Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Announced
Date of inspection:	05 September 2022
Centre ID:	OSV-0005603
Fieldwork ID:	MON-0028437

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 21 adults with an intellectual disability, following reconfiguration of the centre. The centre is comprised of six 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:	21

How we inspect

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
Monday 5 September 2022	09:00hrs to 20:55hrs	Caitriona Twomey	Lead
Monday 5 September 2022	09:00hrs to 20:55hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

Kilcoran and East Cork is a designated centre located in the East Cork region. The centre comprised six single-storey houses, providing a full-time residential service to 21 adults with an intellectual disability. Two residents lived in one house, three in another and four residents lived in each of the four remaining houses. There were no vacancies at the time of this inspection.

Two inspectors completed this inspection on behalf of the chief inspector. The inspectors met with the person in charge and other members of the management team in the provider's administration building at the outset of the inspection. As it took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspectors and all staff adhered to these throughout the inspection. Some documentation, which related to the entire centre, was reviewed at this time. This included the most recent annual review, and the reports written following the three most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff rosters and training records were also reviewed. The provider advised that training records were not up-to-date and submitted revised versions following the inspection. These will also be discussed in the next section of this report.

Given the size of the centre, the provider had a governance arrangement whereby there were two managers who reported to the person in charge. Each of these managers was responsible for three houses in the designated centre. Following the introductory meeting and review of documents, each inspector was accompanied by one of these managers to visit the three houses they were responsible for. An inspector did not enter one of the houses due to temporary infection prevention and control measures in place on the day. However, they did see the outside area and reviewed documentation specific to this house.

All six houses were observed to be generally well-maintained, bright, clean and recently decorated in a homely and modern style. Each resident had their own bedroom and had been supported to furnish and decorate them in line with their own preferences and needs. Residents' bedrooms were reflective of their personalities and interests and as such were individualised. Some residents chose to show inspectors their bedrooms and enjoyed speaking about photographs, other personal items on display, and furnishings such as cushions, artworks and bedclothes that they had chosen. Residents who wanted one had a television in their bedroom.

Residents had access to a number of living areas within their homes, including spaces where they could meet visitors in private if they wished. Damaged flooring in communal areas was noted in two houses, with one posing a trip hazard to residents. Aside from this matter, the houses visited were accessible to residents that presented with mobility issues and were laid out to suit the needs of residents

as they aged. This included the availability of suitably fitted shower rooms and bathroom facilities. Accessible baths were viewed in two houses and staff told the inspectors that certain residents really enjoyed having regular baths. Laundry facilities were provided and were accessible to residents who wished to participate in this activity. When in one laundry area, an inspector noted that an unlocked storage unit contained residents' personal information. This was also identified in a communal area of another house. As such, not all residents' personal information was stored securely or confidentially. Management addressed this matter once it was brought to their attention. Issues regarding storage were also identified in other houses with continence wear stored in view in a conservatory area, and cushions and other items stored beside a boiler in another house.

Each house had an outside area with seating where residents could spend time if they wished. One premises had a secure outdoor area, including electric gates, for residents' safety. Outdoor landscaping works were in progress in a house that was added to the centre in late 2021. The size and facilities available in the outside areas varied across the six houses. One house had a large, well-maintained garden and outdoor area with raised planters, colourful flowerpots, and outdoor furniture. Other houses had smaller areas that were not regularly used by residents. It was reported in one questionnaire, completed by a resident, that they were unable, and wished, to access the garden in the house where they lived.

The inspectors had the opportunity to spend time with 16 of the 21 residents living in the designated centre. Some residents chose not to interact with inspectors and this choice was respected. Some residents who did not communicate verbally with inspectors were observed to be at ease in their home. They greeted inspectors by smiling at them or with other gestures. Residents appeared to enjoy a good quality of life. The majority of residents communicated with during the inspection indicated that they were happy living in their present homes and enjoyed the company of their peers and the staff that supported them. Overall, the inspectors noted that residents appeared to be relaxed and content in their homes. The only exception to this was a resident who wished to return to a previous living arrangement which was no longer available to them. This resident did not have any specific complaints regarding their current living arrangements or the support provided to them but expressed a strong wish to return to where they had lived before. This will be discussed further in the 'Quality and safety' section of the report.

