



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

## Issued by the Chief Inspector

Name of designated centre:	Harbour Lights
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	16 June 2023
Centre ID:	OSV-0002034
Fieldwork ID:	MON-0036117

## About the designated centre

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

Harbour Lights is a four-bedded house located in the outskirts of Cork City (three resident bedrooms and one staff bedroom). It is home to three people, over the age of 18 years old, who require specific support to manage a physical and/or sensory condition. The centre provides long term residential supports and is staffed 24 hours a day. Harbour Lights is located near many social and recreational amenities including local shops and services, and transport links. It is stated in the statement of purpose that the service aims to provide a person centred approach in a homely, safe environment that takes into account each resident's individual needs and aspirations.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Friday 16 June 2023	09:30hrs to 17:30hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, the three residents who received support in this centre were offered a good quality service tailored to their individual needs and preferences. While overall, the service provided was seen to be safe and effective this inspection found that some improvements were required. For example, there were premises works required with advanced plans in place for these works to commence at the time of this inspection.

The premises of this centre was a detached bungalow located in a peaceful suburb area close to a large city. This centre provided full time support to three adults at the time of this inspection. Visually, the inspector saw that the centre was in a reasonable state of repair and overall appropriate to the needs of the residents that lived there. Residents had access to a large garden and there were amenities such as coastal walking paths located nearby. Some enhancements were planned to the premises to ensure that it would fully meet the ongoing and future needs of the residents that lived there.

The centre was bright and homely and decorated in line with the age profile and needs of residents who used the service. While some rooms were spacious, there were some issues regarding storage and some items, such as a manual hoist, wheelchair and a vacuum cleaner were stored in the corner of a communal sitting room. Residents had the use of single bedrooms and there were appropriate shower and toilet facilities available. Not all areas of the centre were accessible to residents that used mobility equipment and there were plans for this to be addressed in the upcoming building works. Kitchen and laundry facilities were provided, although the laundry facilities were located in a small utility room that might not be accessible to all residents. Residents also had access to a communal kitchen area with dining facilities and a separate lounge/sitting room.

Since the previous inspection, a shed in the rear garden had been converted to use as an additional space for residents and as a visiting area if residents wished to receive visitors in private. However, at the time of this inspection, this was not in use due to a problem with mould.

The hoist equipment in use was seen to have been serviced recently. One hoist was not in use and this was clearly labelled as not for use. This was not required by the individual who used this part of the building. An automated external defibrillator (AED) was located in the hallway of the centre and the inspector saw a noticeboard that provided information for residents and visitors. This included details of the designated safeguarding officer and information about the National Advocacy Service (NAS) and also some posters that had easy-to-read infection prevention and control information.

The inspector had an opportunity to meet with all three residents during the inspection. One resident spoke at length with the inspector and showed the

inspector around their bedroom and living area on the morning of the inspection. They spoke about their transition into the centre from home and how they liked to spend their time. They told the inspector about plans they had to go out later in the day with a personal assistant provided by another provider. Later in the day, another resident spoke to the inspector in the lounge area of their home. This conversation took place in the presence of the incoming person in charge as was the resident's wish. The inspector also briefly met the third resident in their bedroom. This resident was supported by staff to communicate with the inspector. This resident indicated a preference not to interact for a prolonged period with the inspector and this wish was respected.

Residents provided positive feedback about their home and the staff that supported them. Residents were observed to be comfortable in the presence of the incoming person in charge and the staff that worked with them. One resident told the inspector that they were "very happy with everything" when asked about living in the centre. They said they felt safe in the centre and that staff were very obliging. This resident told the inspector that they had autonomy over their own lives. For example, they could make their own decisions about their medical care and when they came and went from the centre. They told the inspector that staff supported them to attend appointments, for example, if needed. When asked about the choices in relation to the food provided in the centre this resident stated "anything I want is got for me". Residents told the inspector that they were excited about the upcoming refurbishment works that were due to be completed on their home and that they were well informed about this. Staff working in the centre told the inspector that they felt that the service provided to residents was very good.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services that met their assessed needs. 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 the quality and safety of the service being delivered.

