



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	20 January 2021
Centre ID:	OSV-0003302
Fieldwork ID:	MON-0031673

About the designated centre

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

The designated centre comprised of two semi-detached buildings located in a Cork suburb. There is a garden at the rear of the centre and at the front of the house also. Both buildings are two storey with separate sitting rooms and kitchen-dining rooms in each house. The designated centre has two separate entrances at the front of the house and doors have been created in the dividing wall both upstairs and downstairs to allow access from one house to another internally. The designated centre provides residential accommodation for both males and females over the age of 18 years of age with all levels of intellectual disability and/or autism. The designated centre provides full time residential care with staffing support both by day and night. The staff team is comprised of nurses and care staff who are managed by the service manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 January 2021	12:50hrs to 17:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with both of the residents living in this designated centre which is comprised of two semi-detached houses with internal access points both upstairs and downstairs. To reduce movement between houses as a result of the COVID-19 pandemic, the inspector was located in the staff office upstairs in one of the houses.

From what the residents told the inspector and what was observed during the inspection, it was evident that residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre and involved in their communities while adhering to public health guidelines. Both residents were happy to speak with the inspector in their own homes. One resident was out with staff for a spin when the inspector arrived. The other resident greeted the inspector on arrival in their sitting room.

This resident spoke of how they really enjoyed being at home with their family during Christmas. The staff supporting the resident explained that the resident had enjoyed three weeks at home with their family. The resident showed the inspector some of the gifts they had received for Christmas which included reading books and DVD's. The resident talked of how they liked to go for walks in the locality and enjoyed local amenities such as parks, but only when the weather was nice. The resident explained to the inspector how they regularly talk to their family on a video call each week on their mobile phone. During the day the inspector heard the resident singing some songs from one of their favourite movies. They were also heard to be engaging with staff regarding meal preparation and discussions about their planned activities over the weekend. The inspector was informed that the family representatives of this resident had not wished to talk to the inspector during the inspection but expressed a view that they were happy with the service their relative was receiving.

The other resident living in the designated centre had requested to wear full personal protection equipment before meeting the inspector in their kitchen after they returned to the house around lunchtime. The resident spoke with the inspector while they enjoyed a cup of tea. They spoke of how they didn't like the virus and how it prevented them from doing a lot of activities that they enjoyed which included team sports such as soccer and basketball. The resident spoke of how they missed meeting their family but explained the regular contact they had each week on the phone. The resident listed the many activities that staff supported them to participate in which included going for swims in the sea when the restrictions had lifted during the summer, walking and cycling. The resident also proudly showed the inspector some wooden garden furniture that they had put together outside in the back garden. They spoke of how the kitchen and sitting room had been recently painted and that their bedroom would be painted as soon as it was possible to get the painters to come back to the house once current restrictions were lifted. They told the inspector the colour they had picked out for their bedroom and the plans to

put pictures up on the walls. The resident was very happy to bring the inspector into their sitting room to show off their large fish tank and told the inspector the name of the one fish that was in the tank at the time. The resident talked of how they were planning to celebrate a milestone birthday in a local hotel later in the year by which time they hoped all the restrictions would be lifted. They proudly showed a few photographs from a large folder of themselves doing some activities in recent months which included washing their car and going for walks with staff. While the resident explained how they were very happy to help with household chores in their house they preferred when staff prepared the meals. The resident in recent months has done very well maintaining a healthy diet and managing their weight with support from the staff team. The resident outlined how they are really happy living in their own house with the staff supporting them. They explained that like to be able to do activities as they choose but also enjoy the company of the staff. The resident was aware of what to do in the event of a fire and knew where the assembly point was outside the house. They informed the inspector they had participated regularly in fire drills. The resident talked of how much they liked living in their own house but enjoyed the company of familiar staff.

The staff spoken to on the day of the inspection were observed to be familiar with the residents that they were supporting. They were aware of particular likes and dislikes and encouraged the residents to talk about important matters such as family to the inspector. Staff explained how they had adapted routines and supported the residents to continue to engage in a variety of activities daily while adhering to public health guidelines since March 2020. Both residents were supported by two staff each at all times both day and night. The design of the houses facilitated each resident to have full access to the communal areas in their home and their own bedrooms as they choose to use them. Additionally staff were able to facilitate changes to planned activities or schedules as per the residents' expressed wishes. Multiple forms of transport were available to both residents at all times, this included a private car, access to a transport vehicle, a bicycle and public transport. However, the inspector observed one resident did not have access to laundry facilities in their home and both residents did not have individual assessments completed in the previous 12 months for the inspector to review on the day of the inspection. In addition, the décor in some parts of the houses required updating and maintenance including the garden areas.

Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in August 2019 had been completed prior to the renewal of the registration of this designated centre. The provider had addressed most of the actions from the previous inspection; delays were encountered in completing the maintenance of the houses and scheduling staff training due to the

ongoing pandemic restrictions.

