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:	Cork City North 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	03 October 2023
Centre ID:	OSV-0003291
Fieldwork ID:	MON-0040480

About the designated centre

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

Cork City North 5 consists of three units all located within one large building in a city. Combined the three units can support a maximum of 28 residents but at the time of this inspection was applying to reduce the capacity to 27. The centre mainly provides a full-time residential support for residents with intellectual disabilities of both genders and over the age of 45 but it also provides one respite place. Individual bedrooms are available for most residents but some twin rooms are in the centre. Other facilities available for residents include bathrooms, sitting rooms, dining rooms, kitchens and linen rooms. Support to residents is provided by the person in charge, nursing staff, care assistants and activation staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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
Tuesday 3 October 2023	08:30hrs to 17:15hrs	Conor Dennehy	Lead
Tuesday 3 October 2023	08:30hrs to 17:15hrs	Laura O'Sullivan	Support

What residents told us and what inspectors observed

Residents spoken with talked about some of the activities that they did while some residents indicated that they were getting on well. While calm atmospheres were encountered at times during this inspection, there was some indications that the presentations of two residents could impact their peers. Residents' forums were taking place but there were some indications that these were tokenistic.

This designated centre was made up of three interconnected units. The centre provided mainly residential care including to those with high medical and mobility needs but there was one respite bed provided. On the day of inspection 26 residents were present in the centre with at least one inspector spending some time in each of the three units of the centre. In total inspectors met 11 residents during the course of their time in the centre. Other residents were seen during this inspection but did not interact directly with inspectors with a number of residents in this centre not communicating verbally.

One resident was met by an inspector as they were having their breakfast in a dining room. Staff present with the resident supported this resident to tell the inspector about an upcoming foreign holiday that they were going to take with another resident. The resident was looking forward to this holiday and it was the resident's first time on a foreign holiday and being on a plane. Other residents met outlined some of the things that they were doing that day such as going for coffee and playing golf. During the course of inspection it was also seen that some residents gathered together to watch a movie in one of the centre's family rooms while a staff member also played a guitar for residents.

It was highlighted that in recent months there been extra activation staff provided for the centre and this allowed more activities for residents to take place. While there were some gaps in activity records reviewed, such records listed activities residents did including playing bingo, taking part in ring toss, going bowling and eating out. One resident spoken with told an inspector that did not do much and went to bed during the day to pass time. They also indicated that had not been to town in two years. Activities records for this resident indicted that they recently gone to play pool, had gone to a garage/show room and had attended a horse racing event.

While present in some of the units, an inspector saw some residents' bedrooms which were seen to be nicely furnished and personalised. For example, one bedroom had a Cork GAA flag on display. While passing by one resident's bedroom in one unit, the resident was lying in bed and beckoned the inspector to come in. This resident shook the inspector's hand and indicated to the inspector that they were getting on well and that they liked their bedroom. Later in the same unit the inspector met four residents as they sat together in a dining room. One of these resident introduced themselves to the inspection and when the inspector said that he worked for HIQA, the resident responded by staying that this stood for the

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This resident indicated that they were getting on well and then proceeded to ask the inspector questions about where he was form, if he had a watch and if he a mobile phone. The resident then introduced the other three residents present in the room. One of these residents did respond to the inspector's greeting but the other two residents did not. Three other residents were present in this unit's siting room at the time watching television. The inspector greeted these residents but none of them responded. The atmosphere at this time in the unit was calm. The inspector briefly left this unit and when he returned five residents were now in this sitting room watching television.

However, one of these residents was vocalising repeatedly throughout a continuous 20 minute period. These vocalisations could be heard from the other side of the unit even though a radio was turned on in a different room. Staff stayed with the resident for some of this time but at one point the staff member present left to assist in preparing meals. When the staff member left the resident became more vocal and appeared distressed saying "I can't take it". A staff member returned to the resident which seemed to calm the resident before leaving again to assist in meal preparation. When this happened the resident again became more vocal and appeared distressed which prompted staff to return.

After this 20 minute period had ended the atmosphere was generally calm for the reminding 95 minutes that the inspector remained in this unit. None of the other four residents who were present in the sitting room with the vocalising resident during the 20 minute period appeared to react the noise although one resident was assisted to leave the sitting room by some visitors during this period. A staff member spoken with indicated that the vocalising resident could present in this way often and that there were some complaints logged from other residents about this. The inspector was informed that some initial complaints about this from two different residents were not regarded as safeguarding concerns as they were seen as once-off events.

