



Office of the Chief Inspector

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

Name of designated centre:	Cork City North 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	16 April 2019
Centre ID:	OSV-0003698
Fieldwork ID:	MON-0026255

About the designated centre

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

The centre comprised four purpose-built units on a campus style setting on the outskirts of Cork city. Three units were located close to each other and the fourth was located within the wider campus. The units situated close to each other each had a kitchen, a living room, separate laundry facilities and bedrooms accommodating each resident. These units had more than one communal area and some had visiting rooms. In addition, one of these units contained a single occupancy apartment comprising a sitting room with dining facilities, kitchen, bedroom and bathroom. The remaining unit was a single occupancy apartment located within the wider campus and this contained a kitchen, dining and sitting room area, a bedroom and bathroom.

The following information outlines some additional data on this centre.

Current registration end date:	24/02/2021
Number of residents on the date of inspection:	17

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
16 April 2019	08:30hrs to 17:00hrs	Michael O'Sullivan	Lead
16 April 2019	08:30hrs to 17:00hrs	Anna Delany	Support

Views of people who use the service

On the day of inspection, some residents had already departed the designated centre for planned day services. The inspectors met with 11 of the 17 residents. One resident was hospitalised and supported by staff from the designated centre. Many residents communicated non verbally and were happy to accompany the inspectors as well as allow them visit their bedrooms. Some residents who engaged the inspectors in conversation indicated that they liked the designated centre, the activities they took part in and the staff who were on duty. Residents were able to point to favoured activities – a trip to euro Disney, family events and home visits, zumba, disco dancing and attending concerts. One resident had commenced shadowing and assisting staff with the cleaning and appeared to enjoy this role.

Capacity and capability

This was a service with governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the providers statement of purpose. There were clearly defined management structures with identified lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person centred. The atmosphere was friendly and relaxed and staff engaged respectfully with residents.

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and was articulate regarding governance and management of the service. They demonstrated good knowledge of residents, their care needs and preferences. The person in charge ensured that the Act, regulations and standards were regularly discussed at team meetings.

Staff demonstrated good communication strategies with residents who had complex needs. The inspector observed that staff were familiar with residents preferences and choices. However, there was evidence to suggest that staffing levels did not meet the assessed needs of residents who required 1:1 support or who needed to be supervised closely to address safeguarding and protection issues.

The registered provider ensured that the centre was resourced to deliver effective care however, these resources did not support compliance with regulations. There was evidence of a clearly defined management structure in the designated centre. The on site management demonstrated a good knowledge of the needs of residents and effective monitoring of the service, however key clinical nurse manager

positions were unfilled.

A report of an annual review and associated action plan was provided to inspectors. A report of an unannounced visit by the registered provider which had taken place in six months previous to the inspection was also provided, along with the associated action plan. Both of these reports for 2018 reflected good oversight of quality of care. There was evidence that staff were facilitated to raise concerns about the quality and safety of the care and support provided to residents.

Planned and actual staff rotas were viewed by inspectors. From these rotas inspectors saw that there was continuity of care and support for residents. Documents required to be held under Schedule Two for each staff member were in place in the staff files inspectors reviewed, however one staff file was missing documentary evidence of qualifications. While the registered provider made efforts to ensure that the number, qualifications and skill mix of staff was appropriate, the inspectors noted that there were a number of vacancies. In addition, while it was assessed that a resident required additional staffing support, the provider noted that this support was being provided for on a temporary basis only and this arrangement was due to expire shortly after the inspection.

Inspectors saw a training matrix which outlined that a large number of staff had either not completed mandatory training or were overdue refresher training. Inspectors saw documentation to show limited availability of training sessions scheduled for the remainder of the year.

The statement of purpose was updated on inspection to include updated floor plans following reconfiguration of rooms.

A complaints procedure was in place and accessible copies of the procedure were placed in prominent places around the designated centre. However, the procedure was overdue a review. There was evidence that staff in the designated centre investigated complaints and took measures required for improvement where these were possible. However, documentation viewed by inspectors in relation to some complaints did not outline what investigations had taken place or improvement measures taken in response to the complaint. Staff in the centre confirmed that they were unaware of the investigation into some complaints or whether improvement measures had been taken. In addition, the annual review noted that while staff had made complaints with regard to the lack of transport, these complaints were not reflected in the formal process.

