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Cork City South 8, OSV-0007806, 24 March 2021

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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 8
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	24 March 2021
Centre ID:	OSV-0007806
Fieldwork ID:	MON-0032387

About the designated centre

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

The designated centre was located in a suburban area of a major city. The centre was comprised of two adjacent individual houses. Each house had three floors. One house was a home for four adult females and one house was for three adult males. Each house had a small secure back garden with a shed. The ground floor of each house had a hallway, living room, kitchen, toilet and laundry room. The first floor comprised of three single bedrooms and a bathroom in one house while the second house had two single bedrooms, a bathroom and a staff office. The second floor of each house contained a large single bedroom. The houses had a parking area / courtyard to the front. The development was a gated community. There was transport available to residents parked in the car parking area. The staff complement consisted of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 24 March 2021	09:30hrs to 16:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

This designated centre comprised of two individual houses. The inspector confined most of the inspection to one house. Pre-requested information was reviewed in the staff office of this house. The two residents who resided in this house discussed their care and support freely with the inspector. Social distancing was observed in a well ventilated area and the inspector wore a face mask and attended to hand hygiene. Interaction with these residents was confined to periods of less than 15 minutes. All staff wore face masks. The inspector met four residents briefly in the second house. Social distancing was maintained.

In the first house the inspector observed that staffing levels were based on the assessed needs of residents. Two staff were allocated to this house. This afforded the residents the opportunity to choose activities of choice and to avail of community outings with direct staff support. Residents appeared very comfortable with staff and their fellow housemates. Residents had all attended day services and support services prior to the pandemic. Residents were free to utilise all of the house while respecting the privacy of individual bedrooms. One resident offered to accompany the inspector on their tour of the house. This resident had a large collection of toy cows and also liked agricultural machinery, especially milking machines. This resident had a general interest in gadgets and assisted the inspector to test all the fire door closures. All rooms were clean, bright and well decorated. Residents had personalised their own rooms and each room had adequate space to store clothing and possessions. Residents had the choice of using a bath or a walk in shower.

The main kitchen adjoined a living room. These two rooms were the focal point of the house. Residents could take part in food preparation. When not involved in food preparation, all residents could see and smell the food being cooked. All residents ate at the one table with minimum staff support. Residents indicated that they could choose particular menu's.

Residents had the use of an electronic tablet that contained a programme of activities specific to themselves. As the house had only one electronic tablet, residents had to take turns and wait until others were finished. Residents indicated that they enjoyed watching television and liked to go to the local park.

In the second house, two residents who had previously resided together had transitioned in November 2020. Both residents were continuing to familiarise themselves with the locality but were competent public transport users. One resident had resumed working in the registered providers main campus and because of public health restrictions on public transport, this resident was being driven to and from work. This resident was a very keen sports person and missed their involvement in all sporting activities. A world cup event that this resident was helping to organise had to be postponed to 2022. They were hopeful that the event would take place. The second resident was awaiting the reopening of the registered

providers day hub in the city centre. In the interim, this resident engaged in household chores, attended the community to shop and visit parks. This resident had spent a night at home over Christmas and was in contact with their family by phone. This residents family also availed of garden visits. This resident had photographs of education and training involvement, as well as awards, on display in the house. This resident was also seen to self administer medicines with the indirect support of staff. Both residents stated that they were very happy in their new home. They felt safe and liked the staff who supported them. Staff familiar to the residents had transitioned with them into the new centre. One resident expressed concern in relation to COVID-19 but was taking all public health advice seriously.

The inspector found that each resident's well-being and welfare was maintained to a very good standard and there was a visible person-centred culture within the designated centre. The designated centre was sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported. The focus of support was person centred in a homely environment. Residents had meaningful engagement with their families and the local community.

The registered provider had in place a team of care staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and had responsibility for four other designated centres. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents said that they felt safe and well supported by staff in general and during the pandemic. Residents did not have access to day services in line with current public health guidelines.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was effected by the current COVID-19 restrictions. The training matrix records of nine staff were reviewed. 55% of staff required refresher training in fire and safety. 66% of staff needed current training in the management and prevention of aggression. All staff had received training in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of

personal protective equipment (PPE). All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents.

