



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

Issued by the Chief Inspector

Name of designated centre:	No 2 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	05 July 2021
Centre ID:	OSV-0005132
Fieldwork ID:	MON-0033412

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 houses in close proximity to each other, in a Cork City suburb. Residential services were provided to adult males with mild intellectual disability or autism. One house comprised of a living-room, a kitchen / dining room, a staff bedroom / office, four bedrooms and two bathrooms. The second house comprised of a living-room, a kitchen / dining room, a staff bedroom, a staff office, five bedrooms, a bathroom and a shower room. Each house had external sheds for storage and utility services and all gardens were well maintained. The staff comprised of qualified social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Monday 5 July 2021	09:45hrs to 18:50hrs	Lisa Redmond	Lead
Monday 5 July 2021	09:45hrs to 18:50hrs	Caitriona Twomey	Support

What residents told us and what inspectors observed

From what residents told us and what the inspectors observed, it was clear that residents were enjoying a good quality life where their rights were promoted and respected. Although improvements were required to ensure residents were supported to make a complaint, residents told the inspectors that they had a nice home, that they lived with their friends and that they were supported to engage in community life.

The centre was made up of two houses in the same housing estate, within walking distance of a town centre. On the day of inspection there were seven residents in the centre. Three residents in one house and four residents in another. Another person who usually lived in the centre had chosen to live with their family for the duration of the COVID-19 pandemic and had not yet returned.

The residents living in this centre were enthusiastic in telling inspectors how much they enjoyed living in their home. One residents told inspectors that they wanted to live there forever. Residents were equally positive about the staff that support them and "the great job" that they do. It was also very evident how well the residents get on with each other. During the inspection residents were observed calling to each others homes to go out for a coffee, warmly welcoming a friend home after time spent away with family, and engaging in general day-to-day conversation. The interactions observed between residents and with staff were warm, positive and respectful.

On entering each house, inspectors were welcomed by a resident and were guided to sign the visitors book and complete the required COVID-19 precautions. One resident later questioned the need for staff members to continue to wear masks and eat separately from residents now that both staff and residents were fully vaccinated. The levels of awareness of COVID-19 and the health guidance varied between residents, however all knew about the essential precautions needed to keep themselves and others safe.

There were two staff members, the team leader and the person in charge in the centre on the day of the inspection. All had a very good knowledge of the residents, their preferences and interaction styles. One staff member worked regularly in the centre on a relief basis. They were very positive about the support they received from their colleagues and management in the centre.

Each house had an outdoor area with grass, a patio, and tables and chairs. Each resident had their own bedroom. Residents had photographs and pictures on their walls. One resident expressed a wish to make their room more personal to them. Both houses were observed to be clean with the exception of the spare bedroom in one house. Although not in use at the time, it did contain the belongings of a person who it is hoped will live there in the future. As on the last inspection of this centre,

some areas needed to be painted. The team leader advised that this would be followed up by the service's maintenance department.

Each resident greeted the inspectors and six spoke in more detail about their daily lives on various occasions throughout the day. Inspectors were shown photographs and magazines by residents which led to conversations about their families, friends and interests. One resident had been supported by the staff team to learn more about their family which resulted in an external organisation creating a folder for him about their personal history in 2018. This new-found information made it possible for them to visit their family members grave for the first time, a visit that was clearly very important to them.

Many residents did not require any staff support or supervision to access their local community and were observed coming and going as they wished. It was evident that they valued their independence and were encouraged to develop this further, for example, being encouraged to book a table at a local pub themselves. Some activities on the day of inspection were scheduled, such as a walking group outing, while others were more spontaneous. One resident spoke with inspectors about going for a drive to get a coffee that morning and another about going for a local walk with staff. Walking levels had increased in the centre in the previous 18 months with visible health benefits for some. All of the residents clearly knew their locality well and were very helpful in suggesting local places for lunch and offered to accompany inspectors to walk there.

Residents were very familiar with the running of the house. When asked they knew who their keyworkers were, the name of the team leader and person in charge, who to speak to if anything was bothering them and what to do when the fire alarm sounded. Inspectors noted that one resident had signed the paperwork when the fire alarm system had been serviced. Some residents were very involved in household duties such as grocery shopping and meal preparation, while others appeared to spend more time in their bedrooms or watching television.