## Capacity and capability

Management systems in place in this centre were ensuring that the service being provided to residents was safe and appropriate to their needs. This inspection found that overall there was good evidence of compliance with the regulations. Although there was some ongoing non-compliance since the previous inspection in relation to the premises, these issues were being addressed. This will be discussed further in the quality and safety section of the report. Some improvements were required in relation to how residents and their representatives were consulted with for the purposes of the provider's annual review of the safety and quality of the service

provided in the centre.

There had been a change in the local management of the centre in the months prior to this inspection and the previous person in charge had departed the role. In the interim, the provider had appointed an individual who was a senior staff member in the centre, to maintain local oversight of the centre on a temporary basis. The provider had recently recruited a new person in charge to this centre and that individual had taken up their role and was undergoing a period of induction at the time of the inspection. The incoming person in charge was present in the centre on the day of the inspection. The provider had submitted the required notification in relation to this change on the day previous to the inspection. At the time of the inspection, some information was outstanding in relation to this individual. However, in the weeks following the inspection, this information was provided as required to the Chief Inspector. This individual had the required skills and experience for the role and was found to be aware of their regulatory responsibilities during this inspection.

The adult services manager, who was also a named person participating in the management (PPIM) of the centre was also present for a period on the day of the inspection. Another named PPIM who held a senior role with the provider attended feedback at the end of the inspection via videolink. The inspector saw that the arrangements in place had maintained oversight of the service provided in the centre and that the arrangements in place at the time of the inspection were adequate to ensure ongoing oversight. The incoming person in charge who was also a clinical nurse manager 2 (CNM2), was supported in their role by a core staff team, including a team leader who was very familiar with the day-to-day running of the centre and the residents' needs.

There was an audit schedule in place and this was seen to be up-to-date at the time of the inspection. It was seen that these audits were identifying issues and that actions were put in place to address these. For example, a recent cleaning schedule audit had identified that there were some gaps on specific dates and there was a plan in place to address this at the next team meeting. Staff supervisions were occurring and while some of these were overdue following management changes in the centre, this was being addressed, with three of these having been completed since the incoming person in charge had commenced their role.

An annual review had been completed in respect of the centre and the provider had also arranged for six monthly unannounced visits to the centre to review the care and support provided to residents. The inspector saw that part of the most recent six monthly audit included resident consultation but that the annual review lacked some detail and was unclear as to how resident consultation was obtained.

The centre was staffed by a dedicated core staff team. Usually, two to three staff supported the residents during the day depending on residents' needs and plans and at night one sleepover staff and one waking night staff were available to residents. Overall, staffing levels were in line with the statement of purpose of the centre. This provider had experienced some challenges in relation to staffing and some of the staff in this centre had been redeployed from another area to ensure that staffing

levels were sufficient to meet the assessed needs of the residents and provide continuity of care. The inspector viewed a risk assessment that was in place in relation to potential staff shortages and the provider was actively recruiting to ensure that a full staffing complement was maintained in the centre. Staff told the inspector that they felt supported by the management team in the centre and that they would be comfortable to raise any concerns they might have. Staff and residents were familiar with one another and the staff spoken were knowledgeable about the care and support needs of the residents living in this centre.

