



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

## Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	30 October 2019
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0022592

## About the designated centre

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

Comeragh Residential Services Kilmacow is a large bungalow type dwelling located in a village. The centre is open overnight 365 days of the year on a 24 hour basis and provides a high support residential service for up to eight adults between the ages of 54 and 87, of both genders with intellectual disabilities. Each resident has their own en suite bedroom and other facilities in the centre include a kitchen, a dining room, a sitting room, a lounge and a laundry room. Staff support is provided by nurses, 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:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
30 October 2019	08:30hrs to 17:45hrs	Conor Dennehy	Lead
30 October 2019	08:30hrs to 17:45hrs	Sinead Whitely	Support

## What residents told us and what inspectors observed

All seven residents present were met by inspectors during this inspection. While these residents did not directly indicate their views on the services they received while living in the designated centre, they were observed in their environments and in their interactions with staff members on duty.

On arrival at the designated centre, the inspectors met a resident who was waiting to attend their external day services. The resident appeared very anxious to leave and was supported by staff to access a vehicle to leave shortly after along with another resident. The first resident returned to the designated centre towards the end of the inspection and when inspectors were leaving the centre, this resident was seen to be preparing to visit their family.

A third resident was met while they were listening to a radio with headphones which the resident indicated was a recent birthday present. This resident appeared calm and was seen to leave the centre for most of the inspection to attend external activities. The remaining four residents spent most of the inspection day in the designated centre.

Of these four residents, one of the residents was met as they were being supported to have two meals and on both occasions it was seen that the resident appeared very happy. A second resident was seen to move feel throughout the centre and was observed to be taken outside of the centre for two short outings. This resident was seen to be happy at times.

The remaining two residents were met briefly during the inspection and one of these residents indicated to an inspector that they were better. These two residents were seen to be provided with opportunities to relax with support given by staff members where necessary. Throughout the inspection it was observed that staff members engaged with residents in an appropriate and warm manner.

## Capacity and capability

The provision of nursing staff to support residents' assessed needs and the person in charge arrangements had improved. It was noted though that, as reflected by the overall compliance levels found on this inspection, the oversight and monitoring of the running of this designated centre continued to require improvement.

This designated centre had previously been inspected in March 2019 where concerns were identified in relation to the monitoring of the service provided, the remit of the person of charge (who was responsible for four designated centres at

the time) and the provision of nursing staff to support residents' needs. The provider did not submit a satisfactory compliance plan to respond to the issues found during the March 2019 inspection. Consequently HIQA undertook subsequent regulatory engagement with the provider which resulted in an additional plan being submitted which was intended to address the areas of concern. The actions arising from this plan had begun to be implemented in the weeks leading up to this inspection.

As part of the plan, a new person in charge had been appointed who met the requirements of the regulations in terms of their qualifications and relevant work experience. At the time of this inspection, the person in charge was responsible for a total of two designated centres located a short distance apart. As the person in charge had only recently been appointed to this role just prior to inspection, it was too early to determine if their remit was having a negative impact on the running of the current designated centre. However, it was observed that the person in charge would be based in this designated centre and that their remit was significantly less than that of the previous person in charge. In addition, the person in charge was a registered nurse meaning that additional nursing staff was now available for the designated centre.

Rosters had also been altered to ensure that nursing staff were now on duty for longer at times when all residents were present in the designated centre. This was a noted improvement but during this inspection it was highlighted that, in the event of this centre's assigned nursing staff being on leave, there was unlikely to be nursing cover provided. To reduce the potential impact of this, the provider had made efforts to ensure that consistent and senior staff members were on duty in such a scenario. A review of rosters in the designated centre indicated that a continuity of staff was in place to support residents. Staff members present on inspection were observed to engage appropriately with residents and it was noted that staff had been provided with a range of training although some refresher training was overdue in some areas.

While overall there was clear evidence of improvement in terms of the person in charge and staffing arrangements, it was seen that the monitoring of this designated centre continued to require improvement. The provider had systems in place to maintain oversight of this centre such as provider six monthly unannounced visits to the centre and audits in specific areas. However, it was not shown that these were effective. For example, a medicines audit carried out in October 2019 indicated that there were no controlled medicines in use in the centre. Controlled medicines can potentially lead to harm if misused and as a result are subject to stricter legal controls so it is important that appropriate procedures are consistently followed in this area. During this inspection, it was identified by inspectors that controlled medicines had been used in the centre for a number of months without correct storage and recording procedures being followed. It was seen though that the person in charge had identified this matter upon starting in their role and had sought to put in place proper arrangements.