The inspector observed that the service provided to residents was safe and appropriate to the assessed needs of residents. Some aspects of the service, however, were not effectively monitored. The designated centre was occupied since November 2020. The registered provider had a person in charge in that also had the responsibility of overseeing four other designated centre in different parts of the city. The maximum commitment the person in charge could give to each designated centre was one day a week. In this regard the registered provider did not have effective arrangements in place to develop and performance manage staff. There were a number of inconsistencies relating to documentation within the designated centre. For example, some residents had personal emergency evacuation plans that referenced arrangements relevant to their previous living arrangements. The copies of the complaints procedure and the statement of purpose available to the inspector were correct on the day of inspection, however the copies that residents had in their bedrooms were incorrect and related to the designated centre they had previously lived in. The same applied to one residents hospital passport - the copy on file was current and correct, the copy that the resident had was incorrect. The registered provider had recently appointed a clinical nurse manager to support the person in charge. On the day of inspection, this manager was working in one house supporting the absence of a rostered staff nurse.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated. The directory of residents was well maintained and all required information was included.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood. There was evidence that residents relatives signed contracts on their behalf.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy to read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. No complaint had been registered since the opening of the designated centre in November 2020.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. The inspector had identified three notifications for specific scrutiny and follow up on inspection. Appropriate investigations had been undertaken by the registered provider and any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised, however some staff required refresher training in fire and safety as well as managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had in place a person in charge that had responsibility for five separate designated centres. The management systems in place did not demonstrate consistent and effective monitoring of the service, including the supervision and development of staff.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had agreed with each resident or their representative a signed contract of the conditions that demonstrated the terms on which the resident resided in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was available to residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed. No complaints had been made since the opening of the designated centre in November 2020.

Judgment: Compliant

Quality and safety

Overall, the inspector found this new designated centre was providing a service that was safe for residents. Residents had only transitioned into the service since November 2020. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere and their easy access to the community. The opportunity for residents to attend work, day services and activation had been greatly impacted by the pandemic, however staff had support measures to replace these activities within the designated centre. One resident had fully re-engaged with their place of work.

Residents indicated that they liked living in a home where they had their own single bedroom. All rooms were bright and airy and each living area was homely. The premises were clean and well maintained internally and externally. Residents were supported and assisted to maintain their own living areas, bedroom, bathroom and kitchen dining areas. Areas had good natural light. Residents were also supported to do their own laundry. There was sufficient room for residents to store personal property, possessions and items of interest.

The registered provider had in place a policy regarding rights restrictions dated February 2021. This policy stated that all rights restrictions would be reviewed locally as part of individual residents support planning and that review dates would be set, however the onus of review was on the local manager who had implemented the restrictive practice in the first place. It also stated that the oversight committee would review restrictions annually or as deemed necessary. This policy stated that the oversight committee would put in place a process for monitoring, reporting and auditing rights restrictions. The managers verbally indicated to the inspector that this was still a pilot process and that members of the rights oversight committee would undertake such reviews as part of their six monthly unannounced visits and annual review of the quality and safety of the service. This suggested that the arrangement in place to review rights restrictions would not be part of the person centred planning process as stated by the registered provider in the policy. One resident had a positive support plan in place since 2014. The plan had been reviewed by a clinical nurse specialist in positive behaviour support in 2018 and no changes had been advocated. A referral to the behaviour support team in July 2020 awaited a service. The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. Due to the pilot nature of the registered providers restrictive practices reviews and the ambiguity of who was responsible for conducting a review and the length of time for a resident to receive behavioural support, the inspector was not assured that the registered provider was in regulatory compliance.

Residents had defined goals that were subject to review by a designated key worker. The annual review of plans in 2020 incorporated the input from the resident, their key worker, families and the multidisciplinary team. Priority goals were agreed with the residents. All personal care planning documentation was readily accessible and maintained in good order. Four residents files were reviewed by the inspector. Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a

residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. Residents had an annual medical check-up with their general practitioner and also had been the subject of an OK Healthcheck. Each resident had a current risk assessment in place in relation to COVID-19. A COVID outbreak in the service had been confined to one house and all residents were recovered and well on the day of inspection.

There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. The risk of COVID-19 and its impact on the residents was included. The registered provider had easy to read documents to explain COVID-19 to residents. The person in charge had conducted audits and a self assessment in relation to the services preparedness to deal with COVID-19. Families were kept apprised regarding safety measures in place to combat COVID-19. A number of residents had ceased visiting their family home and availing of weekend breaks. Staff facilitated family visits to the designated centre through garden visits.

