



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 14
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	11 December 2019
Centre ID:	OSV-0003754
Fieldwork ID:	MON-0024655

About the designated centre

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

This designated centre consists of one large private dwelling in a rural setting on the outskirts of a small village in Co. Kildare. The service provides both nursing and social care support to five residents. The designated centre consists of 6 bedrooms, 3 of which are located upstairs, 2 of these bedrooms have an en-suite with another separate bathroom on the same floor. The remaining bedrooms and bathrooms are located on the ground floor. There is a large kitchen and dining area leading to a seating area outside. There is a large sitting room and hallway area with an elevator allowing all residents access upstairs. There is a garden and lawn at the front of the house. The centre has its own transport. The person in charge shares their time between this designated centre and another designated centre. There are three social care workers, three care assistants, two nurses and three support workers employed in this centre. During the day there are primarily two to three staff on duty and at night one sleeping staff and one waking staff .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 11 December 2019	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The residents in this centre used verbal and non-verbal forms of communication, so where appropriate their views were relayed through staff and management advocating on their behalf. Residents' views were also taken from the centre's annual report; overall, the feedback in the report was positive and comments relayed that residents were happy in living in their home, that staff were "extremely nice", that families were happy with the level of communication provided and that their family members were provided with choice and the service met the residents' needs.

The inspector met with all five residents during the inspection and observed elements of the residents' daily lives. Four residents received day service supports from their location (in the designated centre) and one resident attended a day service in the local community three days of the week.

On arrival to the centre the inspector met with a resident who had just received an on-site therapeutic treatment (massage) and appeared relaxed and content. The inspector was then introduced to two other residents who were watching television. The fourth resident was being supported with their morning's personal care. Throughout the day the inspector observed that the main activities provided in the house to residents included being supported at mealtimes, watching television, listened to music and relaxing in their rooms. Two residents went into the local town with staff to pick up the grocery shopping and complete general errands. On return to the centre the residents watched television, relaxed and/or listened to music.

Later in the afternoon the inspector met with a resident who had returned from their community day service. The resident was looking through photographs and memorabilia that was important to them. The residents showed the inspector a photograph of a resident who had previously lived in the centre and had passed away last year. The resident told the inspector that they missed the person. The inspector observed staff and management support the resident discuss their feelings of grief in an empathetic and caring manner; the inspector was advised that at the time of the resident passing, residents had been supported to attend the funeral and held a remembrance mass in the centre a month later.

Throughout the day the inspector observed staff interactions with the residents was kind and respectful through positive, mindful and caring engagements. The centre had a Christmas tree in the kitchen and other decorations were displayed throughout the house. Festive music was playing in the background and many of the conversations between the residents and staff included conversations about the festivities and residents' upcoming plans for Christmas.

However, on the day of inspection the inspector observed that overall there was an absence of meaningful or community based activities provided to the four residents

whose day service was based on location in the designated centre. This was relayed to the person in charge during the inspection and again at the close out meeting with senior management and is referred to further in the quality and safety section of the report.

Capacity and capability

For the most part the inspector found that the provider had arrangements in place to assure itself that a safe service was being provided to residents. The service was led by a capable person in charge who was knowledgeable about the support needs of the residents. The inspector found that there were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. However, the inspector found that there had been a decrease in levels of compliance in the centre since the last inspection.

In relation to capacity and capability improvements were required to ensure that the person in charge was supported fully by the registered provider to ensure appropriate oversight of service delivery. Furthermore, improvements were required to ensure the effectiveness of the admissions process in place and that it was in line with the organisation's policies and procedures.

Fire precautions, internal transfers and the general wellbeing and development of residents also required improvements however, these are discussed in the quality and support section of the report.

An internal transfer of a resident had taken place earlier in the year and on the day of inspection the inspector observed the resident to appear comfortable in their environment, relaxed in the company of staff and supported to express themselves through their personalised living space. However, the inspector found that in relation to the admission process for the resident, documentation to demonstrate a clear planned approach including an opportunity for the resident to visit the centre and meet a staff member prior to admission, was lacking.