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The person in charge was new to the role since November 2020. They worked full time and had remit over two other designated centres located nearby. They spoke to the inspector over the phone during the inspection and ensured all requested documentation was available for the inspector to review. There was evidence that the person in charge was in regular contact with the staff team, while face-to-face staff team meetings were not able to take place due to the current government restrictions, the person in charge spoke directly with staff over the phone and was known to all the residents and staff spoken to during the inspection. The person in charge had ensured findings from the annual review and provider led six monthly audits were completed or in progress. There was a detailed audit schedule for staff in the houses which were completed in 2020 and another planned schedule for 2021. The person in charge had ensured all complaints had been resolved or actions were being taken to ensure progress was being made. For example, one resident had complained in February 2020 about the decoration and maintenance of their house. The person in charge had progressed with this matter with two areas having being repainted when restrictions were lifted in 2020. The inspector was informed that the remaining works would be completed as soon as it was possible to allow contractors on site to complete the painting. The inspector also spoke with the person participating in management over the phone on the day following this inspection. At the time of the inspection the centre was registered to accommodate a maximum of five residents. The inspector was informed that the provider was reviewing the possibility of an interim plan to provide support to another resident as a single occupancy in one house when one of the current residents had successfully transitioned to a new home.

The residents were supported by their own staff team both by day and night. The person in charge had ensured staffing levels were maintained as per the statement of purpose and each resident was supported by at least one familiar staff at all times. This included regular agency staff. While scheduled staff training had been impacted by the pandemic restrictions some on-line training had been completed by staff. At the time of inspection 84% of staff required refresher training in fire safety, 30% in managing behaviours that challenge and 18% in safeguarding. The person in charge did not have a planned schedule of training for 2021 available for review at the time of the inspection. The inspector was informed that the provider was actively engaged in providing a planned schedule of training for staff within the organisation. The staff team had effectively managed and supported both residents through difficult periods in recent months. They had ensured residents were supported to engage in activities while keeping them safe, while also keeping diversity and alternative activities as options to promote the well-being and health of both residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota, however, minimum staffing levels had not always been maintained as outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training using alternative methods such as on-line training where possible. However, some staff required mandatory refresher training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained in the designated centre.

Judgment: Compliant

Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
Residents were aware of their right to make a complaint and the provider had ensured that all received complaints were recorded, investigated and actions taken

to resolve issues raised.

Judgment: Compliant

Quality and safety

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in the area of personal possessions and the regular review of individualised assessments and personal plans.

Residents were supported to access various forms of technology with staff support which included a games console. One resident had received a gift of a console for Christmas and staff explained to the inspector that they had plans to support the resident to access this through the television to enhance the resident's ability to interact and engage with the games. An additional cable had been ordered to facilitate this. Both residents had their own mobile phones and were actively involved in decision making with their houses, which included meal planning.

At the time of the inspection, one resident was being supported in each house. Both houses were clean and reflected the personal preferences of both residents. The provider had ensured a new fitted kitchen had been installed in one of the houses which facilitated the resident there to actively participate in the preparation of their own meals as they wished. However, as already mentioned the décor in some areas required updating both internally and externally. The inspector observed that the space available for the residents suited their assessed needs at the time of the inspection, as both houses had single occupancy. The upstairs area of one house where the inspector was located consisted of dark narrow hallways and the house itself was busy with one resident and two staff present. The only area for residents to receive visitors was in the sitting room. This would be an issue if additional residents were to be supported in either one of the houses. The downstairs layout of communal areas in both houses consisted of a sitting room and kitchen area only. One house had an additional laundry area off the kitchen. This was deemed to be the laundry facilities for both houses. Staff from one house had to access the laundry through an adjoining door in the kitchen which was secured by a keycode into the kitchen area of the second house. This area was not accessible to the resident of the other house. The inspector was informed that staff accessed the laundry facilities for this resident. On review of this resident's documentation, the inspector noted that staff were unable to wash laundry for this resident prior to them going home for a visit to their family at Christmas. This was due to the resident living in the second house experiencing a difficult time and displaying behaviours that challenge. This was discussed with staff and the person in charge during the inspection.

Prior to this inspection the inspector was aware that plans to support one of the

resident's to transition to another designated centre had been delayed and changed due to the pandemic restrictions. The inspector had been kept informed of these plans through bi-monthly reports submitted by the provider since September 2019. The staff team and person in charge outlined how they had prepared and supported the resident to make the transfer to another designated centre which included walks in the locality. This transition plan was available for review during the inspection. It was evident consultation with family representatives was ongoing and staff supported the resident by talking about the plans with them. Staff outlined the current plan for the resident to transfer to a new house when the registration of a new designated centre was complete. They spoke of how the resident will be going to live with a peer with whom they have lived with previously and viewed this person as a friend. An updated transition plan will be developed by the staff team once the confirmation of the transition to the new designated centre is agreed in line with public health guidance. The resident told the inspector that they would be moving to a new house soon but the new house wasn't ready yet.

