to Nursing shifts being covered by care assistants, in the event that no nurses are available • The number of staff working at night in the centre was reviewed and increased to two waking cover at night from the 20/10/2023. | |
| Regulation 19: Directory of residents | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • The Directory of residents was updated to reflect the required information on the 18/10/2023. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Due to the temporary increased remit of the current PIC, a PIC for this designated | |

center is in recruitment and awaiting Garda clearance.

- The services manager and the PIC will ensure any risks within the centre are assessed, reviewed, implemented and monitored.
- The Services Manager will review the action plan from the 6 monthly audits to ensure that actions are completed in a timely fashion.

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| Regulation 31: Notification of incidents | Not Compliant |
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC will ensure that required notifications are submitted within regulatory timeframes on a consistent basis.

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|---|-------------------------|
| Regulation 4: Written policies and procedures | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- Food Nutrition and Hydration Policy is currently under review Nationally.

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|---|---------------|
| Regulation 26: Risk management procedures | Not Compliant |
|---|---------------|

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

- The risk assessment in relation to the slope/access to the back has been amended to reflect the recent remedial works.
- A risk assessment in relation to being unable to source a nurse to cover shifts has been put in place.
- A comprehensive review has been conducted by both day and night staff to ensure that the individuals who reside in the house can be evacuated in a timely manner this has been achieved – the staffing at night has increased to two waking night cover.

- The PIC and the Services Manager Acting will ensure any risks within the centre are assessed, reviewed, implemented and monitored.
- Risk will be a standing item on team meetings and risk assessments will be reviewed on a regular basis or more frequently if required by changing circumstances.
- Risk training for senior managers is scheduled for December 8th and any further amendments to current practices will be considered in light of this training

Regulation 27: Protection against infection

Substantially Compliant

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

- The expired PPE and sanitizer has been removed and replaced. A weekly check of expiry dates has been added to the duty roster.
- The contingency plan for the center has been reviewed and updated to include other infectious diseases.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A comprehensive review has been conducted by PIC and staff to ensure that the individuals who reside in the house can be evacuated in a timely manner and this has been achieved. The staffing at night has increased to two waking night cover.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- A safe with a key code access has been installed to store the key to the medication

press when the house is unoccupied.

- All staff reminded that medicines are to be labeled on the date of opening and a note made for the date of disposal. This will be discussed at next team meeting.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(2) | The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided. | Substantially Compliant | Yellow | 18/10/2023 |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 18/10/2023 |
| 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. | Substantially Compliant | Yellow | 31/12/2023 |
| Regulation 26(2) | The registered provider shall | Not Compliant | Orange | 31/12/2023 |

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| | 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. | | | |
| 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 | 18/10/2023 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Not Compliant | Orange | 20/10/2023 |
| Regulation 29(4)(a) | The person in charge shall ensure that the designated centre has appropriate and suitable | Substantially Compliant | Yellow | 18/10/2023 |

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| | practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. | | | |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | Not Compliant | Orange | 31/01/2024 |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 31/01/2024 |