Some of the residents were in the retirement phase of their lives and staff told an inspector that this meant that sometimes they preferred to relax at home. These residents were regularly offered a choice of activities. There were numerous pictures on display in residents' homes and available in their personal plans to show residents enjoying activities both at home and in the community. For example, staff spoke about some residents taking part in social farming initiatives and information relating to this was viewed in residents' personal plans. This activity appeared especially popular with residents with many speaking about it with inspectors and also highlighting it in questionnaires that had been completed in advance of the inspection.

Many residents in this centre had active, busy lives. One resident spoke with an

inspector about a number of weddings they had attended that year. On the day of this inspection, three residents had attended a local cooking class. An inspector met with two of these residents after the class and was offered a slice of freshly made apple tart. These residents appeared to enjoy going to the class together and spoke about what they had made in the past and would be making in future classes. Both of these residents had moved to the centre since it was last inspected on behalf of the chief inspector and were very positive about their experiences of living there. It was clear that warm relationships had been developed with other residents and with the staff team. They spoke with enthusiasm about the various activities they enjoyed, their bedrooms, and life in their house. An inspector also had an opportunity to speak with a resident in another house who had also moved in recently. They too were very positive and spoke with the inspector about how when they first visited the house as part of their transition plan, they decided they would stay from that day. The provider had facilitated this accelerated move and the resident reported that they had happily lived there since. This resident spoke with the inspector about what they enjoyed doing and a goal they had developed with a staff member to revisit an area of Cork city that they had regularly spent time in as a child. This resident had previously had a dog and expressed they would love to have a pet in this house.

Staff interactions with residents were observed to be calm, warm and positive. Staff had a very good knowledge and understanding of residents' likes and dislikes, communication styles and support needs. Some staff had worked with the same group of residents for a number of years and spoke of their experiences of de-congregation within the organisation. Staff spoke about the improvements that had occurred for residents as a result of this change and told the inspectors about the transformation of some residents' lived experiences since they had moved into these smaller, community-based homes. Some residents were now accessing areas of the community and taking part in activities that they would not have done prior to the move. For example, one resident had recently enjoyed a spa treatment with staff support. Staff spoken with in all of the houses reported that the residents in this centre experienced a good quality of life.

As this was an announced inspection, resident questionnaires were sent to the provider in advance. Ten questionnaires were completed. These had been completed by residents (or their representatives) living in at least five of the houses in the designated centre. Overall the feedback received was very positive and reflective of what the inspectors had been told and observed during the inspection. Residents reported that they were happy living in the centre and outlined their satisfaction with the food and activity choices available to them. Respondents were also positive about the staff team working in they centre with one describing them as 'simply the best'. One respondent reported that there was nothing at all that they would change about the service provided to them. Some respondents did report areas where they would like to see improvements. These included one resident's request for a bigger bedroom, another's to be able to access the garden in their house and two residents who wanted work done to the garden area in the house where they lived.

As well as spending time with residents and speaking with members of the staff

teams, the inspectors also reviewed some documentation. Documents reviewed included residents' signed service agreements, fire safety documents and the complaints log. The inspectors also looked at a sample of residents' individual files from all six houses in the centre. These included residents' personal development plans, healthcare and other support plans. These were generally of a good standard. Areas for improvement were identified and will be outlined in more detail in the remainder of this report.

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 to each resident living in the centre.

Capacity and capability

There was evidence of good management practices and strong leadership in many areas, especially regarding the provision of a person-centred service with strong links to the local community. The centre was staffed by committed staff teams who knew the residents well. However, additional oversight was required to ensure compliance with some of the regulations. A number of the findings of this inspection were consistent with those of the last inspection completed on behalf of the chief inspector in May 2021. These related to the regulations regarding notification of incidents, staff training, and complaints. Clarity was also required regarding residents' financial contributions.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge worked full-time in this centre only and was in this role since March 2022. As outlined previously, they were supported by two managers, who each had responsibility for three houses in the designated centre. It was evident throughout the inspection, that the person in charge and other members of the management team were very knowledgeable about each resident and their assessed needs, and the day-to-day running of each house in the centre. However, it was acknowledged that information was not always passed on to the person in charge in a timely manner. For example, they had not been informed of the unplanned use of fire equipment in one house and, as a result, had not notified the chief inspector within the time frame outlined in the regulations.