Since March 2019 the person in charge was employed to be a person in charge for another designated centre alongside this centre. The inspector found that administration hours allocated to the person in charge required reviewing to fully ensure the operational management and administration of the centre resulted in safe, good quality and effective service delivery for residents. Furthermore, improvements were required to ensure that the registered provider had effective

arrangements in place to performance manage the person in charge on an annual basis.

Overall, governance systems in place provided assurances that service delivery was safe through ongoing auditing and monitoring of the centre's performance. The provider had ensured that an annual review of the quality and safety of care and support in the centre had been completed. The inspector saw that the residents and their representatives had been consulted as part of the review.

A six monthly unannounced review had taken place in July 2019. The inspector saw that the person in charge had completed the actions arising from this review and that these had been completed within the specified timelines.

However, in relation to the governance and management systems in place in this centre, the inspector saw that improvements were required by the provider to ensure sufficient resources were available to ensure the effective delivery of care and support was provided at all times; the inspector was advised that resources required to ensure the centre was kept in good decorative repair were currently not available to the centre.

The inspector saw that staff mandatory training was up-to date. The person in charge had carried out one to one performance management meetings on an annual basis with all staff to support them perform their duties to the best of their ability.

Regulation 14: Persons in charge

The person in charge manages more than one designated centre. The inspector found that a review of the person in charge's current administrative hours was warranted to ensure the effective governance, operational management and administration of the designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The inspector observed kind, and caring interactions between staff and residents throughout the day with residents appeared relaxed in the company of management and staff.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff mandatory training was up-to-date. The training needs of staff were regularly monitored and addressed by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure effective arrangements were in place to performance manage all of its staff. For example the registered provider had not performance managed the person in charge and staff nurse on an annual basis.

Furthermore, the inspector was advised that currently there are insufficient resources available to this centre to ensure the decorative upkeep of the premises (see Regulation 17 for full details of required improvements).

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a written contract for provision of services in place for residents which they had agreed to and signed.

However, on the day of inspection the inspector found that residents' admissions had not always been in line with the centre's current policy and procedures on access, discharge and transfers to and from the service; there was insufficient documentation in place to demonstrate that a resident had been supported with a clear planned approach to their discharge and admission including the rationale of not providing them an opportunity to visit the centre and meet a staff member prior to their admission.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the information set out in the associated schedule. The statement of purpose was made available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents were notified to HIQA in the required format, within the specified timeframe and that all necessary information was submitted.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of the centre's Schedule 5 written policies and procedures and found that they were up-to-date and made available to staff when required. The inspector was advised that new or updated policies were reviewed at staff team meetings.

Judgment: Compliant

Quality and safety

The inspector found that overall, the centre provided a homely and pleasant environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. However, the inspector found that improvements were warranted to a number of quality and safety regulations and in particular to fire precautions, internal transfers of residents and the general welfare and development of residents.

One of the residents attended a local day service three days a week and four residents were provided with day service supports from their location (in the designated centre). Overall, residents' choose goals which promoted community inclusion and social integration. Some of the goals included attending local beauticians and hairdressers, joining a bird-watching club, attending concerts and going on overnight holidays.

However, on review of a variety of documentation, where the residents' daily community and social activities were planned and recorded, the inspector found that improvements were warranted to ensure that residents were provided with regular opportunities to feel part of the wider community, have maximum valuable input in their community and be supported to have proactive engagement with their community on a frequent basis. A review of the documentation over the last six weeks suggested that three of the residents spent minimum time participating in their community and spent most of their time on-location in the designated centre. The inspector found that the predominant on-location activities recorded included therapeutic treatments such as massage, watching television and listening to music. The inspector found that overall, these activities were not reflective of the nature and extent of the residents disability, assessed needs and wishes in accordance with their personal plans.

