



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh High Support Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	10 October 2019
Centre ID:	OSV-0005082
Fieldwork ID:	MON-0026526

About the designated centre

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

Comeragh High Support Residential Services consists of one detached bungalow and a smaller semi-detached apartment located in an urban area. The centre provides full-time residential support for up to five male residents between the ages of 47 and 70 with intellectual disabilities. Some day services for these residents are also run from the designated centre. Each resident had their own bedroom. Other facilities in the detached bungalow include a kitchen, a sitting room, a dining room, a utility room and bathroom facilities while the apartment has a bathroom with a kitchen/living area also. The current staffing compliment is made up social care leaders, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
10 October 2019	10:05hrs to 19:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This designated centre was made up of two units providing a home for five residents. The inspector visited both units and met four residents in total during this inspection. The larger unit of this centre was visited first where three of the four residents living there were met. As the fourth resident living in the larger unit was away at a day service while the inspector was present, this resident was not met.

On arrival in the centre the inspector had a brief opportunity to speak with a resident who talked about visiting their family and going shopping. Later on this resident was supported to leave the designated centre with a staff to get some lunch. The resident appeared to be very excited by this. Upon return to the centre in the afternoon, this resident was again observed to leave the centre for a second time with a staff member.

The second resident met was seen to be supported by staff to have some drinks. This resident remained in the centre during the inspection day and did not engage directly with the inspector. However, this resident was observed to be smiling at times. Staff members were seen to support this resident in a pleasant way and provided assistance when requested by the resident.

The third resident met appeared happy and was seen to move throughout the unit where they lived. Support was given to the resident by staff members on duty upon the resident's request. It was noted that this resident did not leave the centre while the inspector was present but it was seen that the resident received a visit from an art therapist which the resident had been looking forward to and appeared to enjoy.

After leaving the larger unit, the smaller unit of the centre was visited by the inspector where the one resident living there was met. This resident seemed content in their environment was seen to interact with the staff member present in a positive manner. The resident indicated that they were going shopping in the coming days and appeared to be looking forward to this.

Capacity and capability

Residents' needs were better provided for compared to the previous HIQA inspection which helped ensure their safety. This was reflected by an improved level of compliance across the regulations reviewed during the current inspection. It was noted though some aspects of the oversight of this designated centre needed some improvement while one resident did not have a contract for the provision of services in place.

This designated centre was last inspected in May 2018 where it was found that the needs of all residents could not be adequately met which was negatively impacting residents' safety and quality of life. As a result of this HIQA commenced escalation and enforcement procedures against the provider. In response to this, the provider put in place appropriate arrangements to provide for the assessed needs of all residents. Such actions addressed the immediate safety and quality of life concerns. Consequently the centre was registered to provide a residential service for a maximum of five residents until February 2022.

During the current inspection, it was seen that the arrangements put in place by the provider remained and were working well. The provider was carrying out key requirements of the regulations to review the quality and safety of care and support provided to residents. These included carrying out annual reviews and provider unannounced visits to the centre every six months. Audits were also being carried out in specific areas but it was noted that some improvement was needed to ensure that issues highlighted by this inspection were proactively identified by the provider's own oversight systems. These included matters such as the disposal of some personal information relating to residents and in particular the management of risk in the centre.

It was acknowledged though the provider was in the process of carrying out a governance restructuring of some of its designated centres in the Waterford area in line with a plan submitted to HIQA earlier in 2019. The aim of this plan was to improve the oversight and operations of these centres including the current designated centre. The May 2018 inspection found that the remit of the person in charge, who was responsible for a total of six designated centres at that time, was too large to ensure the effective running of this centre. Since then a new person in charge had been appointed for this designated centre, and in line with the plan submitted by the provider, other governance changes were beginning to be carried out across other centres.

The current person in charge was met during this inspection where they demonstrated a good knowledge of the residents living in this centre and their needs. In line with the requirements of the regulations, the person in charge had the necessary qualifications and experience levels to perform the role. The person in charge had recently become responsible for a second designated centre, in line with the governance plan provided to HIQA. There was no indication that the remit of the person in charge was negatively impacting the current designated centre but the second centre they were responsible for had only become fully operational in the days leading up to this inspection. As such the person in charge's remit would be subject to review on future inspections.

