



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

Issued by the Chief Inspector

Name of designated centre:	Ard na Mara
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	27 March 2023
Centre ID:	OSV-0002036
Fieldwork ID:	MON-0030700

About the designated centre

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

The centre provides a dedicated respite care and support service for male and female adults with a physical and/or intellectual disability in the Cork and Kerry area. Referral to the centre is made by residents' families, through the local public health nurses, general practitioners (GPs) or other organisations. Residents can avail of respite for between one and three weeks per year. The centre is a purpose built bungalow that comprises of six bedrooms with ensuite facilities, a large living and dining room, a kitchen, a quiet room, a bathroom, a staff toilet, a staff office, a staff tea room, a laundry room, a medical store room, a property room and a boiler room. The centre is located in a scenic rural setting near a village and a beach and is accessible to a number of towns and Cork city.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 27 March 2023	09:30hrs to 18:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, residents who received respite supports in this centre were offered a good quality service tailored to their individual needs and preferences. While overall, the service provided was seen to be safe and effective this inspection found that some improvements were required. For example, there were remedial premises and fire safety works required with advanced plans in place for these works to commence at the time of this inspection. Ongoing staffing issues in the centre and at provider level were also seen to be impacting residents.

The centre was a purpose built bungalow located in a peaceful rural area with sea views and mature gardens. This centre provides short term respite and holiday breaks to individuals who require specific supports to manage a physical and/or sensory condition. Up to six residents at any one time could be accommodated in the centre. At the time of this inspection one bedroom was not in use due to a malfunctioning fire door.

Visually, the inspector saw that the centre was well maintained and appropriate to the needs of the residents that stayed there on respite breaks. A previous inspection had identified some issues with a leaking roof in the centre. Since then significant issues relating to the roof of the premises had been identified and this will be discussed in the quality and safety section of this report. The inspector was told that the premises was safe for residents and residents were not at the time of this inspection impacted by these issues.

The centre was warm, very spacious, bright and homely and decorated in line with the age profile and needs of residents that used the service. Residents had the use of large single bedrooms with en-suite shower and toilet facilities and adjustable beds. All areas of the centre were accessible to residents that used mobility equipment and equipment such as hoists and shower chairs were available to residents if required. Each bedroom had private access to the veranda at the rear of the centre and storage facilities for residents' belongings. Kitchen and laundry facilities were provided also. Some of the furnishings, such as chairs, in the bedrooms had signs of wear and tear. Residents also had access to a large communal area with dining facilities. Also, a quiet room/activity room designed to showcase the bay views was available, where residents could relax apart from the main communal area and meet with visitors in private if required.

On arrival to the centre, there were no residents present and the inspector was told that five residents would be admitted to the centre for a short break later in the day. The inspector had an opportunity to meet with two of these residents in the afternoon and viewed feedback provided from other residents also. Residents told the inspector about the difference this service made to their lives and told the inspector that they looked forward to coming to the centre for respite breaks and that they enjoyed the time they spent in the centre. One resident told the inspector

"I love it here" when asked if they liked visiting the centre. Another resident told the inspector that they usually lived alone and how much they valued the company and surroundings when they were in the centre. Residents told the inspector that the staff working in the centre were good to them and supported them well and that they felt safe in the centre. Residents spoke about some of the things they enjoyed doing while at the centre including going out for lunch or a drink.

The inspector also viewed some questionnaires completed by residents and their representatives and saw that overall these provided a positive overview of the care and support provided in the centre. The inspector also viewed a number of feedback forms completed by residents following their stay in the centre. Generally these were positive in nature. However, the inspector saw that some residents were unhappy that the number of nights they were offered for a weekend stay had been reduced due to staffing.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services that met their assessed needs. 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.

Capacity and capability

Management systems in place in this centre were ensuring that the service being provided to residents was safe and appropriate to their needs. However, this inspection found that due to specific factors, there was some ongoing non-compliance since the previous inspection in relation to premises and fire safety and these will be discussed further in the quality and safety section of the report. This inspection also found that staffing was impacting on the service providing the full range of services that was set out in the statement of purpose.