The inspector found that where an internal transfer had occurred the resident was not provided with a transition plan and that their current personal plan had not included information on how the resident was supported to plan and prepare for the move or how the resident had adapted to their new environment. Furthermore, the resident's current personal plan required reviewing to ensure it applied to the centre the resident was currently residing in as apposed to the last centre. Improvements were also required to ensure that this service provided continuity in the resident's life and met their specific needs; the inspector was advised that the resident no longer attends the day service they attended in their last service; this had not been reflected in the resident's current personal plan.

However, the inspector found that the majority of the residents' plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that residents' goals were reviewed on a three monthly basis. On the day of inspection the inspector found that not all plans recorded the achievements or outcomes of the residents' goals.

The residents in the centre had varying communication needs that were being supported. The inspector observed that staff knew each resident's communication requirements and were flexible and adaptable with the communication strategies used. The inspector saw that the person in charge and staff communicated effectively with the residents and were focused on the resident when having these communications.

The inspector saw that residents had been consulted in the decoration of their personal living spaces such as their bedrooms and had been supported to decorate their rooms in accordance to their likes and taste. Many of the communal walls in the house included photographs of residents, past and present. However, some improvements were required to the physical environment of the house to ensure it was kept in good decorative and structural repair. Furthermore, on the day of the inspection the inspector found that cleaning systems in place required reviewing to ensure that all areas of the house were clean.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. The cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. However, improvement were required to the three fire exit doors to ensure that they could be accessed at all times.

Overall, the inspector saw that residents' privacy and dignity was respected. However, on the day of inspection the inspector found that the storage of folders, which contained personal identifiable information about the residents, required reviewing to ensure the residents' rights, and in particular relating to privacy and dignity of their personal information, was respected at all times.

Regulation 10: Communication

Residents were assisted to communicate according to their wishes and from observations on the day of inspection, the inspector saw that staff were aware of the communication needs of the residents.

Judgment: Compliant

Regulation 13: General welfare and development

On review of a sample of three residents' daily notes, monthly activity records and the centre's communication book the inspector found evidence to suggest that not all residents had involvement with their local community on a regular basis; daily access to occupation and recreation facilities and daily supports to develop and maintain personal relationships and links with the wider community, according to residents' wishes, was lacking.

Judgment: Not compliant

Regulation 17: Premises

Overall the centre was in good structure and repair however, on the day of inspection a number of improvements were required.

A number of communal and private areas in the house required a level of paintwork.

There was water damage including water blisters and stains on the ceiling of one resident's bedroom.

On the day of inspection not all areas of the house were found to be clean: A mat at the foot of a resident bed, the wall next to a residents' bed and the entrance hallway to the house were found to be unclean.

Overall there was a homely atmosphere in the house and residents displayed personal photographs and personal artwork throughout the house. However, the inspector found that part of the resident's sitting room was being used as an office space which included a computer, folders and a shredder which took away from the homeliness of the room.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

On the day of inspection the inspector found that an internal transfers (including discharges) of a resident was not in line with the organisation's policy on access, discharge and transfers; there was no documental evidence contained within the resident's personal plan that their move was determined on the basis of transparent criteria in accordance with the organisation's statement of purpose (which refers to the organisation's policy and procedures on access, discharge and transfers).

The resident was not provided with a transition plan when they moved from one residential service to another; the resident's personal plan did not include information on how the resident was provided with information on the services and supports available to them in the current designated centre. Furthermore, the resident's personal plan did not include information on how the resident had adapted to their new environment.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

The risk management policy in place included all the required information as per the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there was suitable fire equipment provided and serviced when required. All staff were provided with fire safety training. However, on the day of inspection improvements were required to ensure that three of the fire exit doors could be accessed at all times.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that overall residents' plans were reviewed annually however, there were some gaps in the documentation; for example, the section of the plan where the residents' goals were reviewed did not always include the outcome or achievement of the goal.

