



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

Issued by the Chief Inspector

Name of designated centre:	No 3 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	04 March 2020
Centre ID:	OSV-0005139
Fieldwork ID:	MON-0025338

About the designated centre

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

No 3 Fuchsia Drive provides full-time residential support for a maximum of four adults, male and female with a mild/moderate intellectual disability. The service is based on a social care model of support. The centre is located in a small town outside Cork city and is located close to local shops and services.

The centre is a single-storey bungalow with an apartment at the rear of the property. The house comprises of three bedrooms, one with an en-suite. There is a kitchen-dining area, sitting room, bathroom and staff office/sleep over room. There is a private garden area at the rear and a garden area to the front of the property. The apartment comprises of an open plan kitchen-dining and sitting room area with a separate bedroom and bathroom area. There is also a private garden area to the rear and a small patio area in front of the apartment leading to the main house. Residents are supported by social care staff during the day and in the evenings with one sleep over staff at night time located in the bungalow.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 4 March 2020	09:10hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with three residents during the inspection. Two residents spoke with the inspector at the start of the day in the dining room before they left to attend their day service. One of these residents showed the inspector a photograph of themselves attending a recent specialist appointment. Staff had printed the photograph to assist the resident to explain to others where they had been during the week. This facilitated the inspector to be able to converse with the resident about the visit and the outcome for them. The resident also told the inspector that they liked the larger bedroom that they moved into since the last inspection. They enjoyed being able to watch their television and had more space for their personal possessions. Staff were observed to encourage the resident to talk about the activities they enjoyed partaking in which included swimming, going to the cinema and how they had plans to attend a comedy show in the coming months. They told the inspector that they had enjoyed seeing this show in Dublin previously and were really looking forward to seeing the characters in Cork. This resident also enjoyed delivering post and newspapers in their day service along with the social interactions of meeting many different peers and friends during the day. The resident spoke of how they enjoy spending time with family members every month and told the inspector about the family dog. Staff prompted another resident to tell the inspector of the sorting and folding activities that they participate in at their day service. The inspector was informed that this resident had recently started using an electronic tablet device. Staff outlined how the resident enjoyed seeing photographs of themselves with friends and family members on this device. The staff had also downloaded sorting and matching applications which the resident had started to engage with on the device.

The inspector met another resident later in the morning in their apartment before they went out to do their grocery shopping with a staff member. The resident had not expected any visitors that morning and was unsure if they wanted to talk with the inspector. Staff were very aware of the supports this resident required and helped to re-assure the resident, alleviating their concerns about going shopping. The inspector had met the resident during the previous inspection and reminded the resident of this. The inspector was offered some refreshments by the resident and they engaged in a conversation. The resident stated they were very happy in their apartment and wanted to remain living there. They explained how they used a new video intercom system that had been installed to speak with staff in the house if they needed assistance at times that staff were not present in the apartment with them. The resident spoke of a holiday they had enjoyed in 2019. They told the inspector that they preferred to attend public areas at times that are not too busy. They like to attend their local hairdresser and familiar shops with staff. They also spoke of how they enjoy the company of one of the other residents in the designated centre. The inspector was told that the peer visited and enjoyed tea in the apartment the previous night. Staff encouraged the resident to explain to the inspector the job they undertook during the week in the local church. They ensured the holy water fonts had an adequate supply of holy water in them. They also used

this time to say their prayers if they had chosen not to attend mass at the weekend. Also staff ensured the resident was supported to watch mass on the television as an alternative. The resident spoke of their family home and how they would like to name their apartment after the locality where their family lived. Staff had accompanied the resident to visit the area and the resident spoke of how much they had enjoyed this.

During the inspection the residents were assisted by a staff team that were aware of their individual preferences. The staff demonstrated good understanding of the residents' needs and requirements. Throughout the inspection, staff were observed interacting and supporting residents in a professional and respectful manner.

Capacity and capability

The provider ensured that residents were supported to develop greater independence and receive a good quality service which complimented their assessed needs. The provider had conducted regular audits and an annual review of the designated centre. However, the provider had not ensured that all actions from the previous inspection regarding work on the premises had been completed as outlined in two action plans submitted to the Health Information and Quality Authority since the last inspection.