Staff meetings were held regularly in the centre. At times these were conducted using teleconference technology. This worked well to facilitate staff attendance outside of their regular working hours. There was evidence of both a proactive and responsive management approach. Inspectors were told about a new initiative in some of the houses for staff to work later shifts to facilitate evening and night-time activities that some residents would enjoy. In response to a number of incidents,

there had been a recent move of one resident from one house to another in the designated centre. Staff spoke with an inspector about the positive impact this move had had on one resident's daily life.

This centre, due to its size and the assessed needs of residents, required a large number of staff to operate. There were a number of vacancies at the time of this inspection. The skill mix of staff working in each house varied based on the assessed needs of the residents living there. The staffing skill mix and allocation for each house was outlined in the centre's statement of purpose. At the opening meeting with inspectors, management acknowledged that due to staff vacancies and recruitment challenges, nursing care was not provided in one house at the level outlined in the statement of purpose. Nursing support was available from an on-call member of staff, if required. When speaking with an inspector, staff reported that on occasion, a resident would have to wait for a short period for catheter care if this was required during the night. Management acknowledged that it would be preferable to have a nurse present at night due to the rural location of this house. Inspectors were informed that the provider was making active efforts to fill the nursing and other staff vacancies in this centre and referenced ongoing recruitment campaigns.

An inspector reviewed a sample of staff rosters for each house at various times in the previous six months. It was identified that in addition to the nursing shortfall already discussed in one house, the skill mix of staff in other houses was regularly not consistent with what was outlined in the centre's statement of purpose. The provider had assessed that this did not pose a medium or high risk to these residents. This assessment was consistent with the inspectors' findings during this inspection. The centre had experienced five outbreaks of the COVID-19 virus in the previous 12 months. These outbreaks involved both staff and residents and required high levels of flexibility and cooperation from management and the staff team to try to maintain the required staffing levels in each house. The provider was not always successful in achieving this aim. It was identified that the staff numbers in two of the houses were often less than the planned roster. The person in charge advised that these reduced staffing levels still ensured residents' safety but acknowledged they did have an impact on residents' activities and opportunities for community access.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in January 2022 and involved consultation with residents and their representatives, as required by the regulations. Some of the areas identified as requiring improvement in this review were consistent with the findings of this inspection. These included staffing and staff training. Unannounced visits had taken place in March 2021, September 2021 and again in June 2022. Inspectors reviewed the reports written following these visits. It was noted that the action plans at the end of these reports were blank. Management advised that these were stored electronically and regularly updated to ensure progress was monitored by the person in charge. Many of these actions had been progressed or addressed in full by the time of this inspection. An exception to this

related to the documentation of complaints in the centre.

An inspector reviewed the management of complaints in the centre. Easy-to-read versions of the complaints procedure were visible in prominent areas of the houses visited by inspectors and residents had access to advocacy services, if requested or required. Records viewed indicated that residents and their advocates were supported to make complaints if they wished. A number of residents had been supported to make complaints by staff about various issues such as the noise levels in their home, a broken washing machine, and issues with their garden. Overall, it was noted that complaints were responded to and dealt with locally where possible. However, the documentation around this was sometimes unclear and did not always include details of the outcome of a complaint or whether the complainant was satisfied with the outcome of their complaint. As well as in provider’s own audits, this issue had also been identified in previous HIQA inspections of this centre.

Staff training was identified as requiring improvement in the last inspection completed on behalf of the chief inspector, in the most recent annual review, and in a number of recent unannounced visits completed by the provider. Staff training opportunities had been negatively impacted by the public health guidelines implemented as part of the response to the COVID-19 pandemic. Not all training records were available on the day of this inspection. One inspector reviewed the records available and those submitted by the provider following the inspection. It was identified that while staff had access to training in areas such as fire evacuation, safeguarding, and the management of behaviour that is challenging, not all staff had up-to-date training in areas identified as mandatory in the regulations.