The person in charge oversaw the staff team that was provided to support residents. It was seen that the overall staffing arrangements had improved to support residents' assessed needs. Efforts were also being made to ensure that residents received a continuity of staff support which helps promote consistent care. Training in various areas was provided to staff members to ensure they were equipped with the necessary skills to support residents' needs but it was noted that some staff were overdue refresher training in areas such as medicines and de-

escalation and intervention. During this inspection, staff members on duty were seen to interact well with residents and demonstrated a good awareness of residents' needs.

The staffing arrangements were in keeping with the statement of purpose in place for this designated centre. This is an important document which should set out the specifics of the services to be provided in the designated centre and outline how residents are to be supported. The statement of purpose had been recently updated and contained the majority of the information required by the regulations including the arrangements for the review of residents' personal plans, the organisational structure in place and a description of the rooms in the centre. It was noted though that the name of the one of the persons participating in management for this centre was not indicated in the document.

As required though, the statement of purpose did include the intended age range of residents who were to be supported in this designated centre. Any admission to a designated centre must be done in accordance with the provider's own admissions policy and be in accordance with a centre's statement of purpose. When reviewing documentation relating to the most recent resident admitted to this designated centre, it was observed that the age of this resident was outside of the age range as indicated in the centre's statement of purpose. It was seen though that the centre's directory of residents had been updated to include full details of this resident as required under the regulations.

The regulations also require that, on admission to a designated centre, the services and supports for a new resident along with the fees to be charged are to be agreed with that resident or their representatives where appropriate. This agreement must take the form of a contract for the provision of services and this contract should be in be accordance with a centre's statement of purpose. During the course of this inspection the inspector was informed that, despite efforts made by the provider to ensure such a contract was provided for, a contract for the provision of services was not yet in place for the most recent resident admitted to the centre.

Regulation 14: Persons in charge

A person in charge was in place who met the requirements of the regulations in terms of their experience and qualifications. The person in charge had recently become responsible for a second designated centre at the time of this inspection. This was not found to have a negative impact on the running of the current centre but this would be reviewed on future inspections.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents while efforts were made to provide for a continuity of staff support. Planned and actual staff rosters were maintained in the designated centre. Staff files were not reviewed during the current inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training in areas such as fire safety, de-escalation and intervention, manual handling, medicines and first aid were provided. It was noted though that some staff were overdue refresher training in some of these areas.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained all of the required information and which had been updated to reflect the most recent admission to the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had been carrying out regulatory requirements such as provider unannounced visits at six month intervals and annual reviews to review the quality and safety of care support provided. While audits in specific areas such as medicines and health and safety were also being carried out, it was noted that the management systems required improvement to ensure that issues found on this inspection were identified and acted upon more promptly.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The most recent admission to the designated centre did not have a contract for the

provision of services in place while this resident's admission to the centre was not in keeping with the intended age range for residents as outlined in the designated centre's most recent statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was available that had been reviewed in August 2019. This contained most of the required information such details of the staffing compliment and the arrangements for reviewing residents' personal plans. It was noted though that the name of one person participating in management, as included in the designated centre's registration certificate, was not stated in the statement of purpose.

Judgment: Substantially compliant

Quality and safety

Changes put in place for this designated centre had a positive impact on meeting residents' needs, ensuring residents' safety and promoting their rights. Some improvement was required though in relation to the management of risk.

During the previous inspection, the provider had increased the footprint of this centre to include a separate smaller apartment along with a detached bungalow. The inspector visited the two units which made up this designated centre and observed both to be generally well-maintained, well-furnished, clean and presented in a homely manner. The inspector did observe one area of the ceiling in the larger unit which did require maintenance though. Fire safety systems were in place in both units but it was noted that the use of fire doors to prevent the spread of smoke and fire, required review to ensure that they functioned as intended. Overall though, the addition of the apartment to this designated centre was having a positive impact on residents.