The impact of the COVID-19 pandemic was evident with residents expressing their disappointment and frustration with jobs lost and limitations placed on their activities. Inspectors read an account of one resident's unhappiness at not being able to return to their day service. The resident's day service was running at a limited service due to COVID-19, therefore the resident had not returned to their day service since it first closed. The resident had received a service in the designated centre from a day service staff member for a few weeks, but this support was no longer in place. The resident had expressed to staff how 'frustrated and upset' they were that this had happened. It was also documented that the resident had expressed how 'unhappy' they were that they were not receiving a day service due to COVID-19. On the day of inspection the resident did not know when they would be returning to day service. It was not evident that staff members had asked the resident if they would like to make a complaint about this issue, or that any actions had been taken following the resident's expression of dissatisfaction about not receiving a day service.

It was difficult for inspectors to identify how residents now spent their days, especially those who would usually attend a day service. Additional in-house activities such as yoga and baking had been introduced. Despite its popularity with residents, yoga stopped in August 2020 due to a staff member being redeployed and a resident reported that baking happened “an odd time”. The person in charge informed inspectors that extra staffing hours had been allocated to one house to support more activities. The daily schedules for residents reviewed by inspectors had not been updated in light of COVID-19 and still referenced activities that could not currently take place. Similarly, despite being regularly reviewed, residents’ personal goals were often stated as not possible due to the pandemic rather than being re-imagined into a related goal that was achievable. An exception to this was a resident watching a performance online that they had hoped to attend with family. The team leader told inspectors that he had identified someone to start yoga classes and would follow up on a request that had been made at the two most recent residents’ meetings to have a barbeque for the residents in both houses.

It was evident that although some improvements relating to complaints and residents' goals were required, residents were very happy with the supports that they received in their home. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

It was evident that there were appropriate management systems in place. Residents were supported by a staff team that were dedicated to providing them with a good quality service. Some improvements were required to ensure actions identified in audits, including the six-monthly unannounced visits, were completed in a timely manner, and that residents were supported to use the complaints process in line with the organisation's policy.

Residents living in the designated centre were supported by a consistent team of social care workers and care assistants. Two staff were on duty in each house most days, with one staff in each house also completing a sleepover shift. A social care leader had been appointed to oversee the day-to-day management of the centre, and they reported to the person in charge. The person in charge reported to their line manager, who carried out the role of person participating in management. This individual reported to the director of services, who reported directly to the board of directors.

During the COVID-19 pandemic, unannounced six monthly visits to the designated centre had been completed remotely by the sector manager. In line with the regulations, a written report had been completed after these. An annual review report had been completed by the registered provider in December 2020. The

annual review report included an overview of the service provided to residents over the previous year. These reports included examples of a good quality service being provided to residents, and also area where improvements could be made. One action on the annual review was to ensure that complaints were reviewed to ensure that they were being actioned.

Inspectors reviewed the designated centre's complaints log. One resident had made a complaint in March 2021. It was noted that a number of sections of this document had not been completed in full. It was not documented if the resident was satisfied with the outcome of the complaint, if they had been informed of the outcome of their complaint, or details of the appeals process. As noted in the previous section of this report, one resident had expressed to staff members that they were upset and unhappy that they were not in receipt of a day service. Although their dissatisfaction was noted in their personal plan review meeting and in an assessment of their needs, it was not documented if the resident was asked if they would like to make a complaint. Improvements were required to ensure complaints were dealt with in line with the organisation's complaints policy.

Staff members had participated in some online training as an alternative to classroom based trainings throughout the COVID-19 pandemic. However, an alternative training had not been identified for staff members who required refresher training in medicines management. One staff member required refresher training in fire safety while five staff required updated training in the management of behaviour that is challenging. It was also noted that staff supervisions were taking place on a formal basis once a year, which was not in line with the organisation's policy for this to be completed twice each year. This had also been identified as an action in the unannounced six monthly visit reports in October 2020 and March 2021.

As identified in the six monthly unannounced visits to the centre in October 2020 and March 2021, and the annual review in December 2020, improvements were required to the management of complaints in the centre, and the completion of staff supervisions. An action plan had been developed following these reviews, however these did not include a time-line for improvements to be made. It was also noted that the actions in the unannounced six monthly review were carried forward despite the review stating that all actions had been completed. Such actions were still outstanding at the time of this inspection in July 2021. Therefore, it was evident that appropriate actions had not been taken to address areas for improvement following the unannounced six monthly visits to ensure this issue was addressed.