The reporting of incidents to the chief inspector was identified as requiring improvement during the last inspection, and again on this occasion. As identified in March 2021, not all quarterly notifications regarding incidents specified in the regulations were submitted to the chief inspector. It was also finding that not all restrictive practices used in the centre had been reported. In addition, a number of notifications had been submitted outside the time frames specified in the regulations. Finally, in the course of this inspection a number of incidents were discussed which management acknowledged should have been notified to the chief inspector within three working days of their occurrence. Management had identified some of these issues prior to the inspection, while others were identified by inspectors. While the management of notifications across such a large centre was understandably challenging, improved systems were required to ensure that all staff were aware of what adverse events were required to be notified, and to ensure that these were notified to the chief inspector within the time lines specified in the regulations.

The inspector reviewed the centre’s statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the size and primary function of each room in each house was both included and was accurate, and that additional information regarding the emergency procedures in the centre was

included. The provider was also asked to include that the person in charge was employed on a full-time basis.

New easy-to-read service agreements had been recently introduced by the provider. A sample of these were viewed by inspectors. Some were noted to be signed by residents or their representatives. Others were signed by staff on behalf of residents, at times signing the resident's own name. An inspector spoke with one staff member about this and they confirmed that they had spent time explaining to the resident what was in the contract prior to signing on their behalf. However, this was not documented. There also appeared to be some confusion regarding residents' financial contributions. In one house, a staff member advised that residents contributed a set amount to the house kitty and additional money to cover other items including a television subscription and the cost of heating. This was not consistent with what was outlined in their written agreement. Later, management advised that the additional contribution was for a television subscription and that the provider paid to heat each house. Clarity was required to ensure that residents were aware how much money they were required to contribute and what this covered.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 8 (1)

The provider had submitted an application to vary the registration conditions of this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were planned and actual staff rotas in place. The number, qualifications and skill mix of staff provided in each house was not always consistent with the staffing arrangements as outlined in the statement of purpose. This also meant that nursing care was not always provided as planned. It was assessed that these shortcomings did not pose a medium to high risk to residents. Staff personnel files were not reviewed as part of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff had received training identified as mandatory in the regulations. 36% of the staff team required training in in the management of behaviour that is challenging, 28% in fire safety and 8% in safeguarding residents. In-person training had been impacted by the public health restrictions implemented as part of the COVID-19 response. The provider advised that training was planned to address these shortcomings.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure and effective management systems in place. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that were issues had been identified, actions were completed to address these matters. However, a number of areas requiring improvement identified in the course of this inspection were also identified in the last inspection of this centre completed on behalf of the chief inspector. These included the timely notification of all adverse incidents and restraints as outlined in the regulations, staff training, and the documentation regarding complaints. In the course of this inspection it was identified that documentation management required improvement to ensure that there was only one current copy of each care plan and that the information outlined was accurate. Improvement was also required to ensure that relevant information from all six houses was provided to the person in charge in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Clarity was required regarding the fees charged to residents when living in the designated centre, including what was paid for out of the 'kitty' contribution and what was paid for by the provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that for all six houses, the primary function and size of each room was included. Additional information was also required regarding the emergency procedures in the designated centre. The provider was also asked to clearly state that the person in charge was employed on a full-time basis.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all quarterly notifications regarding incidents specified in the regulations were submitted to the chief inspector. Not all restrictive practices used in the centre were reported. A number of notifications were submitted outside the time frames specified in the regulations. In the course of this inspection, it was identified that a number of incidents that should have been notified to the chief inspector within three working days had not been reported.

Judgment: Not compliant

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

The provider gave written notice of the arrangements in place for the management of the centre during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The actions completed following a complaint, and the satisfaction of the complainant with the outcome of their compliant, were not always clearly documented.

Judgment: Substantially compliant

Quality and safety

Residents appeared happy living in this centre and received person-centred supports that enabled them to be involved in activities that they enjoyed and interested them. All residents spent time in their local community and were supported to achieve goals that they had identified as important. Residents reported that they felt safe living in the centre and got on well with their peers. Some improvement was required to ensure that residents had timely access to multidisciplinary professionals, medication management practices were implemented in line with the provider's policy, and maintenance works were completed where required.