For example, one resident was now being provided with an individualised service that was in keeping with their needs. It was also seen that this change had enabled residents to exercise more choice within the centre while promoting increased privacy for residents. However, during the inspection it was highlighted that the disposal of some information which contained personal details relating to residents required review to ensure that residents' privacy was maintained in this regard. It was observed though that residents were treated in a respectful manner by staff members on duty throughout this inspection while efforts were also being made to

consult with residents in relation to the running of the designated centre. While these were positive aspects of the service provided to residents, some elements of risk management within the centre required improvement.

The provider had a risk management policy in place which had been reviewed in May 2019. This policy outlined how risks were to be identified, assessed and managed while key roles and responsibilities were set out. As required by the regulations, some specific risks, such as the unexpected absence of a resident and accidental injury, were also outlined in the policy along with measures to reduce the potential impacts of these risks. In keeping with the risk management policy, a risk register was in place for the centre which described identified risks potentially impacting residents. Staff members spoken with demonstrated a good awareness of risks present in the centre. It was noted though that some risk identification required updating to reflect the move of one resident to the additional apartment for this centre and the circumstances of the most recent admission to the centre.

Where necessary residents had individual risk management plans put in place which identified specific controls measures to reduce identified risks. For example, the most recent resident admitted to this designated centre had such a plan which was being closely reviewed. However, when reviewing this risk management plan it was noted that one of the identified controls was review by an occupational therapist to ensure the resident's safety. While the provider had identified the resident as requiring an urgent assessment by an occupational therapist shortly after the resident moved to the centre, this had yet to take place. It was seen though that the provider had made a request for the resident to receive such an assessment while other identified controls were provided for.

Despite this the premises which the resident moved into had not been assessed by an occupational therapist to ensure that it was suited to this resident. This was particularly important given the assessed needs of this resident. When reviewing a record of accidents and incidents in this designated centre, it was noted that some incidents of a similar nature had occurred involving this resident while present in the centre. In particular, the inspector noted one incident where the premises layout could have reduced the ability of staff members to provide support to the resident. While the provider had taken steps to address to this issue following this incident, it was observed that this risk had not been proactively responded to upon the resident coming to live in the centre.

In addition, during the inspection it was noted that two residents were prescribed particular PRN medicines (medicines only taken as the need arises). Such medicines were prescribed as rescue medicines that were to be given to the residents after a short period of time if residents suffered a particular medical event. While no occasion had arisen for either resident where such medicines had been required at the time of this inspection, it was noted that there were times when residents did not travel with these prescribed medicines when leaving the designated centre. This created the possibility that a situation could arise where either of the residents could require their prescribed medicine but be unable to gain access to it in a timely manner which could have a significant adverse impact.

Aside from this issue, some good medicines practices were observed in this designated centre. For example, there was secure storage in place while a sample of medicines documents reviewed contained all of the required information and indicated that medicines were being given to residents at the prescribed times. PRN protocols were also in place outlining when and under what circumstances residents were to receive such medicines but it was noted that one such protocol did not clearly state when a second dose of a PRN medicine was to be given if needed. Residents' medicines had been prescribed by allied health professionals such as general practitioners and psychiatrists and where necessary residents were supported to attend appointments with such professionals.

Access to allied health professionals helped ensure that residents' health needs were provided for. Such needs, along with personal and social needs, were identified through the individual personal planning process that was in place in this centre. Under the regulations all residents should have personal plans provided that outline how residents' needs are to be met. Such plans should be reviewed at least on an annual basis and be informed by assessments of need. The inspector reviewed a sample of personal plans and noted that they contained good guidance for supporting residents. Most residents' assessments of need and personal plans were reviewed on an annual basis at a minimum. It was noted though that this had not been done in a timely manner for one resident although the resident in question received regular multidisciplinary input throughout 2019.

