



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

Issued by the Chief Inspector

Name of designated centre:	Muinin
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	01 April 2021
Centre ID:	OSV-0007846
Fieldwork ID:	MON-0032352

About the designated centre

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

Muinin consists of three bungalow type residences located on a campus setting on the outskirts of a city. Two of the bungalows can provide a home for five residents each. The third bungalow is divided into two apartments with one resident living in each apartment. Overall the centre can provide full-time residential care for a maximum of 12 residents over the age of 18 of both genders with intellectual disabilities. Each resident in the centre has their own bedroom and other facilities throughout the centre include bathrooms, dining/living areas and kitchens amongst others. Residents are supported by nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 1 April 2021	10:30hrs to 16:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

From what the inspector was told, read, and observed, ongoing efforts were being made to provide residents with a good quality of life with residents supported to maintain contact with their families.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. As this designated centre was based on a campus, the inspector was based primarily in an office building on the campus. To minimize movement in this designated centre, one bungalow was visited by the inspector during the inspection.

When visiting this bungalow the inspector met three residents. One resident briefly greeted the inspector and appeared happy before withdrawing from the communal area of the bungalow. The other two residents did not engage with the inspector but appeared calm. One resident was sitting at a dining table with a table top activity provided for them. This resident did not appear to be engaged with this but did briefly play with some plastic. The other resident was laying on a couch and it was noted that two staff were present in the bungalow at the time. It was seen that efforts had been made to present the bungalow in a homely manner. For example, there were pictures and drawings on the wall.

While only three residents were present in this bungalow at the time of this visit, five residents usually resided here and the inspector observed that given the needs of residents and the overall size of the bungalow, communal space could be limited should all five residents be present. It was seen though that a sheltered area directly outside the bungalow had been created for one resident. This area led directly into a garden and had been provided with a heating system and a radio. Upon leaving this bungalow, the inspector walked by another bungalow of this centre when the one resident living there came outside to point out a horse they could see on land neighbouring the campus. The resident was supported by a staff member at the time and appeared happy before quickly returning to their bungalow.

When in the office building on the campus, various documents relating to the running of this centre were reviewed. Amongst these were satisfaction surveys that had been completed by two residents and three family members of other residents. The first resident questionnaire indicated that the resident liked their meals, felt safe in their home, was happy with the support from staff, had been given information during the COVID-19 pandemic and was supported to help with jobs in their home. The second resident indicated that they loved living in the centre and also said that the staff were nice. This resident had also been given information related to COVID-19 and had been supported into the community in line with national guidance.

The family questionnaires focused on areas such as staff support, how residents' needs were met, families' involvement in residents' personal plans and support for

residents in exercising choice and control in their daily lives. All three questionnaires completed by family members gave very positive feedback on the care provided to their relatives with one family member specifically indicating that the resident was happy because of the care they received from staff.

During the COVID-19 pandemic and resulting national restrictions, residents had been supported to stay in contact with their relatives. For example, residents had maintained phone contact with family members or had video calls with them while one resident had been supported to send a mother's day card to their mother. Visiting to the designated centre was carried out in line national guidance. When visiting had been restricted as part of the wider national lockdown, window visiting had been facilitated which allowed some residents to see their relatives.

In the questionnaires completed by family members it was indicated that residents and family had participated in putting together residents' personal plans. This was also seen in the sample of such plans reviewed by the inspector. When these plans were being developed a process of information gathering was conducted which received input from residents' circles of support. Such information was used to identify key information related to residents and to put in place goals or specific aims for residents.

It was seen that residents were being supported to achieve such goals. For example, one resident had a goal to go and collect the post for the bungalow where they lived from the main office on the campus and they had been supported to do this. Other activities for residents were facilitated having regard to national restrictions imposed due to COVID-19. These included residents being supported to go for walks/drives, table top activities and trips shopping where appropriate. It was also noted that one resident of this centre had participated in a St. Patricks Day parade that had been held on the campus. Staff support was available to facilitate activities although changes in staffing arrangements in one bungalow of the centre had the potential to negatively impact this.