One of these residents though had complained a second time two days before this inspection and after consultation with the provider's designated officer (person who reviews safeguarding concerns) this complaint was being managed as a safeguarding concern. A notification about this was submitted to the Chief Inspector of Social Services the day following this inspection. The resident who vocalised was discussed with the person in charge and it was indicated that there been some suggestions that the current environment was not suited to the needs of this resident while there been some changes in a medical diagnosis for them also. The inspector was also informed that a comprehensive assessment of needs for this resident not been completed despite these developments.

Aside from this resident, in another unit there were also indications that the presentation of one resident there could impact their peers. Recent records reviewed for this resident referenced them vocalising loudly and having disturbed sleep regularly. At the time of this inspection this resident was sharing a bedroom with another resident but it was not indicated if the latter resident was impacted by

the former resident's disturbed sleep. Staff spoken with indicated that some residents living in this unit had wanted to complain about the noise from this resident but there was no complaint logged about this. An inspector spoke with a resident living in this unit who said that there had been a lot of noise in the unit the previous night and that it took them a while to get to sleep. It was later indicated to the inspector that two residents were going to complain about this matter.

While an inspector was this unit, things were generally calm but at one point during this inspection the resident with the disturbed sleep was seen standing at the door of the unit with their belongings in a bag. The resident was crying and was staying that staff would not let them go home. It was noted that resident was in the process of transitioning into this centre on a full-time basis but the resident did not have a transition plan in place to support them with this. Another resident in a different unit had had recently transitioned into this centre from another of the provider's centres but did not have a transition plan in place either. Some documentation that was available around both of these residents' transitions contained some contradictory information.

It was indicated that residents were consulted about new transitions into the centre with resident forums used for such consultation. However, when reviewing the notes of such forums in one unit, these indicated that residents were informed about a transition into the unit rather than being consulted. While resident forums were taking place regularly, there were some indications that they were tokenistic with limited evidence of follow through on points raised by residents. For example, some residents were indicated as regularly complaining about the desserts they received but no complaint had been logged about this (although a member of management did verbally reference following up on issues raised relating to desserts). It was also noted that one resident was not consulted around some matters related to aspects of their healthcare and their person-centred planning with decisions in these areas being guided mainly by the resident's family.

In summary, the presentation of some residents appeared to having an impact on peers. This was reflected in some complaints while it was suggested that there could be more complaints around such matters. Taking into account documents reviewed and discussions with staff and residents, residents were engaged in more activities. While not all residents communicated verbally, some residents spoken with gave positive feedback.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

A number of regulatory actions were identified on this inspection with some of these

being recurrent actions from past inspections. The information provided during this inspection indicated that there was not sufficient staffing resources for the centre to meet the needs of residents. This also impacted the governance of the centre.

This designated centre was registered until January 2024 and during its current registration cycle, the centre had received two previous inspections in October 2022 and April 2023. The October 2022 inspection found a number of regulatory actions in areas such as governance, staffing, personal planning, fire safety and infection prevention and control (IPC). This included the provider being issued with three urgent actions. While some improvement was noted during the April 2023 inspection, there remained a high number of regulatory actions in similar areas. It was particularly evident that it was challenging for staff to meet the needs of residents and this impacted upon the ability of local management to effectively govern the centre which was large in terms of its physical size and numbers of residents supported. Such concerns were known to the provider with escalated risks identified regarding such matters.

However, despite this the compliance plan response submitted by the provider for Regulation 15 Staffing and Regulation 23 Governance and management were found to be brief and lacking details to provide sufficient assurances as to how the provider would come into compliance. This was communicated to the provider in June 2023. Since that time the provider had applied to renew the centre's registration for a further three years. As the renewal of registration can only be granted by the Chief Inspector if the provider is in compliance with the regulations, along with other requirements as set out in the Health Act 2007, it was decided to conduct the current inspection to assess the compliance levels in the centre in more recent times. As part of this inspectors spoke with management, staff and residents, observed practices and interactions in the centre and reviewed relevant documentation.

Some improvement was found during this inspection particularly in the general cleanliness of the centre as discussed further elsewhere in this report. Performance development reviews for staff had also commenced since the April 2023 inspection and it was positively noted that the provision of activation staff had increased. This was particularly noticeable as this contributed to an increase in activities in the centre with the provision of such activation staff having been raised as an issue by multiple inspections by the Chief Inspector going back to February 2019. However, while the increase in activation staff was a positive development, the centre was indicated as requiring 3 whole-time equivalent (WTE) activation staff but at the time of this inspection only 2 WTE activation staff were attached to this centre. It was indicated that an additional activation staff had been identified but it was unknown when they would commence in the centre.