Furthermore, the inspector found that one of the residents' plans required a full review to ensure that it corresponded to resident's current living situation including their current needs, their current behaviours and the current services being provided to them.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents' healthcare needs were supported however, the inspector found that where a resident was eligible for a specific health screening service the resident had not been facilitated to access the services.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

On the day of inspection the inspector found that restrictive procedures in place had been reviewed and included a number of alternative measures considered to ensure they were the least restrictive.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that care was provided that respected residents privacy and dignity however, on the day of inspection the inspector found that not all confidential information regarding residents had been stored appropriately; for example the inspector found folders and documents in the kitchen and sitting room area, which contained personal identifiable information about the residents.

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 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Living Area 14 OSV-0003754

Inspection ID: MON-0024655

Date of inspection: 11/12/2019

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The registered provider has reviewed supernumerary hours for the person in charge. Additional administration hours have been allocated to support the Person In Charge from 3rd January 2020 to ensure the effective governance , operational management and administration of the designated centre concerned.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward the registered provider shall ensure that effective management arrangements are in place to support, develop and performance manage all members of the work force at least on an annual basis to ensure the quality and safety of the service. Going forward the registered provider shall ensure that the premises is of sound construction and kept in a good state of repair.</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: Going forward the person in charge will ensure that each prospective resident will be provided with an opportunity to visit the centre when applicable. Supporting documentation will demonstrate that the resident has been provided with these opportunities in line with the organisation's policy.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: Going forward the registered provider will ensure that each resident has access to facilities for occupation and recreation. The registered provider will ensure that opportunities to participate in activities of their choosing and supports are in place to develop and maintain personal relationships and links with the wider community. The person in charge will ensure that comprehensive records are maintained to reflect how each resident is supported to achieve this.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Going forward the registered provider shall ensure that the premises is of sound construction and kept in a good state of repair.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: Going forward the person in charge will ensure that residents receive support through the provision of information on the services and supports available as they transition between residential services. This information as per organisational policy will be</p>	

documented on a transition plan and will be completed for each new admission and discharge.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall ensure that effective fire safety management systems are in place to include the maintaining of all fire equipment and means of escape.	
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 in charge shall ensure that a comprehensive assessment by an appropriate health care professional is carried out prior to admission of the designated centre and as required to reflect changes in need and circumstances. The person in charge shall ensure that plan is subject to review, carried out annually or more frequently according to the resident's needs.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider shall provide appropriate health care for each resident, having regard to the resident's personal plan. The person in charge shall ensure the resident is supported to access services provided by allied health professionals and the resident's right to refuse medical treatment shall be respected and documented if required. This will be discussed in conjunction with the resident's general medical practitioner.	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider shall ensure that the resident's privacy and dignity is respected in relation to personal information.</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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	31/01/2020
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	31/01/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Orange	31/01/2020

	accordance with their interests, capacities and developmental needs.			
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	31/01/2020
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	03/01/2020
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	29/02/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	29/02/2020

	are clean and suitably decorated.			
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	31/01/2020
Regulation 23(3)(a)	The registered provider shall 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.	Substantially Compliant	Yellow	31/01/2020
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.	Substantially Compliant	Yellow	10/01/2020
Regulation 24(2)	The person in charge shall ensure that each prospective	Substantially Compliant	Yellow	10/01/2020

	resident and his or her family or representative are provided with an opportunity to visit the designated centre, as far as is reasonably practicable, before admission of the prospective resident to the designated centre.			
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Not Compliant	Orange	10/01/2020
Regulation 25(4)(a)	The person in charge shall ensure that the discharge of a resident from the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	10/01/2020
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Not Compliant	Orange	10/01/2020

Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Substantially Compliant	Yellow	10/01/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	14/01/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	10/01/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	10/01/2020

	circumstances, which review shall assess the effectiveness of the plan.			
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	10/01/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/02/2020
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	Substantially Compliant	Yellow	15/01/2020

	personal information.			
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