Residents were consulted around what activities they wanted to participate in during weekly resident meetings that were held in each bungalow. Other matters discussed at such meetings included food and COVID-19. It was also seen that residents had been provided with easy-to-read information related to COVID-19 and vaccines. Where residents were considered not have capacity to consent to vaccines, it was indicated that people within residents' circles of support was consulted to determine if obtaining these vaccines was in the residents' best interests with a specific vaccine consent form maintained. It was noted though such forms had a section on checking for residents' understanding which were not completed while for one resident it was not indicated who been consulted before consent was given for the resident to receive the vaccine.

While reviewing other documentation relating to residents it was seen that all residents had contracts for the provision of services in place. Such contracts are important in setting out the services which residents are to receive in the designated centre and the fees to be paid. However, it was observed that the contracts in place for residents were for another designated centre while such contracts were not

indicated as being agreed to by residents or their representatives.

In summary, residents met with on the day of inspection appeared either calm or happy in the designated centre, support was being given to maintain contact with families and activities were generally provided for. Some documentation relating to the services to be provided to residents and consent around vaccines were not completed.

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

While active efforts were being made to support residents, aspects of the services provided in this designated centre were not in keeping with this centre's statement of purpose. The provider had not made sufficient progress with a plan to address fire safety concerns.

The bungalows which made up this designated centre were based in a campus setting and were previously part of another designated centre until the provider reconfigured the centres on this campus. This reconfiguration was carried out by the provider in a line with a plan to enhance the overall governance of all designated centres and also to improve the fire safety systems across the overall campus. This plan outlined specific dates when fire safety upgrades were to be carried out for two of the bungalows of this centre. Following significant regulatory activity by HIQA, registration of this centre was granted with a restrictive condition which required the provider to implement this plan.

As part of the plan submitted, one bungalow of this designated centre was due to have its fire safety works completed by 4 March 2021 with the residents of that bungalow having transitioned elsewhere to enable such works to be carried out. Prior to this inspection, HIQA had been informed that the fire safety works for this bungalow had yet to commence and this situation remained unchanged. It was indicated that these works were ready to commence but, owing to particular set of circumstances in another designated centre run by the provider, a resident had been transitioned into the previously vacated bungalow meaning that works could not commence.

While the inspector acknowledged the reasons behind this transition, it served to delay progress with the overall fire safety plan which could possibly result in similar delays being encountered by other designated centres on the campus. At the time of this inspection, there was no clear indication as to when fire safety works would commence although the provider did have a plan for the bungalow to again be

vacated which would enable works to begin.

It was also noted that the transition of the resident into the previously vacated bungalow, was done on an emergency basis. Any admission to a designated centre must be in line with the centre's statement of purpose which is an important governance document as it outlines the services to be provided in the centre and forms the basis of a condition of registration. The statement of purpose against which this centre was registered against did not provide for emergency admissions. It was seen though that the statement of purpose contained most of the information required by the regulations but had not been updated to reflect this centre's current registration conditions.

The statement of purpose outlined the organisational structure that was in place which oversaw the governance and operations of this centre. Having a clear organisational structure in place for a centre is important so that lines of authority, accountability and responsibilities are clearly set out. As part of the campus reconfiguration, a new person in charge had been appointed to oversee the running of this designated centre. In line with the organisational structure outlined in the statement of purpose, staff working in this centre were indicated as either reporting to the person in charge or a clinical nurse manager on duty at night.

However, the inspector was informed that staff working in one bungalow of this centre were reporting to another person in charge who was not involved in the management of this designated centre nor the overall campus where it was based. In addition, when reviewing information related to notifications submitted to HIQA for this centre, it was noted that some potential concerns which may have adversely impacted residents had not been reported in a timely manner. This raised concerns that all staff had not been consistently supported, developed and performance managed to exercise their responsibilities for the quality and safety of services being delivered.

Sufficient staffing arrangements were in place to support residents on the day of inspection but the inspector was informed that the staffing levels had been reduced in one bungalow at the weekends. Given the assessed needs of residents living in that bungalow, this reduction had the potential to limit the range of activities which these residents could participate in at weekends. The inspector was informed that this reduction in staffing had only been recently implemented, had been risk assessed and was subject to ongoing review. However, as a result of this reduction the staffing levels currently being provided in the designated centre were lower than those set out in the statement of purpose.