The person in charge worked full time and had remit over three other designated centres located in a nearby town. The person in charge was supported by a social care leader who had remit over this designated centre only. Both staff demonstrated throughout the inspection their knowledge of all the residents. There were systems in place such as audits and staff meetings which were regularly attended by the person in charge to ensure that the service was provided in line with the residents' assessed needs and with the statement of purpose.

The centre had a number of core staff that were very familiar with the residents, their preferences and the supports required by each individual. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, safeguarding and behaviour management. The provider had ensured that there were adequate staffing arrangements at the centre. There was a planned and an actual rota in place which demonstrated continuity of care and consistency of staff. The social care leader outlined how changes to staff rotas had been made to ensure resident's were supported as per their assessed needs. It was identified one resident required staff support at the beginning of the day and this has resulted in better outcomes for the resident. Staff spoken to on the day of the inspection were knowledgeable of residents' assessed needs and were able to explain the procedure

to follow in the event of fire or a safeguarding concern in the designated centre.

The inspector reviewed the directory of residents in the designated centre. The documentation contained within the folder was not up-to-date. There was information regarding a previous resident contained in the section for current residents. The social care team leader ensured this was rectified at the time of the inspection. In addition, following a review of the night away documentation for each resident, there was no evidence of the recording of the absence of residents since August 2019. The inspector was informed that this information was being recorded in each resident's personal plan. There was no reference to this change in the documentation contained within the directory.

The inspector reviewed the incident recording system of the designated centre. All required notifications had been submitted to the Chief Inspector as required under the regulations. During this review the inspector did discuss the inclusion of additional information regarding the use of a sensor mat for one resident in future quarterly returns with the person in charge.

The registered provider had ensured that an effective complaints procedure was in place for all residents and was in an accessible format. The complaints procedure included an appeals process and was displayed in the designated centre. There was evidence that residents had been supported to exercise their right to make a complaint and have issues addressed in a timely and respectful manner. However, the satisfaction of the complainant was not always documented.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre who was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the numbers of staff were appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had effective procedures in place to ensure all staff had access to appropriate training including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a directory of residents in the designated centre, however it had not been maintained to reflect the information regarding all residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured all actions from the last inspection had been addressed as outlined in actions plans submitted to the authority.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and was subject to regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. However, the satisfaction of a complainant was not documented in all complaints that were contained in the complaints log.

Judgment: Substantially compliant

Quality and safety

The inspector observed residents were happy and supported to both maintain and develop their independence in-line with their assessed needs. Practices in the designated centre ensured that residents were safe from harm but also supported to take positive risks. Residents were assisted in all aspects of daily living. While there was a clear governance structure and management systems in place, as previously mentioned not all actions had been completed as outlined in action plans regarding external works submitted to the authority since the last inspection.

The provider had outlined plans to complete work on the garden and patio area by 31 March 2019. At the time of this inspection these works had not commenced. The wording of the review of this action had changed in subsequent provider-led audits since the last inspection. The audit completed in September 2019 refers to an environmental assessment of the premises; the staff team were to track maintenance actions regarding outstanding works to upgrade the front garden. The audit reviewed by the inspector stated this was completed in September 2019. The person in charge was unable to give the inspector an update of plans to commence the required works during this inspection. The person participating in management did provide the inspector with an update at the end of the inspection. However, the upgrade of the front garden area was impacting on the positioning of transport vehicles and the use of the area by residents. The person in charge had identified three risks for residents associated with their use of the driveway which included an increased risk of falls when residents are accessing transport due to the surface, trip hazards and water lodging on the surface following periods of rain.

In addition, the inspector requested that a large pile of unwanted material that was located in the rear garden of the apartment be removed. This presented as unsightly at the time of the inspection. The material was removed before the inspector left the designated centre. The person in charge and team leader had documented evidence that they had requested the material to be removed by the maintenance department in the weeks prior to this inspection. The inspector also identified other issues while completing a walkabout of the designated centre. These were discussed with the

person in charge and included damaged wood over the boiler house at the rear of the bungalow and the lack of effectiveness of a fan in an en-suite bathroom to remove steam.