The inspector viewed a sample of staff rotas and these showed that residents were usually supported by three staff by day and two staff by night, including one sleepover staff. Staffing levels were in line with the statement of purpose and were seen to be sufficient to meet the assessed needs of the residents living in the centre. Staff training was overall up-to-date and staff had access to refresher training as required.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experience person in charge. This individual had remit over this centre only and possessed the required skills and experience for the role.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements in place were appropriate to the the number and assessed needs of the residents in this centre. There was a sufficient number and appropriate skill mix of staff to provide care and support in line with residents assessed needs. Nursing care was available to residents if required. A regular core staff team worked in the centre providing continuity of care to residents and where staff shortages were anticipated the provider had put in place a plan to mitigate against this. An up-to-date staff rota was maintained in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records viewed showed that staff working in this centre had access to appropriate training, including refresher training and there was evidence of oversight of the training needs of staff. Where training was required, this had been identified and training was planned accordingly. There was a schedule in place for formal staff supervisions.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems in place were providing oversight in this centre and the centre was appropriately resourced. An annual review had been completed. This did lack some detail and did not include details on how consultation with residents and their representatives took place to inform this review. Overall findings on the day of the inspection however included evidence of some consultation taking place. The provider six monthly unannounced visits were also seen to include evidence of resident consultation. An audit schedule was in place and issues were being identified and addressed.

Action had been taken by the provider to address non compliance found in previous inspections. For example, the provider had put an appropriate plan in place to address the premises issues and ensure that the premises would be suitable to meet the ongoing and future needs of the residents that lived in this centre.

Judgment: Substantially compliant

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

Contracts of care were in place in this centre for residents. A sample viewed had been appropriately signed by the resident. There were no charges for residents in this centre and details of any additional contributions were included as appropriate.

Judgment: Compliant

## Quality and safety

The wellbeing and welfare of residents was maintained by a very good standard of evidence-based care and support. Overall, on the day of this inspection, the inspector saw that safe and good quality supports were provided to the three residents who availed of residential services in this centre. As mentioned previously, some premises works were due to be completed and also some improvements were required to ensure that any restrictive procedures were applied in accordance with national policy and evidence-based practice.

A previous inspection had identified some issues in relation to the layout of the premises and the availability of suitable space for the storage of equipment. Since the previous inspection some progress had been made in relation to the planned works and these were at the tender stage at the time of the inspection. The inspector saw that the premises were safe and able to meet the needs of the residents until such time as they transitioned temporarily from the centre to allow these building works to commence.

Residents told the inspector that the quality of care and support provided to them in this centre was very good. They spoke about how good the staff in the centre were to them and about the choices that were available to them, such as a choice of food and activities. Residents told the inspector that they were able to make decisions for themselves and were supported to access medical care and keep in contact with their family and friends.

A sample of residents' plans was viewed. It was seen that these contained relevant information and support plans to guide staff and ensure that residents' assessed needs were met. There was evidence that residents were supported to set and achieve goals and the inspector saw that these appeared to be meaningful to the specific residents and reflective of their interests and capacities. There was evidence of access to appropriate allied health professionals if required and support plans were viewed for residents in relation to areas such as eating and drinking, personal care, communication and any other areas as required.

Staff spoken to in the centre were knowledgeable about the day-to-day plans in the centre and the assessed needs of the residents. Staff presented a positive overview of the centre and spoke about the improvements for residents since staffing levels in the centre had improved. Staff confirmed that residents were supported to access the community regularly and a staff member spoken to on the day of the inspection was familiar with appropriate safeguarding procedures.

The registered provider was taking steps to ensure that the premises of the designated centre were suitable to meet the ongoing needs of all the residents that lived there. A previous inspection report in late 2021 indicated that there were issues relating to the layout and space in the centre for residents who used mobility equipment and the provider had plans to build a new home for these residents. Since then, the provider had amended these plans and now intended to upgrade the current premises and make layout changes. At the time of this inspection, there were advanced plans for premises works to be completed to ensure that the centre could continue to meet the needs of the residents that lived there. This would mean that residents would have to move out of their home for a period of time and at the

time of the inspection various options were being considered to allow these works to go ahead in a manner that would have the least impact on residents.

There were some restrictions in place in this centre, such as some locked cupboards and the use of audio monitors for some residents at night. The inspector viewed a restrictive practice log in place that identified these restrictions and saw that some documentation in relation to these had been put in place by a person in charge who had worked in the centre previously. While there was a rationale provided for the restrictions in place, these were not seen to be managed in line with best practice or the provider's policy. For example, restrictions had not been approved by an appropriate team as per the providers' policy and there was no evidence to show that there were efforts to reduce or remove restrictions in place.