Aside from activation staff, front-line support to residents was provided by staff nurse and care assistants. The current WTE levels for both were set out in the centre's statement of purpose (SOP). This SOP also set out the minimum staffing levels to be provided to each of three units that made up this centre in accordance with the allotted WTE. Documentation reviewed highlighted that these minimum staff levels were generally in place in recent weeks but there had been some times

when these staffing levels had been lower. However, even where the minimum staffing levels as outlined in the SOP were in place, staff spoken with during this inspection highlighted the challenges in supporting the needs of residents. For example, one staff member discussed how with the current staffing levels, residents' basic needs were met but that staff were not able to spend quality time with residents.

Such staffing challenges impacted the local management of the centre who would occasionally have to fill in to provide front-line support to residents. This impacted their ability to undertake their administration and oversight duties which may have contributed to the regulatory findings elsewhere in this report. As a result, there remained active escalated risks for this centre related to governance and staffing. Related to this matter a business plan for the centre had completed in August 2023 which was informed by a comprehensive review of the profile and needs of the residents and the current staffing resources available. It was indicated that this business plan had been communicated internally within the provider with a further skill mix review related to this due to be completed. A copy of this business plan was provided during this inspection.

This plan found that the current staffing WTE for the centre was not appropriate to meet the needs of each resident and to support them to age with dignity. This applied to all three units of the centre and it was further highlighted that, in two of the three units, care was task orientated. The plan also highlighted that aspects of the care provided were reactive rather than proactive due to the staffing levels which also impacted the ability of nursing staff to assess, plan, implement and evaluate residents' health concerns. While the plan did not clearly set out an additional WTE figure that was needed for the centre, a proposed roster included in the plan suggested that two extra care assistants were needed per unit per day. The plan also made reference to splitting this designated centre into three separate centres which would also require some additional management resources being provided. A discussion with a member of the centre's management suggested that a proposal to split the centre in two was more likely.

Overall, the contents of this business plan indicated that staffing and governance challenges continued. It was also evident that there remained a high number of regulatory actions in various areas as will be discussed further elsewhere in this report with some of these being recurrent findings from the October 2022 and April 2023 inspections. This included the issuing of an urgent action related to fire safety during the current inspection with the circumstances of this urgent action being very similar to one of the three urgent actions that was issued during the October 2022 inspection. This indicated that this designated centre was not in compliance with the regulations with the ultimate responsibility for this lying with the centre's registered provider; the COPE Foundation. The next sections of the report will outline the inspectors' findings regarding specific regulations and impacts on the quality and safety of the services received by residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre in July 2023. While most information had been submitted in a timely manner, the initial floor plans submitted had some errors. These were highlighted to the provider in early August 2023 and again in September 2023 but revised floor plans were only submitted on the day of inspection. However, while these revised floor plans addressed some of the issues highlighted, there remained errors. These included;

- The room size for one toilet was not indicated
- The stated dimensions for a Chapel in the centre appears contrary to the actual layout of the room as per the floor plans
- A room that was listed as a store room on the floor plans was seen to be a laundry on the day of inspection
- A room that was listed as a bedroom on the floor plans was seen to be a bathroom on the day of inspection
- A bathroom was not listed as being such on the floor plans provided
- Three bedrooms had direct access to a courtyard but the floor plans did not indicate the bedrooms' access doors

Judgment: Not compliant

Registration Regulation 7: Changes to information supplied for registration purposes

Any changes in the provider's board of directors must be notified to the Chief Inspector eight weeks in advance. Based on a notification received from the provider in August 2023, the provider had not notified the Chief Inspector of director changes in a timely manner.

Judgment: Not compliant

Regulation 15: Staffing

Three inspections by the Chief inspector within 12 months and the contents of a business plan recently completed for this centre indicated that sufficient staffing were not in place to meet the assessed needs of residents. In particular, the business plan referenced care being task orientated in two units, some care being reactive rather proactive and impacting nursing staff's duties.

Judgment: Not compliant

Regulation 22: Insurance

Appropriate insurance had been provided for this centre.