Residents were been supported to communicate in accordance with the residents' needs and wishes. Some residents used mobile phones and had access to the internet in the staff office. All communication with residents family members was well recorded. Records reflected that staff supported one resident to visit their family. Communication logs also reflected that residents used telephones and virtual forums to talk with and see their families. It was the registered providers intent to install Wifi in 2021 as part of a provider roll out plan. Residents in one house accessed assistive technology but only had one electronic tablet that was shared by all four residents who had to take turns. As all four residents used few words to communicate, the local managers agreed to examine the possibility of additional electronic tablets. All residents were looking forward to resuming home visits and attendance at their regular day services, support hubs and employment.

The designated centre was recently built and contained a modern fire alarm system. All fire exits on the day of inspection were observed to be clear. Staff recorded daily fire checks and fire drills demonstrated that all residents could be safely evacuated. Some residents personal emergency evacuation plans were not specific to the residents new home. All rooms and corridors had emergency lighting and running man signage. All fire prevention and detection systems had recently been serviced by a fire competent person. Fire extinguishers and a fire blanket had been serviced in 2020. Both houses had a downstairs laundry room that required the installation of a door closure to the existing fire door. Staff training for refresher fire and safety training has been outlined previously under Regulation 16 Training.

All staff interactions with residents were seen to be respectful, gentle and unhurried. Residents stated they were happy in the presence of staff and happy with the support they received. Residents consent was sought on all matters and the focus of service provision was person centred. Residents had the freedom to choose activities and community activities were planned in line with current public health guidelines. Some records with residents personal information were noted to be left on display in the kitchen. This was at variance with the registered providers own policy on the

securing of documents and the registered providers own general data protection regulation poster on display in the houses. The person in charge undertook to address the matter.

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served. Residents said that they enjoyed also getting takeaway food. Some residents had undertaken hazard analysis critical control point (HACCP) training in relation to the safe preparation of foods.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents wishes, however, there were limitations regarding access to the internet and appliances.

Judgment: Substantially compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own clothes as well as having adequate space to store personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and

support to access occupation and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the assessed needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place and risk control measures were proportional to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and the designated centre complied with current COVID-19 guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, however two additional door closures were required as well as the updating of personal emergency evacuation plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered providers current arrangements in place to review restrictive practices was not part of the personal planning process and the registered providers own policy was not clear regarding who within the organisation had the responsibility of review other than the local manager who had implemented the restriction.

Judgment: Not compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected, however personal information relating to residents needed to be secured.

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	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City South 8 OSV-0007806

Inspection ID: MON-0032387

Date of inspection: 24/03/2021

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>Staff members with overdue refresher training will be scheduled for online fire and safety training once dates become available. Refresher training for staff in managing behaviours that challenge will be scheduled once government restrictions permit.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An additional member of staff was assigned to the designated centre to ensure the CNM1 is available to engage in the active governance of the designated centres. From 10th May, one of the 5 designated centres in the PIC's remit will be closed for refurbishment and the PIC and CNM1 will once again have responsibility for four designated centres going forward.</p>	
Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication: WIFI will be installed in the residence as part of the organizational roll out in the coming months. Another mobile device (tablet) will be purchased and customised to the needs of one of the residents to ensure that all residents have sufficient access to mobile devices for recreation if desired.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Door closers were fitted on 2 doors identified by the inspector as requiring same. Personal evacuation plans were updated.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 PIC met with ANP in behavior therapy and a review of residents PBS plan has taken place as requested in CASS referral. Based on the feedback received, the policy will be reviewed by the Oversight and Rights Committee to ensure any ambiguity contained within is addressed. Rights restriction logs will continue to be reviewed as part of regulation 23 audits. The Oversight and Rights Committee have completed a pilot with a number of locations for overview of restrictive practice logs submitted by the local manager. The plan is to roll this system out to the wider organization in the coming months. The Rights committee are committed to promoting a rights-based culture within services through information and equality campaigns.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: As of date of inspection, all paperwork is returned for storage in the office once completed. Staff will complete GDPR training on HSEland.

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 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	25/06/2021
Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	25/06/2021
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	Substantially Compliant	Yellow	30/07/2021

	programme.			
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	10/05/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	10/05/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/03/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed	Not Compliant	Orange	27/04/2021

	consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/06/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	25/06/2021