There were fire safety systems in place in this centre such as a fire alarm system and fire doors. Although overall, these were well managed, some of the documentation in place required review. Fire safety equipment such as extinguishers and emergency lighting was present in the centre and were serviced and reviewed regularly. The inspector saw that one bedroom was located down a corridor with the only exit point being to pass a utility room that contained a number of white goods such as a washing machine and dryer. In the event of an outbreak of fire in the utility room, this might pose a risk to the resident who used this bedroom, who required support to evacuate. On the day of this inspection, it was noted that this fire door did not have an automatic closure system in place and was not kept closed at all times. The person in charge put in place a protocol on the day of the inspection to ensure that this risk was effectively managed until the planned premises works commenced and residents moved out. On the day of the inspection the inspector saw that some weekly fire checks were not documented in the fire folder. The provider subsequently located these completed checks and submitted them to the inspector following the inspection.

The inspector saw that fire evacuation drills had been completed on a regular basis in the centre. The provider had engaged the services of a competent professional in 2021 to carry out a supervised evacuation of the centre and some recommendations were made following this. The inspector reviewed the evacuation plans in place for residents and spoke to staff on duty in the centre. Although, in practice, these recommendations were being carried out, personal evacuation plans required review to ensure they contained all of the relevant information for staff. The person in charge committed to updating these plans immediately.

A risk register was in place in respect of the centre and it was seen that this had recently been reviewed by the person in charge. This identified risks present in the centre and the control measures in place to mitigate against them. For example, a risk assessment was in place regarding potential staff shortages in the centre. The inspector viewed documentation that showed the provider had arranged for the presence of radon gas in the building to be tested. The provider had also tested the water in the centre for the presence of the Legionella bacterium and had taken remedial action following this to address an identified issue.

### Regulation 11: Visits

Some action had been taken since the previous inspection to provide for residents to receive visitors in private. However, at the time of this inspection, the external facilities intended for this were not in use due to a problem with mould. This meant that there was no separate facilities for residents to meet visitors in private.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents had access to some storage for their personal belongings and had access to laundry facilities if required. Residents' had their own bank accounts if they wished. The inspector viewed two money management assessments in place for two residents. However, one resident did not have one of these in place and the inspector saw that there was a waiver in place in relation to receiving supports from the provider signed by the resident.

Judgment: Compliant

### Regulation 13: General welfare and development

Overall, the registered provider was ensuring that each resident was provided with appropriate care and support, having regard to their assessed needs and wishes. Residents was supported to develop and maintain personal relationships and links with their family and with people important to them in their lives. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

### Regulation 17: Premises

Some premises works were outstanding since the previous inspection. However, progress had been made and there were now advanced plans in place for the premises to be upgraded to meet the ongoing and future needs of the residents