The majority of residents living in this centre had previously lived in congregated, campus-based settings operated by the same provider. The establishment of this centre was part of the provider's de-congregation plan. The addition of the sixth house to this designated centre in late 2021 brought that plan to its conclusion. The completion of the de-congregation plan was a significant achievement and enabled these residents to live lives of their choosing in the community. All residents who

discussed their former homes with inspectors were universal in reporting that they preferred where they now lived. Management and support staff who had worked in both settings were both positive about, and proud of, this new model of service provision and the opportunities it afforded to residents to receive more person-centred care and to access and be involved in their own communities.

From speaking with residents and staff, and reviewing documentation, it was identified that residents were involved in a wide range of activities. In recent weeks residents had been to the cinema, a local garden centre, and the supermarket. Other community-based activities included walks in local areas and on the beach, cycling, attending local GAA matches, going out for coffee or a meal, going to the library, visiting Spike Island, attending the mart, attending mass, and lighting candles in a church. A number of residents participated in a social farming programme and really enjoyed it. Residents also spent time visiting family members and the areas they were from. Recreational facilities and activities were also available to residents when in the centre. These included painting, watching television (including streaming services), listening to music, hand massages, helping in the kitchen, baking, washing the car, and gardening (cutting the grass, planting and watering window boxes). Residents' spiritual needs were respected and supported in the centre. At the time of this inspection, a mass had been organised as part of the celebrations for one resident's upcoming milestone birthday.

The inspectors reviewed a sample of the residents' assessments and personal plans from each house in the centre. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mobility plans. Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. Documentation in place showed that residents were involved in annual person centred planning meetings and that efforts were made to include family members and people important to the residents in this process. Goals were clearly identified in these plans and there was evidence of ongoing review and progress. A resident that had been admitted to the centre in the previous year had goals to promote a positive transition into the centre and to maintain important relationships.

There were documented annual multidisciplinary reviews of each resident's personal plan, as is required by the regulations. However, on review of these documents it was noted that often the only disciplines involved were members of the designated centre's staff and management teams. When this was raised, management advised that there were a number of vacancies in the provider's multidisciplinary team and that while some vacancies had been recently been filled, recruitment was ongoing. In the absence of their own team, the provider had arranged for external allied health professionals to provide services to residents as needed. For example, a speech and language therapist was available to residents every fortnight.

As outlined in the opening section of this report, there was one resident who wished

to return to where they had lived before. Staff reported, and an inspector observed, that this resident spent a lot of time in their bedroom. When speaking with the inspector, they repeatedly referenced their wish to live elsewhere. It was clear that staff continued to make efforts to arrange and offer activities aligned with this resident's interests and there was evidence that this approach had been successful to a degree. Medical input had been sought and received. It was that acknowledged by all involved that this resident was experiencing difficulties with this change in their life circumstances. Additional supports were required to support them with this challenge. At the feedback meeting at the close of this inspection, management committed to requesting external supports for this resident in the absence of their own multidisciplinary team.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. A summary profile had been developed for each resident to be brought with them should they require a hospital admission. There was evidence of input from medical practitioners including specialist consultants as required. There was also evidence of input from allied health professionals such as dietitians, occupational therapists and physiotherapists. However, some residents were on long waiting lists for access to certain professionals for routine reviews. For example, one resident was awaiting a routine review by a speech and language therapist since 2020. Nursing staff confirmed that the provider facilitated access to allied health professionals should a specific concern arise for a resident. It was noted that there were sometimes delays in receiving these supports. For example, it was a documented action in March 2022 that a resident receive occupational therapy input. However, records viewed showed that despite the resident having a number of falls in the interim, the referral for occupational therapy was not submitted until September 2022.

Some of the healthcare-related documentation required review to ensure that it was accurate. For example, it was stated in a care plan that a resident was to be weighed weekly, however the recording sheet and staff indicated that this was completed monthly. Management assured the inspectors that the current recommendation was for this to occur monthly and committed to revising the plan. Similarly, it was noted that one resident had more than one falls management plan in place. Management advised that this was not in line with their policy and that one comprehensive plan would be developed.