At the time of the inspection, there was one vacancy in the designated centre. It was hoped that a person known to the residents would be admitted to the centre to fill this vacancy. It was evident from a review of the documentation that the application for admission of this person to the designated centre had been determined on the basis of transparent criteria, in accordance with the statement of purpose.

Regulation 15: Staffing

The number, qualifications and skill-mix of staff members was appropriate to the number and assessed needs of the residents. Residents knew the staff members that supported them, and were happy with the support that they provided.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of the inspection, a number of staff members were awaiting refresher training in medicines management, fire safety and the management of behaviour that is challenging. It was also noted that staff supervisions were taking place on a formal basis once a year, which was not in line with the organisation's policy for this to be completed twice each year.

Judgment: Substantially compliant

Regulation 23: Governance and management

It was evident that there were management systems in place to ensure that the service provided to residents was safe. However, it was noted that the actions to be completed following an unannounced six-monthly visit in October 2020 had been carried over as actions following the unannounced six-monthly visit in March 2021. Therefore it was not evident that an effective plan had been put in place to address these issues.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

It was evident from a review of the documentation that an application for admission to the designated centre had been determined on the basis of transparent criteria in accordance with the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

Following a review of the documentation relating to a complaint made by a resident in March 2021, it was not evident if the resident was satisfied with the outcome of the complaint. Therefore it was not evident if the resident had been informed of the outcome of their complaint or details of the appeals process.

When one resident stated that they were unhappy and upset about not receiving their day service, there was no documented evidence that they were offered support to make a complaint.

Judgment: Not compliant

Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. Although some improvements were required to the review and development of residents' goals, it was evident that residents were happy with the support that they received in their home.

Residents had been subject to an assessment of their health, personal and social care needs on an annual basis. Personal plans had been developed for residents, however there were some inconsistencies noted in the documentation. For example, one document stated a resident would contact a family member daily while another stated that the plan was to contact them weekly. There were also inconsistencies noted in documents regarding residents' healthcare needs. Despite this, inspectors were assured that residents' healthcare needs were well met in the centre. A number of documents that had been completed were not signed by the relevant staff members including the person in charge. When multidisciplinary team meetings were held, it was not evident if residents were offered the opportunity to attend.

Goals had been developed for residents however, some of these were repeated year after year. Despite being regularly reviewed, residents' personal goals were often stated as not possible due to the pandemic rather than being re-imagined into a related goal that was achievable. It was also noted that some personal communications relating to residents were stored in a communal area that could be easily accessed by others.

Three residents in one of the houses were independent in the administration of their medicines. Where staff supported residents with the administration of medicines, this was completed in line with each residents' medicines prescription record. Inspectors reviewed a sample of residents' medicines prescription records. One medicine was prescribed as a medicine to be administered daily, despite staff members telling the inspectors that this was actually a PRN medicine (medicines taken only when required). Medicines that had been discontinued were not documented as such.

When staff administered medicines to residents, they signed the resident's medicines administration record. There was no medicines administration record in place to document the administration of PRN medicines. The team leader actioned this on the day of the inspection, and advised that the pharmacy was going to provide documentation for recording PRN medicines administration. There was evidence of good collaboration between the designated centre and the pharmacy.

A number of measures had been put in place to protect residents in response to the COVID-19 pandemic. Staff members wore face masks at all times in the designated centre. Residents were aware of social distancing measures, and the reasons why these measures had been put in place. A contingency plan had also been developed which was specific to the designated centre, to ensure they were prepared if an outbreak occurred.

The inspector reviewed evidence of fire evacuation drills held in the designated centre. Although these were completed on a regular basis, there were not completed monthly in line with the designated centre's safety statement. During these drills, it was documented that residents could safely evacuate in a timely manner, in the event of a fire. Fire extinguishers, the fire alarm panel and emergency lighting had all been reviewed by a competent person.

Regulation 10: Communication

There was evidence that residents were supported to communicate in accordance with their needs and wishes. Residents also had access to appropriate media including telephone, radio and internet.

Judgment: Compliant

Regulation 13: General welfare and development

It was evident that residents were provided with opportunities for recreation, and that they were supported to maintain links in the wider community. Many residents were independent in accessing community services and public transport.