living in this centre. The provider had changed the plan to move these residents into a new home and instead plans to refurbish and amend the layout of the centre to meet the accessibility needs of all residents. These issues were not impacting in a significant manner on residents at the time of this inspection. The centre was seen to be clean, well maintained and well ventilated at the time of this inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Food records, such as shopping receipts and resident support plans. These indicated that residents were provided with a variety and choice of food and drinks in the centre, including snacks and refreshments. Residents spoken to confirmed that the food provided in the centre was of a good standard and that they were facilitated in making choices in relation to their meals. Specific needs in relation to nutrition were supported and there were care plans in place detailing feeding, eating and drinking supports where required. A percutaneous endoscopic gastrostomy (PEG) support plan was viewed for one resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were risk management procedures in place in the centre that overall identified and mitigated against risk. A sample of individual risk assessments in place were viewed and these were subject to regular review. The provider had considered specific environmental risks such as radon and Legionella and had taken actions to mitigate against these risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control procedures in place in this centre to protect residents and staff were overall good. The premises was observed to be clean and overall well maintained. Hand sanitisation facilities were available and appropriate guidance was available to staff and residents. Actions had been taken to reduce the probability of residents being exposed to infectious agents. For example, action had been taken to reduce the risk of Legionella in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety systems in place in this centre. An alarm system, emergency lighting, fire doors and fire fighting equipment such as extinguishers and fire blankets were in place and serviced regularly. Staff demonstrated a good awareness of the evacuation procedures in place. Both day and night time scenario evacuation drills were taking place. Although overall, fire safety systems were well managed, some of the documentation in place required review on the day of the inspection. For example, evacuation plans were updated on the day of the inspection to provide additional information and clarity for staff and an additional protocol was put in place to mitigate against a specific risk identified.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Plans in place provided clear guidance for staff about residents care and support needs. Plans viewed included meaningful goals for residents and there was evidence that plans were regularly reviewed and residents and their representatives were consulted with and plans were updated to reflect any changes that occurred. The future needs of residents were being considered as part of this consultation.

Judgment: Compliant

### Regulation 6: Health care

Health action plans were in place that provided good guidance for staff to support residents with their healthcare needs. Residents were supported to access appropriate healthcare, including allied health services.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Restrictions in place in this centre were mainly environmental in nature. While there was a rationale for the restrictions in place, records relating to restrictive practices

were seen to require review. There was no evidence that restrictions in place were regularly reviewed by an appropriate multi-disciplinary team and there was no evidence to show that there were efforts to reduce or remove restrictions where possible.

Judgment: Not compliant

### Regulation 8: Protection

Residents told the inspector that they felt safe in this centre. Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. All staff had taken part in appropriate training in this area. One resident received some staff supports from an external provider and the provider had taken some measures to ensure that the resident was not exposed to safeguarding risks by this arrangement. For example, copies of these individuals' identification documents were on file in the centre and confirmation had been received by the provider that they had appropriate Garda vetting in place. Intimate care plans were in place for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted with appropriately in this centre through a variety of means such as residents meetings and keyworker meetings and had access to external advocates also. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Residents and staff told the inspector about how choices were facilitated in the centre. Residents were afforded the right to make informed choices. For example, it was seen that the provider had made good efforts to provide appropriate education and supports to a resident to encourage them to follow a healthy living plan. However, on occasion, the resident chose not to adhere to this plan and this wish was respected.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Harbour Lights OSV-0002034

Inspection ID: MON-0036117

Date of inspection: 16/06/2023

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The August 2023 annual review of this centre now incorporates information on how residents and their representatives were consulted with to inform this review – in this instance through the use of questionnaires. Going forward the annual reviews of this centre will clearly state how stakeholder feedback was gathered and how issues raised are being responded to.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Building works in this designated centre commenced the week of 18th September 2023. On completion the newly reconfigured centre will include a dedicated visitor's room. In the interim, during the building works, the residents of this centre have been relocated to another designated centre, the accommodation of which includes access to private space to facilitate visitors.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Building work in this designated centre commenced the week of 18th September 2023. The builder has indicated a 36-44 weeks building schedule. Once completed this building will meet current and future needs of the residents and will incorporate adequate storage facilities, visitor's room and accessibility throughout.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly fire inspections were in place at the time of inspection and were documented appropriately and stored in a folder separate to the one viewed by the inspector. A copy of these checks has been forwarded to the inspectorate to provide evidence of same. were in place, same attached.	

Personal Emergency Evacuation Plans for the residents were updated to reflect their temporary move to a different designated centre during building works. These will be reviewed and updated in advance of their planned return to this designated centre, or sooner if required.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

A multi-disciplinary review of the restrictions in the centre was held on 12th July 2023 and all relevant documentation updated to reflect the approaches agreed.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	01/07/2024
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	01/07/2024
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best	Substantially Compliant	Yellow	01/07/2024

	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.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	16/06/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	12/07/2023