The inspector reviewed the individual personal plans for both residents; it was not evident an annual review had taken place in the previous 12 months. One resident's last review was in November 2019 and the inspector was informed the other resident's personal plan had not been reviewed in the last 12 months as they were transitioning to another centre. The inspector did review documentation which evidenced both residents' personal goals had been reviewed in 2020 following the restrictions imposed by the pandemic. Staff facilitated one resident to spend time with some staff personal pets as the resident could not go to visit Fota wild life park. When swimming pools were closed during the summer months, staff took this resident to local beaches to go swimming. The resident was also supported regularly to go to a secure outdoor area belonging to the provider to play basketball or soccer with staff as these were activities the resident enjoyed participating in. The other resident was unable to go the pantomime at Christmas but staff brought them into the city to see the Christmas lights and experience the atmosphere while adhering to public health advice. They were also supported to buy gifts for their family prior to Christmas. A planned trip abroad had to be postponed for this resident but staff explained that will be facilitated once travel is permitted again for the resident to complete this goal.

The person in charge had ensured both residents had access to all required healthcare services and facilitated attendance to appointments such as physiotherapy and dentist. One resident was being supported to successfully follow a healthy eating plan and had been reviewed by dietetic services in September 2020. Both residents had ongoing support from the multi-disciplinary team MDT; including input from positive behavioural support specialists. One resident's positive behavioural plan outlined clearly possible triggers both fast and slow which may be displayed towards staff who were unfamiliar with the resident. In addition, there was a clear guidance on proactive strategies to be implemented to help maintain the resident's independence which included managing their laundry and household cleaning. This resident also had a smoking programme which they spoke to the inspector about. The resident was aware that they smoked a lot of cigarettes and told the inspector how staff supported them during each day to have cigarettes. While speaking with the inspector in the kitchen, the resident informed the inspector

that they needed to leave as it was time for their next cigarette.

The provider had ensured fire safety systems were in place and residents were supported with easy-to-read versions of the fire evacuation procedures. Residents had personal emergency egress plans PEEP's which were reviewed regularly. While regular drills were carried out in the designated centre, from the documentation reviewed the inspector was unable to determine the time of day or the duration of some fire drills that had taken place or if a night time simulated drill had occurred.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Staff had undertaken training in areas of hand hygiene and the use of personal protective equipment PPE. A COVID-19 folder was available in the designated centre with updated information and guidance.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

Not all residents were supported to manage their laundry in accordance with their needs or wishes.

Judgment: Not compliant

Regulation 17: Premises
The premises required maintenance to ensure the houses were kept in a good state of repair both internally and externally.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents were supported to buy, prepare and cook their own meals if they wished.
Judgment: Compliant
Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to residents.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
The person in charge ensured that residents received support as they prepare to transition between residential services
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.
Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place. However, no night simulation fire drill had taken place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An annual review of comprehensive assessments had not been completed for residents within the last 12 months .

Judgment: Not compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and to promote positive behaviour amongst residents.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were actively consulted and participated in decisions relating to activities in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 6 OSV-0003302

Inspection ID: MON-0031673

Date of inspection: 20/01/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>PIC continues to liaise with Training Coordinator to ensure outstanding refresher fire training is completed via internal online platform. PIC has confirmed 4 places on refresher fire training for the 24th of February 2021.</p> <p>PIC will continue to allocate upcoming refresher training dates to the staff team as they become available.</p> <p>All of the staff team have completed safeguarding training. PIC submitted completion certificates to the inspector on the 21st of January 2021.</p> <p>All face to face training is currently suspended due to the Covid19 pandemic and will be prioritised to recommence once public health guidelines allow.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The PIC will ensure that each resident has access to sufficient laundry facilities at all times. A washing machine and a dryer was installed in the kitchen area on Thursday the 11th of February 2021.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Due to the current level 5 government restrictions in place only emergency maintenance work is taking place. Painting works began in December 2020, they will recommence in accordance with public health guidelines.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has amended fire drill documentation to ensure time of day and duration of fire drill details are included. PIC will schedule a night time fire drill for completion by end of February 2021.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC has included Person Centred Plan reviews to team meeting agenda to ensure regular monitoring of comprehensive assessments. The PIC will ensure that Person Centred Planning Audits take place annually and are documented clearly.</p> <p>One resident is currently completing a self-directed Person Centred Plan. The resident held a Person Centred Planning meeting with their chosen circle of support on the 15th of February 2021.</p> <p>The other resident conducted a video call with their circle of support on the 6th of February 2021 in conjunction with their upcoming transition to a new home. This process began in January 2021 and is ongoing.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(a)	The person in charge shall ensure that each resident uses and retains control over his or her clothes.	Not Compliant	Yellow	28/02/2021
Regulation 12(3)(b)	The person in charge shall ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.	Not Compliant	Orange	28/02/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2021
Regulation 17(1)(b)	The registered provider shall	Substantially Compliant	Yellow	31/03/2021

	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2021
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 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.	Not Compliant	Orange	28/02/2021