Aspects of medication management practices were reviewed during this inspection. Suitable storage areas were available. An inspector was informed that an additional storage area had recently been created to ensure that staff had sufficient space to safely prepare for the administration of medicines. However in another house, a drinks thickener, a prescribed medication which has implications for resident safety if swallowed when dry, was stored on a kitchen countertop. This was addressed immediately once the inspector brought it to the attention of management staff. A sample of residents' individual medication documents were reviewed. It was identified that although some medicines were administered in a crushed format, this was not specified on the prescription records. A protocol for an 'as needed' or PRN medication was also viewed. This protocol had not been reviewed or signed by the

prescriber at the time of this inspection. Improved oversight and maintenance of medicines-related documentation was required.

Residents who required one had a behaviour support plan in place. These plans were comprehensive and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. There were some restrictive practices used in the centre to ensure residents' safety. These were regularly reviewed. As outlined in the opening section of this report, a number of residents had moved into the centre in the previous two years. Residents had also moved between houses in the centre and to other centres operated by the provider. Assessments had been carried out prior to these admissions. An inspector reviewed a sample of these. While comprehensive, they did not document the potential impact of a new admission on the residents who were already living in the house. For example, while a recent internal transfer had resulted in a reduction in the number of peer-to-peer incidents in one house, these had subsequently increased in the other. Although management told inspectors that resident compatibility was discussed as part of the admissions process, no risk assessments were documented that outlined the potential impact of a new admission on other residents and any control measures to be implemented to mitigate against this risk.

The provider had recently taken steps to increase staff members' awareness and recognition of what may constitute a safeguarding concern. At the outset of the inspection management discussed a recent safeguarding concern that was not initially recognised as such by staff. This came to light following a complaint made by a visitor to the centre. Once informed, the person in charge took actions to ensure that this matter was addressed and to ensure the staff team had sufficient knowledge and awareness to respond appropriately in future. Staff members spoken with during the inspection were aware of their responsibilities to report any safeguarding concerns that might arise and had an adequate understanding of what safeguarding meant in their roles. Staff spoken with reported that residents who lived together got on well. Inspectors enquired about complaints that had been made regarding noise levels in one house. Staff reported that this was more of a challenge for residents during the lockdown stages of the COVID-19 pandemic and with the return to more community based activities and residents' busy schedules, this was no longer an issue. When asked, both residents who had made these complaints, reported getting on well with their housemates and enjoying living together. Safeguarding plans were in place for some residents and these were clearly documented and accessible to staff members. Easy-to-read information regarding what constituted abuse had been prepared to support residents' understanding and awareness. Intimate care plans were in place in the sample of residents' files viewed. These plans were detailed and individualised to each resident giving consideration to their privacy, dignity and independence skills.

As outlined in the first section of this report, each of the houses visited were clean, bright and personalised to the groups of residents living there. It was clear that the staff team put effort into making each house as homely and comfortable as possible for the residents. Some areas requiring maintenance were identified. These included flooring in two houses that required repair or replacement. Some communal areas in

one house and in a bedroom in another required re-painting but in general the houses were maintained and decorated to a high standard. It was reported in one questionnaire that one resident felt their bedroom was too small. It was noted during the inspection that one bedroom was noticeably smaller than the other two, however, when asked, this resident told the inspector that their room met their needs.

Overall, residents in this centre were afforded good protection against infection. In general, the houses visited were clean and high-touch areas were cleaned on a regular basis. One house required some high dusting to remove cobwebs. It was also noted that some less used areas of the house were not included in cleaning schedules and required some attention. The provider gave assurances following the inspection that this had been attended to and that cleaning schedules had been updated to include these areas. Some damaged surfaces were observed in parts of the centre, for example the units under the sink in one laundry room, flooring in parts of some houses. Given this damage it would not be possible to effectively clean these surfaces. A colour-coded cleaning system was in place where specific coloured equipment was used to clean specific areas of each house, so as to prevent cross contamination. There were systems in place for the management of laundry. External contractors were scheduled to complete a 'deep clean' of houses.

Staff were observed to wear appropriate personal protective equipment (PPE). Hand washing and hand sanitising facilities were available throughout the houses visited. Where the COVID-19 virus had been detected, residents were supported to isolate as per public health guidance if they were able to do so, and efforts were taken to ensure that they were supported by staff that were familiar to them and with their needs. There was a general advice document available regarding the management of COVID-19 however specific contingency and isolation plans specific to each house and the residents' assessed needs were not in place. The person in charge committed to addressing this.