Judgment: Compliant

Regulation 23: Governance and management

There continued to be a high number of regularly actions found on this inspection including some recurrent actions from previous actions. As such the registered provider had not ensure that the designated centre was adequately resourced or effectively monitored to ensure that the centre was consistent, safe and appropriate to residents' needs.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

This regulation was not reviewed in full but during this inspection it was seen that a resident who had been in this centre since 2022 had a contract for the provision of services in place that related to a different designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An SOP was in place for this centre that had been recently reviewed and contained key information such as details of the organisational structure in place and information about the current staffing. However, details about the rooms in the centre in the SOP were based on the revised floor plans submitted and as highlighted under Registration Regulation 5: Application for registration or renewal of registration, there were errors with these floor plans. As a result there were also errors in the SOP.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had processes in place for complaints to be recorded and reviewed. There was evidence that some complaints were acted upon appropriately and recorded as per the provider's processes. However, in one unit notes of resident forum meeting indicated that that residents were consistently complaining about desserts but no compliant had been logged about this. Staff also indicated that two residents wanted to complain about a respite user vocalising throughout the night but there was no complaint record for this. Information in a complaints' log seen included reference to an individual who had retired.

Judgment: Not compliant

Quality and safety

Cleanliness of the centre had noticeably improved from previous inspection. However, action were identified regarding fire safety, risk management and personal planning. This included the issuing of an urgent action relating to fire safety.

Particular concerns had been raised around IPC practices and the general cleanliness of the centre which was contributed to by the age of parts of the premises provided during previous inspections. On the current inspection it was noted that new flooring had been put down in parts of the centre which made a positive impact on both the general appearance and cleanliness of the centre. The centre availed of an external company to provide cleaning services in the centre and the person in charge outlined how they had engaged with this company since the April 2023 inspection in order to improve general cleaning practices. No specific areas in the centre were observed by inspectors where further cleaning was needed during the current inspection. It was also outlined by the person in charge how an IPC committee in the centre had recently commenced and that lead worker representatives for IPC had been identified but needed training.

The compliance plan response for the April 2023 inspection had suggested that such lead worker representatives for IPC would be in place by 31 August 2023. It was also indicted that a protocol would be developed in relation to IPC documentation but during the current inspection an inspector was informed that this had to be yet to be done. It was also suggested to the same inspector that residents' wheelchairs were no longer being stored in bathrooms as had been seen during previous inspections. Despite this, during a walk through of the centre shortly after the inspection commenced, an inspector saw two residents' wheelchairs stored in a bathroom along with some laundry. These wheelchairs were seen to have been removed from this bathroom later in the inspection although the laundry remained. Storage had been noted as an area for improvement during previous inspections and while this had improved somewhat, in one area of the centre it was seen that

an activity room was being used for storage.

Some maintenance had been carried out since the previous inspection although it was highlighted that some further works were still needed. During this inspection some areas which needed maintenance were seen. These included paint peeling from a radiator, a broken curtain rail and a window that was cracked. In addition to these during the inspection it was highlighted that a lift which connected two units was faulty and that this had been the case for a few months. As a result this lift was not being used by staff or residents. While the two units were still connected by a stairs, some of the residents living in the lower unit had mobility needs so could not use the stairs. It was indicated that because of this residents were not leaving this unit as much to participate in some activities within the centre. An inspector was informed though that activation staff would come to this unit more often as a result. Residents were also able to leave this unit to go on external outings but an inspector was informed that the lift issues were not ideal with a complaint having been recently made by the person in charge on residents' behalf about this.

Aside from this it was also observed that the designated centre had been provided with fire safety systems that included a fire alarm, emergency lighting and fire extinguishers. There were some fire containment measures in the centre but during the April 2023 further assurances were sought around these measures particularly in one of the centre's three units. In response, an assessment of fire doors in the centre was completed in July 2023. This assessment indicated that the doors in this unit provided a level of fire resistance but that there was no certification to confirm what resistance these offered. It was further highlighted by this assessment that a number of the doors in this unit had deteriorated over time so it was recommended that new fire door sets be installed throughout this unit. The assessment also found that a room within the centre where a boiler was located needed additional fire containment measures and that one exit route required level access. The provider indicated that funding had been approved to complete the works highlighted in this assessment with February 2024 indicated as a completion date.

Regarding the other two units of the centre, the same fire door assessment indicated that the fire doors there, which did appear more modern, were fit for purpose. However, during this inspection some gaps under some of the doors in these two units were seen. Such gaps had the potential to compromise the intended purpose of a fire door to prevent the spread of fire and smoke. Such gaps had been specifically highlighted by the October 2022 and April 2023 inspections of this centre. In addition during the October 2022 inspection some fire doors were seen to be held open by furniture which negated these doors intended purpose. On the current inspection some fire doors were seen to be held open by furniture, a paint can and a door stopper. It was indicated that these doors were held open in this way to allow for supervision of residents given their needs. An inspector also noted that two break glass units which held keys for evacuation routes were missing their glass. One of these two units was also seen to be missing to its glass during the April 2023 inspection.