Regulation 14: Persons in charge

The person in charge was employed in a full-time post. They had the necessary experience and qualifications as required in the regulations to manage a designated

centre.
Judgment: Compliant
Regulation 15: Staffing
While the registered provider made efforts to ensure that the number, qualifications and skill mix of staff was appropriate, there were a number of vacancies. In addition, while it was assessed that a resident required additional staffing support, this arrangement was due to expire shortly after the inspection. One staff file was missing documentary evidence of qualifications.
Judgment: Not compliant
Regulation 16: Training and staff development
The person in charge ensured that staff were informed of the Act, regulations and standards, however mandatory staff refresher training was required by staff.
Judgment: Not compliant
Regulation 23: Governance and management
The registered provider ensured that the centre was resourced to deliver effective care however, these resources did not support compliance with some regulations.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
The person in charge confirmed that, where practicable, prospective residents were provided with the opportunity to visit the centre before admission. Inspectors viewed a number of contracts for provision of services. Many of these were completed, however some were not signed by the resident or their representative.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider furnished an updated statement of purpose to inspectors during the inspection. This statement of purpose contained all of the information as set out in Schedule one and was reviewed appropriately.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that volunteers had supervision, support and a written role description, however, not all volunteers had a current vetting disclosure.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications were submitted in accordance with the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The person in charge confirmed that they had not been absent from the designated centre for a continuous period of 28 days or more since their commencement as person in charge. The inspectors saw documentation that confirmed that nominated staff would be available to deputise in the person in charge's absence.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was in place and accessible copies of the procedure were placed in prominent places around the designated centre, however, the procedure

was overdue a review.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found evidence that all residents were in receipt of a good standard of care that was directly aligned to residents assessed needs and wishes. Staff and resident interactions were observed to be respectful, gentle and meaningful. Engagement and care delivery was observed to be unhurried and person centred, allowing residents choice. Residents appeared very comfortable in the presence of staff members who demonstrated a good understanding of residents' needs and requests. Documentation, photographs and resident feedback demonstrated sufficient access to activities, holidays, recreation and education. There was evidence that staff were committed to safeguarding and protecting all residents and the complexity of their presenting needs.

All four premises were warm and comfortable. Residents had sufficient space through individual bedrooms and communal rooms. Inspectors observed that two premises were significantly better maintained than two others that required ongoing maintenance as residents tested the integrity of the buildings fabric on a regular basis. Particular attention was required to replace some existing floor coverings that were in poor condition, harbouring odours. Some walls that had been subject to remedial works were unpainted. In one house toilet facilities were limited.

It was evident that the staff team collated and maintained a significant amount of care planning information on each resident. There was a strong emphasis on residents' intimate care planning, nutrition, health and wellbeing, community and leisure activities, family and peer relationships and mental health. Plans were subject to multidisciplinary input and annual review. Key workers had a narrowly prescribed role specific to some aspects of the residents care and there was only some evidence that key workers met with residents. Residents were not aware that they had a key worker, nor could they identify their key worker. This was an area that the provider was actively trying to improve.

Residents health presentations were diverse and complex. Each resident had in place an OK Health Check which was conducted in the current year. Some health issues identified contained no follow up details or reflected what actions staff had taken. It was noted that the provider had an internal waiting time for allied health professional response of three to six months. There was also evidence that staff had strongly advocated on behalf of and secured professional supports for residents.

Since the last inspection, the registered provider had engaged a professional fire and safety assessment of the designated centre and had addressed all outstanding fire issues. Each resident had a personal emergency evacuation plan in place and regular drills ensured residents could be safely evacuated at times of minimum

staffing. All escape routes were clear on the day of inspection and staff recorded a daily check of these exits. All fire safety equipment had been inspected and serviced by a registered contractor.

Staff ensured that each resident had access to advocacy. There was a risk assessment in place to mitigate against possible hazards specific to the resident. Each resident had an intimate care plan in place to support residents ability, wishes and privacy. Each resident had a positive behavioural support plan that was implemented by staff. It was noted that some positive behavioural support plans had not been subject to review in recent years. Not all risk assessments had been reviewed by staff. Consent was sought from residents and their families in relation to restrictive practices and the least restrictive practice was employed by staff. There was no evidence of a review of restrictive practices by the provider which was at variance with the organisations policy. The use of a closed circuit television monitor for resident observation was visible from outside one building. There were safeguarding plans in place for residents.

Residents were observed to be in receipt of food that was wholesome and nutritious. Residents were afforded choice and each care plan clearly demonstrated residents likes and dislikes. Each kitchenette was stocked with adequate supplies of food, fruit and drinks. The provider had on record a number of complaints made by residents and their families in relation to the quality of food provided, however, on the day of inspection, residents who could communicate with the inspectors indicated that they liked the food.

All medications were stored appropriately within the service in locked presses and secure fridges. Medication keys were kept on the person of the nurse in charge. All medications dispensed were recorded accurately. Staff had undertaken medication management training which assisted residents to avail of community outings and activities.