Each premises was provided with fire safety systems including a fire alarm, emergency lighting and fire extinguishers. Systems were in place to ensure these were maintained and regularly serviced. An inspector observed that one fire door was not closing correctly in one house and a self-closing mechanism was not in place on another door leading to the laundry area. Each resident had a personal emergency evacuation plan (PEEP) to be implemented if required. An inspector reviewed a sample of these plans and noted that they had been recently reviewed. One PEEP required further review to ensure that it was consistent with the guidelines in this resident's mobility support plan. An inspector also reviewed evacuation drill records in one house. Drills had taken place regularly in the previous 12 months. All records indicated that drills had been completed within a timeframe assessed as safe by the provider. Although drills had been completed to reflect night-time conditions and staffing levels, none had involved all of the current residents of the house. Management committed to completing a drill to reflect this scenario.

Regulation 11: Visits

Residents were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs and objectives of the service and the number and assessed needs of residents. Overall, the premises that made up this centre were clean, decorated in homely manner and well-maintained. Some areas required attention, such as the storage space available, damaged flooring, areas to be repainted and the cleaning of less frequented living areas in one house. Residents had access to suitable outdoor space and comfortable areas for dining and recreation. A resident of one house expressed a wish to be to access the outside area. Laundry facilities were available to residents of the centre in their own homes.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider met the majority of the requirements of this regulation. Clarity was required as to how residents could access any inspection reports on the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The potential impact of a new admission on other residents was not risk assessed and as a result any control measures to be implemented to mitigate against this risk were not documented.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. COVID-19 contingency and isolation plans specific to the residents and layout of each house were required. The centre was observed to be clean in general. However a number of damaged surfaces were observed in the centre. It would not be possible to effectively clean these. Approximately 40% of the staff team required training in infection prevention and control with approximately a quarter of the team also requiring training in hand hygiene.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems in place in this designated centre included fire alarms, emergency lighting and fire fighting equipment. Fire drills were taking place regularly. It was identified that in one house no drill in night-time conditions with night-time staffing levels had been completed with the current group of residents. Residents' evacuation plans required review to ensure they were consistent with their mobility plans. It was identified that in one house items were stored beside the boiler. Some fire doors and their self-closing mechanisms in one house required review to ensure they would be effective containment measures if required in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were required in practices relating to the management of medicines in the centre. It was identified that although it was not documented in

writing by the prescriber, medicines were administered in a crushed format. A protocol regarding the administration of an 'as needed' medication had not been signed by the prescriber. Improvement was also required to ensure the safe storage of thickening powder.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs of each resident had been completed. Each resident had a comprehensive personal plan. Although an annual review of each plan had taken place, these did not involve multidisciplinary professionals involved in residents' care and support. Each resident had been involved in the development of a personal development plan. There was evidence that residents were being supported to achieve their goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. However timely access to allied health professionals was not always provided.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan. The restrictive procedures in place in the centre were regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from all forms of abuse. Appropriate actions been taken in response to any incidents, allegations or suspicions of abuse. Accessible information had been developed to support residents to develop the knowledge, self- awareness, understanding and skills needed for self-

care and protection. Personal and intimate care plans were in place and were respectful of residents' dignity and privacy. Staff training is addressed under Regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected residents' rights. Residents meetings took place regularly in the centre. Each resident received a service tailored to their individual needs, preferences and requests. Residents were encouraged and supported to exercise choice and control while living in the centre.However, it was identified that residents' personal information was not stored securely in two houses in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilcoran and East Cork OSV-0005603