The centre though did have multiple evacuation routes and none of these were seen to be unobstructed on the day of inspection. Evacuation roll call sheets were present

also but in one unit it was seen that the roll call sheet did not include the names of two residents who had been living in the unit for some time. Residents did have personal emergency evacuation plans in place which outlined the supported they needed to evacuate the centre if required in the event of a fire. There was a general evacuation plan for the centre also. When reviewing this an inspector noted that part of the procedure to support evacuations at night was to obtain assistance from staff from other nearby designated centres operated by the provider. The inspector was informed though that no fire drill had been done in the centre which had involved staff from other centres.

Records of all fire drills completed in the centre within the last 12 months were specifically requested as part of this inspection. The records provided indicated that fire drills were done per unit but some of the records provided contained limited information about the drills done. In some records, an evacuation time was recorded but it was indicated that some residents did not evacuate. None of the fire drill records provided for two units indicated that a fire drill to reflect a night-time situation when staffing had been at its lowest had been completed. This included the unit where it had been identified that additional fire containment measures were needed. For the third unit there was a record of a simulated night-time drill having been done but, while this unit had a capacity for eight, only five residents were recorded as having participated in the drill. Overall, the fire drill records provided on the day of inspection did not provide assurance that all residents could be evacuated from the centre in a safe and timely manner particularly at night.

This was of concern given the needs of residents, some of whom had high medical and mobility needs, and the number of residents living in the centre. Similar concerns had been raised about this issue during the October 2022 inspection of the centre which led to an urgent action being issued to the provider at that time. Given that concerns around this were again raised on the current inspection, another urgent action was issued to the provider. In response the provider put in place a schedule for fire drills to be done throughout the year in each of the three units of this centre. This schedule made provision for completing night-time fire drills twice a year in each of the units. Records of stimulated night-time fire drills completed in each of the three units in the days following this inspection were also provided. These records indicated that all residents present in those units had participated in the drills with all evacuation times recorded as being under 4 minutes which was the time the provider had indicated as being a safe evacuation time.

The findings regarding fire safety on inspection, including some of same exact findings found on previous inspections, indicated that the risks posed by fire were not being adequately considered and monitored on an ongoing basis. Inspectors were informed during this inspection that a risk related to fire safety was to be escalated. However, when reviewing the centre's risk register it was seen that the risk assessment for fire had not been updated to take account of the findings of the July 2023 fire door assessment. Other risk assessments in this register and documentation relating to escalated risks had not been updated to reflect developments in recent months or were overdue a review. For example, a risk assessment relating to the lifts in the centre did not take account of the faulty lift referenced earlier. As mentioned earlier in this report there was indications that the

presentation of some residents could impact their peers however the potential impact that these residents could have not been risk assessed. Some risk assessments relating to individual residents that were in place were also found to need updating and/or review. These included risk assessments for two residents which referenced these residents as living in other designated centres.

Risk assessments relating to individual residents were contained within the residents' personal plans. Under the regulations all residents must have a personal plan provided that is completed with 28 days of the residents' admission to a centre. During this inspection it was found that one resident, who had been living in the centre for six months, did not have a complete personal plan in place. There was one respite bed in this centre but it was indicated that no respite resident in this centre had a personal plan. Having personal plans in place in important as it helps to ensure that there is clear information available to provide guidance for staff in meeting the assessed needs of residents. It is also required by the regulations that such personal plans be informed by a comprehensive assessment of all health, personal and social care needs with such assessment to be done before a resident is admitted to a centre, annually or to reflect a change in circumstances.

It was further identified that some health assessments had not been completed in full while one resident was indicated as not having had a comprehensive assessment of needs completed despite a change in circumstances with there being some suggestion that the resident's current environment was not suited to their needs. When reviewing a sample of personal plans inspectors did note though that they did include some clear guidance on supporting needs in some areas. For example, some residents were seen to have recently updated healthcare plans provided as part of their overall personal plans. Despite this, inspectors also observed some errors and inconsistencies in personal plans. These included healthcare plans not referencing all assessed needs, conflicting information in different documentation and some information that appeared out of date with similar findings highlighted in previous inspections also. Aside from this inspectors identified inconsistencies relating to person-centred planning for residents with limited evidence of goal progression. Such findings were also found previously but it was acknowledged that overall there was increased evidence of activities for residents and that some staff were due to receive person-centred planning training in the weeks following this inspection.