Regulation 15: Staffing

While suitable staff were in place on the day of inspection, staffing arrangements at the weekend in one bungalow of the designated centre were not in keeping with the statement of purpose.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained key information relating to residents. However, it was seen that the most recent admission to this centre was not included in the directory.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not made sufficient progress with an overall plan submitted to HIQA to improve fire safety. Some staff working in one bungalow were reporting to another person in charge who was unconnected to this designated centre. Concerns were identified regarding the support, development and performance management of staff to exercise their responsibilities for the quality and safety of services being delivered.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

An emergency admission to this designated centre was not in keeping with the centre's statement of purpose. Contracts for the provision of services were for a different centre and were not indicated as having been agreed to by residents or their representatives.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this designated centre which contained most of the required information including details of the staffing compliment and the organisational structure. It was noted that the statement of purpose had not been updated to reflect the current registration conditions of this centre.

Judgment: Substantially compliant

Quality and safety

The provider had systems in place to manage risk in the centre and to respond to any safeguarding concerns once raised. These were intended to support residents' wellbeing and welfare. However, improvement was required regarding the overall premises provided and the fire safety systems in place.

From previous regulatory activity on this campus, HIQA were aware that parts of the premises provided required upgrade works to ensure they met residents' needs while two of the three bungalows which made up this designated centre did not have satisfactory fire safety systems in place particularly regarding fire containment measures. This situation remained unchanged during this inspection. Fire containment measures are important to prevent the spread of fire and smoke while also ensuring that residents have a protected means of evacuation if required. However, the provider was making efforts to mitigate the potential risks from fire pending completion of upgrade works.

These included ensuring that the fire safety systems that were in place, which included fire alarms and fire extinguishers, were subject to regular maintenance checks by external contractors to ensure that they were in proper working order. Fire drills were also being carried out regularly at different times of the day while records indicated that all staff had undergone fire safety training. Personal emergency evacuation plans were also in place for residents outlining the supports they needed in the event of an evacuation being required.

The potential risks relating to fire safety had been assessed for this designated centre as part of the overall risk management process in place. As part of this process, individual risk assessments for individual residents relating to identified risks were provided for while an overall risk register was maintained in the centre which was noted to have been recently reviewed. The risks contained in this register had been updated to take account of COVID-19. During the inspection, some of the measures in operation in this centre in response to the pandemic were reviewed.

These included a COVID-19 contingency plan, the provision and use of PPE throughout, staff training, regular temperature checking of staff, daily symptoms monitoring of residents and cleaning schedules which provided for the cleaning of regularly touched items and surfaces. Such measures provided assurance that the risk posed by COVID-19 were being taken seriously. However, the inspector did observe some areas where adherence to HIQA standards relating to infection prevention and control could be improved upon. For example, despite the cleaning schedules in place, the inspector noted gaps in the cleaning records for one bungalow.

Residents were being given information related to COVID-19 with easy-to-read

information booklets on topics like PPE. Such information was contained within residents' personal plans with such plans being required under the regulations. Personal plans are important in setting out the needs of the residents and it was seen from the sample reviewed that these plans were informed by a process of information gathering, were subject to multidisciplinary review and identified goals for residents. It was seen that goals were being reviewed and progressed where appropriate to do so in keeping with wider COVID-19 restrictions. Measures in place in the designated centre such as support for visiting helped to ensure that residents' social needs were met.

While carrying out this inspection, the measures in operation to ensure that residents were not subject to any form of abuse were also reviewed. Records reviewed indicated that all staff had been provided with relevant training. It was also noted that any safeguarding concerns, once reported, were responded to appropriately with safeguarding plans put in place outlining clear protective measures which had been implemented. The appropriate statutory bodies were also being informed of such concerns. As such the inspector did not identify any current safeguarding concerns at the time of this inspection.

Regulation 11: Visits

Residents were facilitated to receive visitors in line with relevant national guidance. When visiting to the centre was restricted residents were facilitated to receive window visits from their families.

Judgment: Compliant

Regulation 17: Premises

Premises issues identified during previous regulatory activity had not been addressed. These included works to ensure the premises was suited to the needs of residents, work to ensure the premises was kept in a good state of repair and upgrades to some heating systems.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management process in operation for this centre. This provided for assessment of risks and the implementation of control measures to reduce the potential harm from such risks. Identified risks were subject to regular

review and risks related to COVID-19 had been considered.

Judgment: Compliant

Regulation 27: Protection against infection

Some improvement was required to ensure HIQA standards relating to infection prevention and control were being fully adhered to. For example, during the inspection gaps in cleaning records were identified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety systems in two of the three bungalow which made up this designated centre were inadequate.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which were subject to review, identified goals for residents and had multidisciplinary input.