Staff were knowledgeable of the individual dietary requirements and preferences of the residents. One resident required support to ensure they followed a correct dietary plan to manage an underlying medical condition. While there was evidence of residents being supported to enjoy a diet with nutritious food choices, the inspector observed an open food packet in one fridge that had not been labelled with the date of opening and stored as per the procedural guidelines which were located on the fridge for staff to adhere to. The food was shrivelled and dried out. The person in charge removed the food immediately and placed it in the bin. All other items in the fridge at that time had been labelled as per the provider's procedural guidelines.

During the inspection, residents were observed to be effectively supported with their communication needs. The inspector heard one resident gently whistle when they needed support from staff in another room. The staff member recognised the sound and knew exactly what the resident required. Other residents were supported by staff to communicate with the inspector with the use of photographs and verbal prompts. It was evident to the inspector that the residents were being supported by a staff team that were familiar with the individual needs of each resident. The inspector was also informed of the regular contact residents had by phone or visits by relatives and friends. One resident told the inspector of how they looked forward to spending time with their extended family each month. Another resident enjoyed visits from retired staff members that would have supported them in another designated centre in the past.

The inspector found that systems were in place in relation to risk management in the designated centre. There was evidence of regular review of risk assessments, however, the risk rating of some risks required further review by the person in charge as the control measures in place were not reflected in the rating applied to some risks. This was discussed with person in charge and social care team leader during the inspection.

Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers, with such equipment being serviced at required intervals. Fire exits were observed to be unobstructed on the day of the inspection, while fire evacuation procedures were also on display in an easy-to-read format. However, the provider had not ensured that a minimal staffing fire drill had been completed in the designated centre. In addition, the duration documented on some fire drills carried out in the last 12 months for the evacuation of the centre did not assure the inspector. A fire drill that was carried out in October 2019 when three residents and two staff were present took 12 minutes to complete. The person in charge was unsure if this duration included the return of residents back into the house. This issue was discussed during the inspection with the social care team leader and the person in charge. Following a review of actions arising from previous fire drills the inspector noted that on one occasion a resident could not easily evacuate to the assembly point as the transport vehicle was parked in

front of the side gate. While staff had been advised by the person in charge of an agreed location to park the vehicle following this, the options available were limited due to the planned works on the driveway not being completed by the provider.

Residents' were supported to identify goals at their individual person centred planning meetings. While all personal goals had not been achieved in 2019, the inspector was informed of the reasons which were beyond the control of the staff team. The social care leader outlined plans to revise the goals that had not been achieved to date for 2020 and they outlined how this priority would be achieved with the input from all staff. Each resident had an identified keyworker and personal plans had been developed in easy-to-read versions for residents to review with staff. The residents were supported to be involved in their local community such as going to local shops and businesses for services such as hairdressers. The staff team outlined how they had tried to support one resident to access a local knitting group but this had not been successful. The team are continuing to research other alternatives for the residents for the year ahead with plans to engage residents in more community activities such as attending the cinema and concerts and visiting local restaurants and cafes. Some of the goals identified for 2020 included supporting residents to go on holiday to a location of their choosing, increasing a resident's independence while making tea and staying safe while unsupported by staff in their apartment as per the resident's choice. The person in charge outlined plans to support one resident to purchase their own car which would enable them to access the community more regularly. The resident had the support of an external advocate throughout 2019 but this person had left this role in recent months prior to the inspection. The provider was currently seeking another advocate before progressing with the purchase of the car to ensure the resident's rights were supported making this decision.

Individual healthcare assessments were completed with residents and it was evident that the findings were used to inform the individuals' personal plans. The staff team had an effective system in place to ensure residents attended scheduled appointments. Residents were also supported to access national health screening as required. The social care team leader spoke of the on-going supports that residents were receiving and oversight by medical professionals for any health issues.

Residents were involved in the day-to-day decision making in the designated centre such as menu planning and participation in activities. The staff team scheduled meetings at times that best suited the individual residents. Residents were aware of upcoming events and the staff that were supporting them using visual schedules. Staff outlined that one resident required this information for the week ahead. The inspector saw this visual schedule in the resident's apartment. This resident also referred to the schedule during their conversation with the inspector when they spoke of their plans for the coming weekend. The other residents in the house were supported with a daily visual schedule of staff and menu planning to avoid information overload and confusion for these residents.