Regulation 13: General welfare and development

There had been a noted increase in activities in the centre since the previous inspection. This was aided by increased activation staff. However, additional activation staff was still needed and when reviewing activity records for individual residents some gaps were observed.

Judgment: Substantially compliant

Regulation 17: Premises

While the general appearance of the premises had improved since previous inspection. Some maintenance was still required in some areas. These included paint peeling from a radiator, a broken curtain rail and a window that was cracked. There had also been a faulty lift in the centre for a months. While it had improved since previous inspection, storage remained an issue in this centre based on observations of the inspectors.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as how to access inspection reports.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Transition plans were not in place for two residents, one of whom was in the process of transitioning into the centre full-time from being a respite resident and for another resident who had recently commenced living in the centre. Some documentation that was in place around these residents' transition contained conflicting information.

Judgment: Not compliant

Regulation 26: Risk management procedures

Taking into account repeat findings and observations related to fire safety, the risk related to this were not been adequately considered or monitored with a relevant risk assessment not updated to reflect recent developments. Other risk assessments and documentation relating to escalated risks for this centre had not been updated to reflect developments in recent months or were overdue a review. Some risk assessments relating to individual residents were also found to need updating and/or review. The potential impact that two residents could have on their peers not been risk assessed.

Judgment: Not compliant

Regulation 27: Protection against infection

The centre was noticeably cleaner since the previous inspections which indicated that cleaning practices had improved. Lead worker representatives for IPC had been identified but required training. Some expired bottles of hand sanitiser were seen present in one unit. A protocol for IPC documentation had not yet been developed. Two residents' wheelchairs were seen stored in a bathroom at one point while laundry was seen to be present in the same bathroom. This increased the risk for potential cross contamination. Matters related to storage are addressed under Regulation 17 Premises.

Judgment: Substantially compliant

Regulation 28: Fire precautions

During the current inspection the following was found related to fire safety;

- An evacuation roll call sheet in one unit did not include the names of two residents who were living in the unit
- A fire door assessment recommended additional and improved fire containment measures in one unit and that one evacuation route needed level access
- Gaps under fire doors in other units were also seen which could limit their effectiveness
- Some fire doors were observed to be held open negating their effectiveness
- Two break glass units were missing their glass
- Fire drill records provided during the inspection did not provide assurance that all residents could be evacuated from the centre in a safe and timely manner particularly at night
- No fire drill had been conducted that involved staff from other centres despite this being part of the evacuation plan for the centre

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed. This included putting in place a fire drills schedule and completing stimulated night-time drills in all three units following the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Personal plans should provide clear guidance for all the health, personal and social needs of residents. However, respite residents did not have personal plans in place while one resident's personal plan had not been completed in full despite the resident living in the centre for six months. Inspectors observed some errors and inconsistencies in personal plans including healthcare plans not referencing all assessed needs, conflicting information in different documentation and some information that appeared out of date. Some healthcare assessments had not been completed in full while a comprehensive assessment of need for one resident had not been completed given a change in circumstances. There were some suggestions that this resident's current environment might not be suited to their needs. Inconsistencies were also found regarding person-centred planning for residents with limited evidence of goal progression.

Judgment: Not compliant

Regulation 6: Health care

There was evidence that residents' health needs were monitored such as conducting monthly checks on residents' weight and blood pressure while residents were also able to access various health and social professionals such as chiropodists, speech and language therapists, dietitians and occupational therapists. While residents did have healthcare plans in place which provided guidance on meeting specific health issued, some errors and inconsistencies were identified relating to health information and assessments for residents. This is addressed under Regulation 5 Individual assessment and personal plan.