Provider unannounced visits are required by the regulations to review the quality and safety of care and support provided to residents. It is also a requirement that such visits should be reflected in a report with a plan put in place to address any

issues identified. The most recent of these visits had been carried out in June 2019 and, while a report was maintained of this visit, a clear action plan was not in place for issues identified. This meant that it was not clear who was responsible for addressing them or when they were to be addressed by. As a result some of the issues highlighted by this HIQA inspection, such as providing specific guidance for residents' assessed health needs, had also been identified by the provider's most recent unannounced visit without being satisfactorily addressed.

In addition, in response to an action from the March 2019 inspection, the provider had indicated that a fire drill would be carried out at night with the centre's assigned night time staffing compliment. While a night time fire drill had been carried out since then, it was noted that this had been done when extra staff were present. This did not provide assurances that stated actions were being consistently completed in a satisfactory manner. A record of the fire drill in question was contained in the provider's recording system. When reviewing this system, inspectors observed that not all of the required notifications to be submitted to HIQA were notified. For example, an incident of a safeguarding nature was observed not to have been notified. Such notifications are important to ensure that HIQA is aware of particular events which could or have negatively impacted on residents.

#### Regulation 14: Persons in charge

The person in charge had been recently appointed and met the requirements of the regulations in terms of their relevant management experience and qualifications. At the time of this inspection the person in charge was responsible for a total of two designated centres. There was no indication that this was having a negative impact on the running of the current centre but this would be reviewed on future inspections.

Judgment: Compliant

#### Regulation 15: Staffing

A sample of staff files were reviewed which contained all of the required information including evidence of Garda Síochána (police) vetting, written references and evidence of qualifications. Planned and actual rosters were maintained in the centre which indicated a continuity of staffing. While there was no nursing cover available in the event that the centre's assigned nursing staff were on leave, overall it was seen that the provision of nursing staff in the designated centre had improved.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff members were provided with training in areas such as fire safety, de-escalation and intervention, medicines, manual handling, infection control and first aid. It was noted that some refresher training in some of these areas was required.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The oversight arrangements in place for this designated centre required improvement to ensure that any audits carried out identified prominent issues, that areas for improvement that were identified were addressed and that stated actions were carried out. It was also seen that the action plan arising from a June 2019 provider unannounced visit did not clearly assign responsibility or time frames for issues identified.

Judgment: Not compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements made for dealing with complaints and the arrangements for residents to attend religious services.

Judgment: Compliant

## Regulation 31: Notification of incidents

From reviewing incidents records, an incident of safeguarding nature was observed that had not been notified to HIQA. There was some inconsistencies in the notification of restrictive practices.

Judgment: Not compliant



## Regulation 34: Complaints procedure

Details of how residents could make complaints were on display in the designated centre and staff members provided support for residents to make complaints. Records of complaints were maintained but it was noted that some records did not clearly indicate what actions had been taken to resolve a complaint and why the complaint had been closed.

Judgment: Substantially compliant

## Quality and safety

It was seen that efforts were being made to provide appropriate support for residents. However, while there had been some improvement, issues identified during the previous inspection relating to matters such as health care, personal plans and fire safety had not been satisfactorily addressed. Improvement was also needed to ensure that issues of a safeguarding nature were appropriately reported and reviewed under the correct procedures.

The previous inspection had found that a fire drill was required at night time to assess if suitable arrangements were in place to safely evacuate residents at night. Such a drill had been carried out and it was noted that as a result of that drill some changes had been made to increase the ease of evacuating residents. It was also noted that the operating of some fire doors in the centre had been improved. Such doors are important in containing the spread of fire and smoke while other fire safety systems in the designated centre included a fire alarm, emergency lighting and fire fighting equipment. However, during this inspection it was revealed that the night time fire drill carried out had not been done in a way that reflected the usual night time arrangements with an additional staff member present during the drill. As such it had not been demonstrated that residents could be safely evacuated at night in the event of a fire with the current arrangements in place but it was noted that all staff members had been provided with relevant fire safety training.

Records reviewed during this inspection also indicated that all staff members had been provided with safeguarding training. However, during this inspection a report of an incident of a safeguarding nature was seen which had not been treated as such while it was noted that appropriate safeguarding procedures for another matter had only begun after a resident complained about an issue which staff were already aware of. In addition, the provider had a specific procedure for reporting particular safeguarding incidents but this did not take account of all forms of abuse. Consequently, there was some uncertainty amongst staff spoken with as to what particular incidents should be reported as safeguarding concerns. It was noted though that these staff members had a good awareness of any safeguarding plans that were in place which were intended to reduce the potential for residents to

suffer abuse.