Inspection ID: MON-0028437

Date of inspection: 05/09/2022

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has held several recruitment campaigns for all staff grades over the last 18 months. All houses in the designated centre are operational with appropriate staffing numbers, however at times there is a requirement to substitute staff grades to ensure staffing levels are maintained. The service will endeavor to ensure that staff grades are maintained as per the Statement of purpose.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A comprehensive training schedule has commenced since September and will continue to the middle of December. An audit of training has been undertaken to assess the centres compliance with mandatory training. An action plan has been developed and staff will be compliant by 31.01.2023 in all training.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The CNM2's will ensure that all incidents and complaints are brought to the attention of the PIC as soon as practically possible. A review of the complaints book and incidents will be carried out weekly by the CNM's. Staff meetings and CNM support will increase staff awareness on what needs to be reported in a swift and timely manner. All staff will be made aware of the complaints process within the designated centre. The CNM2's will ensure that all documentation within the care plan is accurate.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: CNM2's and staff were briefed on the Contracts of Care and the charges on 07/09/2022.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Floor plans have been amended to accurately reflect actual areas, resubmitted on 28/09/2022. A statement stating that the PIC is working on a full time capacity within the designated centre has also been added to the statement of purpose on 09/09/2022.Additional information was also added regarding emergency procedures on 09/09/2022.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The CNM2's will ensure that all incidents are brought to the PIC's attention in a timely fashion. The PIC will submit all notifications as per regulations going forward. Two retrospective NF06's will be submitted with quarter three notifications.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The CNM2's will monitor complaints more closely and report same to the PIC, complaints are monitored electronically by the PIC however the PIC will ensure that when a complaint is resolved that it is also entered in the complaints book.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Flooring will be replaced in Glencoran on 08/11/2022, new flooring to most of the house will be carried out. The tiles and flooring in the shower room will be replaced and also the en suite bathroom in one of the bedrooms. This work will take approximately two weeks to complete. The PIC met with a manager from Cork Mental Health on 12/09/2022 to discuss the flooring in Robin Hill, she assured the PIC that the floor would be sanded and varnished. The cleaning schedule in Carraig Dubh has been amended 14/09/2022 to include regular cleaning of the conservatory, staff have been advised on appropriate storage of stock.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The Residents Guide has been updated 09/09/2022 to include how residents can access HIQA reports, staff will assist residents to access reports.

Regulation 26: Risk management	Substantially Compliant

procedures	

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A risk assessment will be conducted evaluating the possible effect of a new resident on individuals in the location will be conducted going forward as part of the transition process.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Cleaning schedule updated 14/09/2022 to include regular cleaning of conservatory in Carraig Dubh
• Flooring in Robin Hill will be repaired by Cork Mental Health to completed by 12.12.2022
• Management of the centre will ensure that all staff will complete the requisite training 31.12.2022
• COVID-19 contingency and isolation plans specific to the residents in each house have been updated in all areas since 01.10.2022

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The two fire doors identified as not closing correctly were serviced by Allied Fire on 20/09/2022 and are now closing properly.
A night time evacuation was completed in the location on the 09.09.2022 and again on the 23.10.2022
Residents evacuations plans were updated for this area on the 11.09.2022
Items stored in this location were removed immediately post inspection and staff are aware of the importance of keeping this are free and its unsuitability for using it for storage.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All houses have been informed of the appropriate storage of thickener that is in use. The CNM2’s will ensure that where medicines are crushed that it is stated on the kardex by the Medical Officer. Nursing staff have been briefed that all protocols must be signed by the relevant prescribing Practitioner.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Multidisciplinary involvement in annual reviews will have Occupational Therapy input going forward.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Allied health professionals assessments that are identified as essential will be sourced as soon as practicable.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Two filing cabinets are now locked and a key code box will be installed beside the cabinets to ensure that they are locked to protect resident’s information. Completed 20/09/2022.

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(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.	Substantially Compliant	Yellow	31/03/2023
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	31/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2022

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	14/09/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/01/2023
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to	Substantially Compliant	Yellow	09/09/2022

	access any inspection reports on the centre.			
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	29/10/2022
Regulation 24(4)(a)	The agreement referred to in 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.	Substantially Compliant	Yellow	07/09/2022
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	01/10/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	01/10/2022

	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.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/09/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/09/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/09/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	09/09/2022

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable 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.	Substantially Compliant	Yellow	09/09/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	09/09/2022
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	30/09/2022

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	29/10/2022
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	29/10/2022
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	Not Compliant	Orange	29/10/2022

	relation to and of the following incidents occurring in the designated 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	17/10/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/11/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health	Substantially Compliant	Yellow	28/02/2023

	professionals, access to such services is provided by the registered provider or by arrangement with the Executive.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	20/09/2022