Judgment: Compliant

Regulation 8: Protection

Residents had imitate personal care protocols in place. There was evidence that safeguarding notifications submitted to the Chief Inspector since the April 2023 inspection had been investigated with safeguarding plans put in place. However, a safeguarding plan for one resident that was to be reviewed every six months had last been reviewed in January 2023. Following the current inspection a safeguarding notification was submitted relating a recent compliant made about a resident's shouting. The potential impact of this resident's presentation and that of another resident needed to be assessed. This is addressed under Regulation 26 Risk management procedures.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While resident forums were taking place regularly, there were some indications that they were tokenistic with limited evidence of follow through on points raised by residents. It was suggested that residents were consulted about new residents moving into their homes but notes of resident forums indicated that residents were informed about this rather than consulted. One resident was not consulted around some matters related to aspects of their healthcare and their person-centred planning with decisions in these areas being guided mainly by the resident's family

Judgment: Not 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	Not compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 5 OSV-0003291

Inspection ID: MON-0040480

Date of inspection: 03/10/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Registered Provider has currently reviewed floor plans of the designated centre. The floor plans as amended will be resubmitted to support the application to renew registration.	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The registered provider shall ensure that any changes to the board of directors will be notified to the chief inspector in the appropriate eight-week time frame.	
Regulation 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
PIC now works full-time in this centre and is supported by two CNM1's.

Three additional activation staff have successfully been recruited. The final third activation staffing is awaiting release from another designated centre.

The Registered provider has ensured that all current staffing levels were reviewed with the PIC, PPIM and HR. An ongoing recruitment campaign is in place to actively fill staff vacancies.

The registered provider will ensure the right number of staff and skill mix is in place to meet the assessed needs of the residents in this centre, as outlined in the SOP.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider has submitted a business case and resource request to the HSE, particular to this designated centre. Central to this submission are the Registered Providers findings relating to the significant increase in the assessed needs of residents, as well as an increased level of dependency. The business case reflects a requirement for an increase in staffing levels by 50% which is equal to 20 additional whole time equivalent staff. The provider is still reviewing the possibility of dividing the designated centre into 2 or 3 distinct smaller units. The senior management team continue to meet with the HSE. In advance of any commitment, agreement or assurances, the registered provider has committed to the following actions to maintain and achieve regulatory compliance:

The PIC will continue to work full-time in this centre and be directly supported by two CNM1's. Governance oversight continues to increase.

The PPIM will work onsite 1 day per week until 4th January 2024 when that arrangement will be subject to review.

A third additional activation staff member is recruited and awaiting re-allocation.

The staff training schedule in place continues to be progressed.

Regulatory compliance and assessment against national standards was undertaken in the

providers six-monthly audit of April and October 2023. The findings continue to inform targeted interventions, relating to other regulations:

• Residents general welfare and resident's activation.
• PCP goal setting and a continuance of staff education relating to PCP.
• Annual review of all personal plans not completed.
• Maintenance schedules awaiting implementation / timeframes of completion.
• Infection Prevention Control improvements.
• Fire and safety works, risk assessments and adherence to registered providers policy.

Regulation 23 audits will continue on a six-monthly basis and the service will be the subject of an annual quality and safety review for 2023 scheduled for November 2023.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

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:
The PIC has ensured that all contracts for the provision of services have been reviewed and appropriate changes have been made.

All contracts in place relate to the designated centre and are signed by residents or their representative.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Provider has ensured that the revised floor plans is reflected in the current SOP and resubmitted to support the application to renew registration.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
A new complaints form has been disseminated in the designated centre removing the retired staff members name.

The PIC has circulated a resident's forum review form to enable staff document issues of concern highlighted within the resident forum process.

Organograms have been placed with complaints logs. This is to inform staff directly of the process to be adhered to should a verbal complaint or written complaint arise from residents forums.

Complaints were discussed as an issue at staff meeting / handover on 20/10/2023.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The PIC has ensured that activation records are completed in full. Gaps in documentation have been discussed at the designated centre staff meeting. PIC awaiting start date for additional activation staff to commence.

Residents' forum captures residents choices with regards to community participation.

Residents are offered activities in line with their choice and individual preferences. Gaps in activation records were discussed with staff in the centre and the PIC and local management team will ensure that staff continue to complete documentation for each resident appropriately.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All outstanding requests have been resubmitted on the organisations maintenance system.
Regional Manager has met with the facilities manager on foot of inspection findings and

issues of delay.

PIC has requested the facilities manager for a timeline on all outstanding issues.

Registered Provider intent is to have addressed all outstanding works, for completion by registration end date - 04/01/2024.

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:
Two residents admission and transition into the designated centre have been the subject of review by the PIC and the Clinical Nurse Managers, since the inspection.

Personal Care Plans are currently in progress for these two individual residents. All / any conflicting information has been corrected or removed.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The PIC has reviewed and updated risks to reflect fire safety issues within the centre.

A Review of risks has been conducted within the designated centre.

The Audit Safety and Risk committee has re-commenced within the centre.