Judgment: Compliant

Regulation 17: Premises

Both houses were observed to be clean with the exception of the spare bedroom in one house. Although not in use at the time, it did contain the belongings of a person

who it is hoped will live there in the future. As on the last inspection of this centre, some areas needed to be painted.

One resident expressed a wish to make their room more personal to them.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre was available to residents.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure resident were protected from healthcare associated infections including COVID-19. Residents were aware of how they could protect themselves from COVID-19, including social distancing, wearing of masks and using hand sanitizers when out in the community.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Fire extinguishers, the fire alarm panel and emergency lighting had all been reviewed by a competent person.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensure that the designated centre had appropriate and suitable practices relating to the prescribing and administration of medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for residents, however there were some inconsistencies noted in the documentation. When multi-disciplinary team meetings were held, it was not evident if residents were offered the opportunity to attend.

Improvements were also required to the development and review of residents' goals.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and promoted in their home. It was evident that residents and freedom and control over their daily lives. However, some personal communications relating to residents was located in a communal area.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 2 Bilberry OSV-0005132

Inspection ID: MON-0033412

Date of inspection: 05/07/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure that of staff formal supervision sessions is in line with Provider Policy by ensuring the Team leader has increased the frequency to 2 formal supervision sessions each year [by end September 2021]. Staff identified from the training matrix as requiring training and or refresher training have been forwarded for relevant trainings and booked in at next available date. All staff will be up to date with training by end 15th September 2021	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that 1. All actions identified during 6 monthly visits to the Centre and from the Annual review of the Centre have clearly identified timelines for completion. 2. The actions identified in the reports of the 6 monthly Provider visits were corrected to bring the responses in line with our Policy. 3. The Person in charge will review actions from last 6 monthly and utilize a more robust action log to ensure smart and effective plans are put in place. Reviewed and completed by 12th August.	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Person in Charge will ensure complaints are reviewed and documentation completed, with residents informed of outcome and their satisfaction or otherwise with the outcome fully documented. [Completed 12th August 2021]</p> <p>Where residents are not satisfied with the outcome of their complaint the appeal process as set out in the Statement of Purpose will be explained to the resident [Completed 12th August 2021]</p> <p>Complaints identified and the complaints process to be discussed at staff meeting as a standing agenda item, to ensure all staff are aware how to process a complaint and how to support a person supported to make a complaint. To be completed by end of August 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider has ensured that</p> <ol style="list-style-type: none"> 1. Maintenance Services have been contacted and areas identified have been scheduled for painting and cleaning. 2. Person supported will be supported to make their room more personal with assistance from key worker. 3. The spare bedroom is included in the cleaning rota. <p>Actions to be completed by end August 2021</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

The Person in Charge will ensure that medication prescription sheets reflect the current prescriptions by reminding the staff team to ensure this is done at the time of all changes in medication and via medication audits in the Centre.

The Person in Charge has ensured the pharmacy was contacted on day of inspection and all identified issues in relation to PRN and discontinued medication were addressed and amended recording charts to be put in place. These updated recording sheets facilitate the recording of the administration of PRN. Completed by 8th July 2021.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person Supported goals to be reviewed and improved through discussion with residents and circles of support. Goals that were not possible due to Covid restrictions to be reviewed and re imagined to find suitable alternatives. This will be completed by staff at quarterly review in September 2021

Daily schedules to be updated to include new activities identified and remove activities no longer possible. Update at quarterly review September 2021

The Person in Charge will ensure that personal plans are reviewed to amend any inconsistencies in documentation. [30 September 2021]

Residents will be provided with an opportunity to input to the multidisciplinary review of their personal plans if they so wish and their file will reflect their preferences in this regard. [30 September 2021]

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Person in Charge will ensure that the staff team are aware that information related to personal communication should not be kept in communal areas and is removed from communal area and placed in secure location in office.

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 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	15/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered	Substantially Compliant	Yellow	12/08/2021

	<p>provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 29(4)(b)	<p>The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.</p>	Substantially Compliant	Yellow	08/07/2021
Regulation 34(2)(b)	<p>The registered provider shall ensure that all complaints are investigated promptly.</p>	Not Compliant	Orange	12/08/2021

Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	12/08/2021
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	12/08/2021
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	Substantially Compliant	Yellow	30/09/2021

	wishes, age and the nature of his or her disability.			
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.	Substantially Compliant	Yellow	30/09/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	05/07/2021