While staff demonstrated knowledge and were observed to adhere to practices to reduce the risk of healthcare infections, it was notable that premises required a higher standard of cleaning with special attention needed to kitchen and food preparation areas, equipment and high dusting areas. One premises was particularly grubby, sticky and in need of more intensive cleaning. In light of residents susceptibility and vulnerability to infection, this was an area that required the providers attention.

The registered provider had in place a policy to facilitate volunteers within the service. It was evident that the input of volunteers was well recorded. Many residents were in receipt of therapeutic massage, however, at the time of inspection, there was no current garda vetting available for one volunteer.

Communication supports for each resident were in a detailed communication support plan. There was supportive evidence to show that residents had access to and met with advocacy services. Some posters were in easy to read format and residents had access to televisions, phones and electronic tablets. Staff demonstrated flexibility to facilitate visitors and also made efforts to assist residents

to spend time at home.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents' wishes.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors observed that residents had access to and retained control of some personal property in the designated centre, including clothing. Rooms were appropriately personalised with pictures and other personal items. There was sufficient storage space for residents' personal property and laundry facilities were available.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided access to occupation, recreation, activities and supported residents to maintain personal links with the wider community.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the design and layout of the services met the number and assessed needs of the residents, however, there were a large amount of maintenance related works outstanding and not enough toilet facilities.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was in receipt of wholesome and nutritious food and were offered choice at mealtimes.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to ensure that each resident had a risk assessment in place, these assessments were not subject to ongoing review and were well beyond their review date.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider did not ensure that residents at risk of a healthcare acquired infection were protected by adopting standards for the prevention and control of infection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate practices in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that the personal plan was subject to review, however, the plan needed to reflect a person centred approach with the participation of the resident and their representatives.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had appropriate health care in place for residents, however the residents' personal plan was not always updated and the provider had a lengthy internal waiting list for allied health professional services.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that residents and families had provided informed consent to the restrictive practices applied, however, the registered provider did not make provision for the review of restrictive practices as part of the personal planning process.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had in place appropriate measures to safeguard residents from

harm and the large volume of notifications in relation to one resident had significantly reduced. The resident mix in one house indicated that an alternative solution was required to maintain this reduction.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cork City North 4 OSV-0003698

Inspection ID: MON-0026255

Date of inspection: 16/04/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Competition held for posts of Clinical Nurse Manager 1 with successful candidates informed.</p> <p>Vacant staff positions are being filled from recent recruitment drive.</p> <p>HR Dept will review files for the Designated Centre to ensure all staff have data on file relating to Schedule 2 documentation.</p> <p>Where it had been identified that a resident required additional staffing support, this support shall continue.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training dates have been booked to ensure all staff undertakes mandatory training and refresher training. Availability of training has been increased to ensure compliance.</p>	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Competition has been held for Clinical Nurse Manager 1 vacancies and successful candidates informed.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All Contract of Care are now signed.</p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: Volunteer has applied for Garda Vetting Disclosure.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints procedure will be reviewed to ensure all complaints are investigated promptly, complainants are informed of outcomes, measures for improvement are put in place and records kept of all complaints.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Facilities Manager has scheduled a list of works to be completed in the centre , this includes flooring repairs, bathroom repairs, decoration, and groundworks . A deep clean of the centre has taken place. New flooring has been laid in the centre.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments have been reviewed.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A deep clean including that of high areas has taken place in the centre . A schedule for deep cleaning will be developed.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal Plans are currently being reviewed with the participation of resident, family and staff.</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>

<p>Outline how you are going to come into compliance with Regulation 6: Health care: Personal plans will be overseen by Manager and system for updating same put in place . Internal waiting list for allied health professionals allows for urgent cases. Where it is deemed by the Person In Charge that waiting times are excessive alternative arrangements will be sought .</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Reviews of positive behavioural support plans have commenced and a timeline has been put in place for completion .</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider will maintain current staffing support to one resident in the centre in order to safeguard all residents . The Provider will continue to advocate for an alternative solution to the current situation .</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/07/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/07/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Not Compliant	Orange	31/10/2019

	refresher training, as part of a continuous professional development programme.			
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	31/07/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	31/07/2019

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/05/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/05/2019
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	31/05/2019

	associated infections published by the Authority.			
Regulation 30(c)	The person in charge shall ensure that volunteers with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).	Not Compliant	Orange	30/06/2019
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	30/06/2019
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	30/06/2019
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	30/06/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of	Not Compliant	Yellow	30/06/2019

	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.			
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 wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/07/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	31/05/2019
Regulation 07(3)	The registered	Not Compliant	Orange	31/10/2019

	<p>provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.</p>			
Regulation 08(2)	<p>The registered provider shall protect residents from all forms of abuse.</p>	Substantially Compliant	Yellow	31/05/2019