Staff members also had a good oversight and knowledge of residents' needs and it appeared that, in general, holistic care was being provided daily. There was a comprehensive assessment of need in place for all residents in the designated centre. Such assessments informing residents' individual personal plans which are intended to guide the care provided to residents. Annual meetings were held with the residents and their representatives to review such personal plans and this was an opportunity for residents and their representatives to feedback and contribute to the support being provided along with identifying goals for the year ahead. For example, in line with their own requests and preferences, one resident had goals in place that included attending a concert and spa day. However, the inspectors found that at times, residents' personal plans were not appropriately guiding the care to be provided, particularly in relation to residents' health.

Residents had appropriate access to their general practitioner (GP) and some multidisciplinary supports available through the provider. This included access to a psychologist, an occupational therapist, a speech and language therapist and a social worker. All residents were being facilitated to obtain the flu vaccine and residents were being supported to attend national screening appointments. This was a noted improvement from the previous inspection while records of health appointments attended by residents were appropriately maintained. However, the inspectors found that residents' health needs were not being appropriately supported at times. In particular it was noted that there were no specific plans in place for residents with constipation or for residents with dementia while some specific health plans that were in place needed further review to ensure all aspects of care were included in personal plans. Such issues had been highlighted at the previous inspection and while there had some developments since then, further improvement was still needed.

For example, some plans relating to issues such as diabetes and catheter care did not set out the actions to take in the event of particular events happening nor what signs and symptoms to look out for to identify issues such as a catheter becoming blocked. This lack of guidance potentially posed a risk to the residents. In addition, there was contradictory information in one resident's mobility care plan as to the level of support they needed. While staff demonstrated a good knowledge of the support the resident needed, there was no appropriate assessment of the resident's mobility needs completed to reflect changes in the resident's needs in this area. Two residents had daily fluid balance charts in place but these were not satisfactorily reviewed by staff following completion while appropriate referrals were not being made when recorded balances were contrary to recommendations set out in the residents' personal plans.

Some improvements were also needed to ensure that medicines were being stored and administered safely. All residents had appropriate prescriptions in place while all staff had completed training in the safe administration of medicines. Following a review of a sample of documented prescriptions, inspectors found that at times prescriptions did not stipulate the form in which medicines were to be given such as liquid, tablet, powder or patch. Furthermore, signature banks detailing the

individual staff members administering medicines were not signed by all staff working in the designated centre. This meant that at times staff initials were identified in medicine administration records with no record of corresponding names. The inspectors also found that the management and storage of controlled medicines was unsafe. Prior to the appointment of the new person in charge just before to this inspection, such medicines were not being stored separately to residents' regular medicines and furthermore, staff were not checking or counting these controlled medicines in accordance with legal requirements.

While such areas required improvement, the inspectors did find that adequate measures were in place for the prevention and control of healthcare associated infections. Hand washing facilities were observed around the designated centre and staff had access to appropriate personal protective equipment (PPE) when required. One inspector observed the centre's laundry facilities and procedures where it was observed that any laundry in need of cleaning was washed and handled appropriately. Any equipment that was used to assist with residents' personal care was subject to regular cleaning with cleaning schedules in place. Appropriate disposal facilities were in place around the centre. Plans were in also place for the management of healthcare associated infections and staff spoken with were familiar with these plans and infection control measures to be followed.

#### Regulation 17: Premises

Efforts were made to present the centre in a homely manner and the centre was observed to be generally well presented and maintained. It was noted though that a skylight window was in need of cleaning and an area of the sitting room needed some painting. In addition, the provider had assessed the layout and design of the kitchen area as requiring some improvement. Equipment in use in the designated centre was being serviced to ensure that it was in proper working order.

Judgment: Substantially compliant

#### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as details of how to access HIQA inspection reports.

Judgment: Compliant

#### Regulation 26: Risk management procedures

The provider had a risk management policy in place. From speaking to staff members and management of this centre, there was a strong awareness of the risks present in this centre. A risk register was in place which had been updated to include some risks highlighted during the previous inspection such as the provision of nursing staff. It was noted though that some other risks relating to residents, while known to staff, were not included on the risk register. There was some variance as to level of detail contained in some risk assessments. An emergency plan was in place which provided details of alternative accommodation if it became necessary to leave the centre due to issues such as fire and a loss of power.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Satisfactory infection control measures were being followed in the designated centre with cleaning schedules and PPE in place along with appropriate laundry facilities and procedures.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had not demonstrated that they could safely evacuate residents at night with the current arrangements in place.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Appropriate management and storage procedures for controlled medicines had not been followed for a number of months. Completed signature banks were not in place and the form some medicines were to take were not clearly indicated.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Complete guidance was not available in residents' individual personal plans for

assessed health needs such as catheter care, diabetes, constipation and dementia. An assessment of one resident's mobility had not been carried out by an appropriate allied health professional.