Regulation 10: Communication
Residents were supported and assisted to communicate in accordance with their needs and wishes. Residents had access to speech and language services, radio, internet, assistive technology and television.
Judgment: Compliant
Regulation 11: Visits
Residents could receive visitors in accordance with their wishes and they were also supported by staff to visit their families.
Judgment: Compliant
Regulation 13: General welfare and development
Residents were supported to engage in social and community activities having regard to each resident's assessed needs and expressed wishes.
Judgment: Compliant
Regulation 17: Premises
The registered provider ensured the designated centre was designed and laid out to meet the assessed needs of the residents. However, the provider had not completed planned external works to the driveway and not all garden areas were well maintained.
Judgment: Not compliant
Regulation 18: Food and nutrition

The person in charge had ensured that residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences. However, not all open food packaging had been labelled and stored safely in one fridge as per the provider's procedural guidelines at the time of the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured that residents had access to a resident's guide which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment and management of risk. However, the register required further review as the assessment of some risks did not reflect controls that were in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Staff practices and training ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured a minimal staffing fire drill had been completed in the designated centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of health, personal and social care needs of each resident was carried out which included family members and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

The person in charge had systems in place to ensure residents' healthcare needs were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that appropriate measures were in place in the designated centre to protect residents from abuse. Staff had received appropriate training and knew how to respond to a safeguarding concern.

Judgment: 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	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for No 3 Fuchsia Drive OSV-0005139

Inspection ID: MON-0025338

Date of inspection: 04/03/2020

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Person in Charge has updated the Directory of Residents to ensure that information regarding a former resident has been correctly identified in the register.</p> <p>The Person in charge has ensured that the Director of Residents contains a cross reference to the details of residents' nights away from the Centre which are maintained in a separate folder.</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 Provider has ensured that the personnel undertaking 6-month provider visits identify all actions outstanding for a period greater than the due date.</p> <p>All overdue actions are to be notified to the PPIM for follow up and to the PIC for inclusion in the Centre's risk register.</p> <p>The provider visits will require the PIC and PPIM to identify a revised date and to ensure that the action progress is monitored and confirmed to the provider.</p> <p>The Provider and PIC have agreed that all maintenance works outstanding for more than three months (or a lesser period if deemed necessary) are entered in the Centre's Risk</p>	

Register to ensure the actions can be tracked and risks managed appropriately in the interim.	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC has ensured that the complaints log in the Centre records the satisfaction of the complainant.</p> <p>The log in the Centre now reflects the satisfaction of the complainant who made a complaint in April 2019. The paperwork regarding this has been completed as of 23/4/20</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The damaged wood over the boiler house has been removed and the fan in an en-suite has been cleaned and serviced.</p> <p>The planned external works were planned for completion by 30th April 2020 however due to the requirement to curtail visits to the Centre to essential services only, a revised completion date is set for 31 July 2020.</p> <p>The external work in the garden area will resolve transport parking issues.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The Person in Charge has ensured that food in open containers with a date opened label was removed immediately on identification.</p> <p>The PIC has reminded all staff that all food needs to be sealed and the open date documented on the container.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge reviewed the risk Register and the risk rating has been adjusted in line with the control measures in place. This was completed by 23/3/20.</p> <p>The risk register continues to be updated and accessed on a regular basis. The review and update of risks in the Centre is a standing agenda item for Team meetings in the Centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A fire drill with minimum staffing levels (1 staff) was carried out on 19/3/20 and the PIC will ensure that this minimum staff level drill is conducted at least once a year or more frequently as required.</p> <p>The Person in Charge has ensured that staff are aware that the Services vehicle is not to be parked in front of the gate to ensure egress is fully facilitated.</p> <p>The Person in charge has ensured that all staff were reminded how to time a fire drill properly and to advise of all concerns they may have in this regard.</p> <p>Training for residents around evacuations are being completed with each individual</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 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.	Not Compliant	Orange	31/07/2020
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	23/03/2020
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	23/03/2020
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/04/2020

	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.			
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	23/03/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	19/03/2020
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of	Substantially Compliant	Yellow	23/04/2020

	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.			
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