The PIC shall provide thorough review of control measures and the risk status.

All future escalated risks will be the subject of discussion between the PIC and their PPIM at monthly review meetings. All identified risk matters of concern will be escalated by the PPIM to the Regional Managers / Chief Operations Officer forum.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The PIC has ensured that a site-specific protocol is in place for the designated centre.

Staff have been reminded within the centre, that wheelchairs are not to be stored in bathroom areas.

Laundry is no longer dried in bathroom area.

The PIC and the PPIM have met with the facilities manager to discuss storage solutions within the Designated Centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Evacuation roll call sheets have been updated in all areas of the designated centre.

The registered provider is currently addressing containment issue. Additional specialist works have gone out for tender. Estimated completion time of works is 04/01/2024.

Gaps relating to fire doors has been discussed with PIC and facilities manager and all remedial works to be completed in advance of 04/01/2024. Break glass units have been repaired.

Door Guards have been replaced on some fire doors within the designated centre, to improve fire door effectiveness, staff resident observation and regulatory compliance.

A fire drill schedule has been created for the designated centre and the registered provider in conjunction with the PPIM and PIC have ensure fire drills take place. Information recorded at fire drills clearly demonstrates evacuation times and any issues of concern arising. All residents in attendance are clearly documented. All learning is shared with staff and residents.

Two simulated nighttime fire drills have been completed within the designated centre.

Next planned fire drill will include the participation and details of assistance from external staff supporting the designated centre, in the event of a fire.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC and the PPIM have met to specifically address Personal Care Planning issues identified. All personal plans will be assessed by the end of November 2023 to determine any further updating required. A core team of 6 identified staff members have been tasked with updating personal plans from December 2023.

Care planning had been allocated to Clinical Nurse Managers to drive improvement and regulatory compliance.

PCP training has commenced with staff within the centre. Personal plans and goal progression have been reviewed by senior manager and staff.

Local personal care plan training has been commenced by the PIC and the management team within the designated centre. This training will continue until all staff have been trained. This training will be an ongoing agenda item at staff meetings to maintain improvements.

An assessment of need relating to one resident will be completed, with an emphasis on the suitability of the current environment to their identified needs.
The use of the designated centre to provide a respite service is currently under review by the Registered Provider. If this service provision is to continue, all care planning documentation will be consistent and in line with regulatory requirements.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All safeguarding plans for resident have been subject to review and updated.

The PIC shall ensure that risk assessments will be completed regarding the potential impact of resident's presentations on their peer residents.

The PIC will continue to notify the chief inspector of all notifiable events, within the appropriate regulatory time frames.

The registered providers advocacy Officer will attend one planned residents forum.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: An updated residents forum review sheet has been implemented within the designated centre. This captures residents views / concerns and possible complaints.

Residents are consulted regarding potential new admissions to the centre.

The register provider shall ensure that residents continue to have the freedom to exercise choice and control in their daily life by the appointment of additional care staff and an additional activation staff member.

The registered providers Advocacy Officer will attend one planned residents forum

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	30/11/2023
Registration Regulation 7(4)(a)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if any of the following is proposed to take place: (a) where the registered provider is a body corporate (whether a natural person, a company or other corporate body), there will be any change to: (i) the	Not Compliant	Orange	30/11/2023

	ownership of the body (ii) the identity of its director, manager, secretary, chief executive or any similar officer of the body (iii) the name or address of the body and shall supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre under (a), (b) or (c).			
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	04/01/2024
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	04/01/2024

Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	04/01/2024
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	04/01/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	04/01/2024

Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/01/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	04/01/2024
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they	Not Compliant	Orange	31/12/2023

	transition between residential services or leave residential services through:the provision of information on the services and supports available.			
Regulation 25(3)(b)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:where appropriate, the provision of training in the life-skills required for the new living arrangement.	Not Compliant	Orange	31/12/2023
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.	Not Compliant	Orange	30/11/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	30/11/2023

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	04/01/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	04/01/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	04/01/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	30/11/2023

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2023
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Not Compliant	Orange	30/11/2023
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.	Not Compliant	Orange	30/11/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social	Not Compliant	Orange	31/12/2023

	care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal	Not Compliant	Orange	31/12/2023

	development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	31/12/2023
Regulation 05(6)(b)	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 conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's	Not Compliant	Orange	31/12/2023

	wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	31/12/2023
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Not Compliant	Orange	31/12/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability	Not Compliant	Orange	31/12/2023

	participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	30/11/2023