Judgment: Not compliant

### Regulation 6: Health care

Some of aspects of residents' health care was not being carried out in an appropriate manner. For example, fluid balance charts were not being properly monitored, records indicated that there were times when residents were given fluids in excess of what was recommended, and where there was variance in recommended fluid levels, appropriate referrals were not being made.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Behaviour support plans were in place to guide staff practice in this area which had been developed with input from relevant allied health professionals. Staff members spoken with demonstrated a good understanding of the contents of such plans while records reviewed indicated that all staff were provided with relevant training in de-escalation and intervention.

Judgment: Compliant

### Regulation 8: Protection

Improvement was needed to ensure that issues of a safeguarding nature were reported in a timely manner and reviewed through the correct safeguarding procedures. There were some inconsistencies amongst staff as to what incidents were to be reported as safeguarding concern and a protocol in use by the provider for reporting such matters did not focus on all forms of abuse

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0022592

Date of inspection: 30/10/2019

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The nursing rosters will be reviewed in conjunction with the designated centers within the service area.</p> <p>A post of locum nurse will be recruited to cover the rostered annual leave of the nurses 30/03/2019.</p>	
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: A review of the training needs of the staff team will be conducted in conjunction with the training department.</p> <p>A Learning Needs Analysis has been completed following the audit and all identified training will be booked for staff</p>	
Regulation 23: Governance and management	Not Compliant



<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits completed in the designated centre will have action plans with assigned responsibilities to identified staff with timeframes for completion.</p> <p>New PIC in position to ensure that responsibilities/actions completed.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure that all notifications of restrictive practices are reported on a quarterly basis.</p> <p>Quarterly audits will be completed and restrictive practices discussed at Multi-disciplinary Team meeting every quarter and reviewed.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints log will be maintained and reviewed on a monthly basis.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The sitting room in the designated center will be painted.</p> <p>The fireplace in the kitchen area will be removed to improve layout of kitchen.</p> <p>The skylights in the corridor of the premises will be cleaned.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The risk register will be amended to reflect the current risks associated with designated centre and will include detailed relevant information.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A review occurred on November 13th with Fire Consultant and Facilities Manager.</p> <p>A detailed plan will be drafted on the evacuation process in the event of a fire to include individual evacuation plans and identification of a secure assembly point.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  A storage area for controlled drugs is now in place.</p> <p>Staff will adhere to the procedure for recording and management of controlled drugs as per organizational policy</p> <p>A signature bank will be completed for all staff administering medication</p> <p>The form of medication will be indicated on individuals MPARs.</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  Information in Personal care plans will reflect the identified needs of individuals.</p> <p>Care plans related to catheter care, diabetes, constipation, and dementia will be developed for residents where required</p> <p>An Physiotherapist assessment regarding mobility for one resident will be requested</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Where residents have fluid balance monitoring in place a staff will be assigned responsibility on a daily basis to document and monitor this in conjunction with the nurse in charge of the shift – protocol to be put in place regarding recording, monitoring and referral to the GP.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  All safeguarding concerns will be reviewed by the Multi-Disciplinary Team as they arise, and when required will be notified to the Designated Officer.</p> <p>Safeguarding will be on the agenda at all team meetings which will be held monthly.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/04/2020
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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the	Substantially Compliant	Yellow	31/01/2020

	service and the number and needs of residents.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	22/11/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	22/11/2019

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.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/12/2019
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	31/12/2019
Regulation 29(4)(d)	The person in charge shall	Not Compliant	Orange	31/12/2019

	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 storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 ( S.I. No. 328 of 1988 ), as amended.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/01/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Substantially Compliant	Yellow	31/01/2020

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	22/11/2019
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 basis.	Substantially Compliant	Yellow	31/01/2020
Regulation 05(6)(c)	The person in charge shall	Not Compliant	Orange	31/01/2020



	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.			
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.	Not Compliant	Orange	31/01/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	22/11/2019
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	Substantially Compliant	Yellow	22/11/2019

	registered provider or by arrangement with the Executive.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	22/11/2019
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	31/01/2020