Judgment: Compliant

Regulation 8: Protection

Any safeguarding concerns reported were being responded to appropriately with safeguarding plans put in place where necessary. Staff had been provided with relevant training.

Judgment: Compliant

Regulation 9: Residents' rights

COVID-19 vaccine consent forms in place for residents had a specific section on checking for residents' understanding which were not completed while for one resident it was not indicated who been consulted before consent was given for the resident to receive the vaccine.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Muinin OSV-0007846

Inspection ID: MON-0032352

Date of inspection: 01/04/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The statement of purpose has been updated to reflect the new staffing compliment in one bungalow at the weekends. • In future the SOP will be updated for any changes in staffing. • The SOP now reflects the risk assessment that is in place in relation to revised staffing. 	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • The Directory of residence was updated to reflect new additional resident. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • In September 2020, the five gentlemen residing in one bungalow transitioned to another designated centre to allow for plans to commence in relation to improving fire safety. • Due to Level 5 Covid-19 restrictions and the emergency admission to Cedar Drive 1, 	

these plans have been delayed.

- This decision was made by the Director of Services and was in a response to a high level emergency.
- An alternative home for the emergency placement has been identified and the resident will transfer once this new home is available for use.
- It is planned that the fire safety upgrade will commence by the end of May 2021 when this resident will transition to his new home.
- In the meantime, weekly meetings take place via Microsoft Teams with the PIC of Muinín and the management team that supported this resident.
- The SOP has been updated to reflect the staffing structures currently in Cedar Drive 1 supporting the gentlemen who is temporarily residing there. The SOP will be updated once the bungalow becomes vacant.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- The transition of the resident to Cedar Drive 1 was in respect to a high level emergency and is temporary.
- The plan is to support this resident to move to another registered house, once it becomes vacant, in the coming weeks.
- Once Cedar 1 becomes vacant we can then proceed with the fire safety and heating upgrade works. This work has been approved and contractors have been appointed.
- In the interim, a new service agreement has been prepared for the resident in Cedar Drive 1 and the resident has been informed of the above transition plan.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The statement of purpose for Muinín has been amended to reflect that the PIC governs three designated centers.
- The Statement of purpose also now reflects the staffing structures in place to include the staff supporting the resident in Cedar Drive 1.
- The Statement of purpose will be updated once the resident relocates during May.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. This work has unfortunately been delayed due to Covid-19 and the emergency admission of a resident. • Once Cedar Drive 1 becomes vacant we can then proceed with the fire safety and heating upgrade works. This work has been approved and contractors have been appointed. • There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities management. • All bungalows in the current designated centre will be upgraded by 31st May 2023 as set out in the plan submitted to HIQA o 21st September 2020. This will be monitored on a quarterly basis with HIQA. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The gaps in the cleaning records have been addressed with the managers on night duty and the PIC. • All staff have been reminded of the importance of completing all relevant documentation. • The PIC will continue to complete the monthly Infection Prevention and control walkabout and address any arising issues immediately. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The capital project, as set out in the Fire Safety and Decongregation plan submitted HSE in November 2019 was approved on 21st September 2020. This work has unfortunately been delayed due to Covid-19 and an emergency temporary admission. • Once Cedar 1 becomes vacant we can then proceed with the fire safety and heating upgrade works. This work has been approved and contractors have been appointed. 	

- First Responders training has been completed with relevant staff.
- All fire evacuations are now completed in full.
- All bungalows in the current designated centre will be upgraded for fire safety compliance by 31st May 2023 as set out in the plan submitted to HIQA on 21st September 2020.
- Additional PPE has been purchased for First Responders.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The consent form for Covid-19 vaccine has been reviewed by the PIC.
- The PIC has reviewed the consent forms with keyworkers of the bungalow and the residents and the section to determine their understanding is now complete.

All vaccinations forms have been reviewed and one form was corrected.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/05/2023

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2023
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	01/05/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	01/05/2021
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	31/05/2023
Regulation 23(3)(a)	The registered provider shall	Not Compliant	Orange	10/05/2021

	ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	01/05/2021
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.	Not Compliant	Orange	01/05/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	01/05/2021

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
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	01/05/2021
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 participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	01/05/2021