Regulation 17: Premises

Both units of the designated centre were presented in a clean, well-maintained and homely manner overall. It was noted though that part of the ceiling in the larger unit required some maintenance.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents travelling without prescribed PRN medicines represented a significant risk in the event that residents needed such medicines when away from the centre or not attending their day service. Although it was outlined as being a control measure in one resident's risk management plan, a review by an occupational therapist had yet to take place while a risk relating to the layout of the premises had not been acted upon in a timely manner. The risk register in place required review.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety systems were in place in both units of the centre including fire alarms, emergency lighting and fire fighting equipment. Such systems were being checked at regular intervals to ensure that they were working correctly. Fire doors were in place in the two units of this centre but it was noted that the use of such fire doors in both required review to ensure that they operated as intended to prevent the spread of fire and smoke. Fire drills were taking place regularly while staff had been provided with fire safety training.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate medicines documents were maintained which indicated that residents were receiving medicines at the correct time. PRN protocols were in place but one such protocol did not clearly indicate when a second dose of a particular medicine was to be given if required. Secure storage facilities were provided for.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The addition of an extra apartment to this centre had a positive impact in providing for residents' needs. Residents had personal plans in place which were informed by relevant assessments. As part of the personal planning process, residents had specific goals identified. In the sample of such plans reviewed it was noted that most had been reviewed at least annually but one resident's plan and assessment of need had not been done in a timely manner. Multidisciplinary input for residents' personal plans was available where required. Some of the documentation in residents' personal plans required review to avoid duplication.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had care plans in place in relation to specific health needs and were supported to access a range of allied health professionals such as general practitioners, psychiatrists, neurologists and physiotherapists. Residents were

supported to undergo interventions such as vaccines.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse. For example, staff members had been provided with relevant safeguarding training while residents had intimate care plans in place to guide staff practice in this area. A designated officer was also in place to review and investigate issues of a safeguarding nature where required.

Judgment: Compliant

Regulation 9: Residents' rights

Efforts were being made to provide for residents' choice, privacy and dignity but the disposal of some information relating to residents required review to ensure residents' privacy in this regard. Residents were consulted in relation to the running of the centre through regular resident meetings while residents were seen to be treated respectfully during this inspection.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Comeragh High Support Residential Services OSV-0005082

Inspection ID: MON-0026526

Date of inspection: 10/10/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of training needs has been completed for the staff team. Requests have been submitted to training department regarding the identified training needs. Training will be completed by March 31st 2020</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>The systems that are in place will be continually reviewed and updated to reflect a safe, consistent service to meet the resident's needs. Safety audits, medication audits, six monthly unannounced internal HIQA audits and unannounced PIC visits will address any concerns. In place.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The resident has been issued with a service undertaking document. This document will be signed by the resident, service manager and director of service. November 30th 2019.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been amended to reflect the correct age profile of individuals supported in the service. Completed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Remedial work has been completed with regard to the corridor ceiling; it has been repaired and repainted. Completed</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: When residents are attending activities outside of the premises medication required for management of seizure activity will be carried by staff. In place.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A health and safety audit was completed on the 18th October. The audit identified the need for:</p> <ul style="list-style-type: none"> * Fire door will be installed at the top of the corridor to contain fire/smoke in the event of a fire . Completed by 30th November 2019 *The window in one residents' bedroom room will be replaced with a window that can be opened from outside the building to allow staff access in an emergency situation. To be completed in March 2020. *Work completed on two fire doors - hinges replaced on both fire doors completed 	
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: The PRN protocol for one resident has been reviewed in relation to management of seizures and will indicate time frame when a second dose of PRN medication may be administered this is reflected on their kardex. Completed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A review of personal files will ensure no duplication of documentation is present. One resident's assessments of needs have been reviewed and this is reflected in his care plan. Files will be continually reviewed and updated. Completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The disposal of personal information with regards to medication has been reviewed. Going forward all information will now be shredded prior to its disposal. Completed.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2020
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	19/11/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	31/12/2019

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	19/11/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30/11/2019
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	19/11/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/03/2020

	containing and extinguishing fires.			
Regulation 29(4)(b)	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.	Substantially Compliant	Yellow	19/11/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/11/2019
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	Substantially Compliant	Yellow	19/11/2019

	basis.			
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 circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2019
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	30/06/2020
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	Substantially Compliant	Yellow	19/11/2019

	consultations and personal information.			
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