The person in charge and the adult services manager, who was also a named person participating in the management (PPIM) of the centre were present on the day of the inspection. Another named PPIM who held a senior role with the provider attended the centre at the end of the inspection for feedback. The inspector saw that the person in charge and the adult services manager maintained a presence in the centre and maintained oversight of the service provided in the centre. The person in charge who was also a clinical nurse manager 2 (CNM2), was supported in their role by a co-ordinator/CNM1. There was a comprehensive audit schedule in place and this was up-to-date at the time of the inspection. It was seen that these audits were identifying issues and that actions were put in place to address these. The inspector viewed records of management meetings and team meetings held in respect of the centre. These provided evidence that ongoing issues were discussed and learning was shared where appropriate. Staff supervisions were occurring and

overall these were taking place as per the providers' policy. One staff member was overdue formal supervision but this had been recognised and was scheduled.

An annual review had been completed in respect of the centre and the provider had also arranged for six monthly unannounced visits to the centre to review the care and support provided to residents. The inspector saw that part of this six monthly audit included an evening visit to the centre to meet with residents and directly observe the care and support being provided. Resident feedback provided in this report included that staff were 'good and kind'.

The centre was staffed by a small dedicated core staff team. The inspector spoke with some of the staff working in the centre and they provided a positive overview of the service provided to residents. They told the inspector that they felt supported by the management team in the centre and that they would be comfortable to raise any concerns they might have. It was evident that staff and residents were familiar with one another and staff spoken to were knowledgeable about the care and support needs of the residents that used this centre. Prior to residents arriving to the centre for a respite stay, staff in the centre communicated with them and/or their representatives about any changes that had occurred for them since their last visit. The inspector observed a team meeting taking place prior to a new cohort of residents arriving to stay in the centre. Staff were briefed on each resident prior to their arrival and any changes to care plans since their previous visit was communicated to the staff team.

Staffing in this centre was organised around the assessed needs and numbers of residents attending for respite at any given time. The inspector viewed a sample of staff rotas and these showed that residents were generally supported by up to four staff by day and two staff by night. There were some staff vacancies in the centre at the time of this inspection and on one occasion in the month previous to the inspection the centre had been closed at short notice due to staffing issues. Management in the centre spoke about the ongoing staff recruitment issues and the efforts that were being made by the provider to address this and maintain safe and appropriate staffing levels. Some staff working in this centre had been redeployed to another centre that provided full time supports to other residents due to staff shortages. This was impacting on the residents of this designated centre, who received respite supports. Some respite stays were being reduced for a period of time to manage staffing issues. For example, planned respite stays from Monday to Saturday morning were now being curtailed and residents were instead offered a stay from Monday to Friday evening, reducing the length of some planned stays by one night. The inspector was told that on the whole residents were satisfied with this arrangement and one staff member told the inspector that due to this cut residents could be offered a better service on the remaining days as staffing levels were improved for those. However, as mentioned earlier in this report, the inspector did view some feedback provided to the centre indicating that some residents were unhappy with this arrangement. While these complaints had been acknowledged and responded to, they had not been recorded in the centre's complaints log. The provider was proactive in obtaining feedback from residents about the service being provided to them, and residents were provided with an opportunity to complete a feedback questionnaire at the end of each stay. On review of these the inspector

noted that some other complaints had not been recorded in the complaints log. Despite this it was clear that complaints and negative feedback in relation to any aspect of the service were considered and responded to in a timely manner by the person in charge of the centre, and that where possible complaints were resolved locally.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an appropriate application to renew the registration of the centre, including payment of the relevant fee.

Judgment: Compliant

Regulation 15: Staffing

A regular core staff team worked in the centre providing continuity of care to residents. A staff rota was maintained in the centre. The registered provider had made efforts to ensure that the staffing arrangements in place were appropriate to the the number and assessed needs of the residents when they received a service in this respite centre. Staffing levels at the time of the inspection meant that the service was not providing the full level of services as outlined in the statement of purpose and staff shortages had meant that the service was being curtailed and had been cancelled on occasion. This is addressed in this report under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

Training records viewed showed that staff working in this centre had access to appropriate training, including refresher training and there was evidence of oversight of the training needs of staff. Where gaps in training occurred, these had been identified and training was planned accordingly. Information viewed by the inspector on the day of the inspection indicated that there was a schedule in place for formal supervision and that overall staff had taken part in formal supervision in the previous quarter.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and was made available to the inspector. This contained the required information specified in the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate

Judgment: Compliant

Regulation 23: Governance and management

Local management systems in place were providing oversight in this centre. An annual review had been completed. This did not explicitly include consultation with residents and their representatives, although audits that informed this review did include good evidence of this consultation taking place. Provider six monthly unannounced visits were occurring as appropriate and there was an auditing system in place.

The centre was unable to offer the full amount of respite nights stated in its statement of purpose due limited staff resources. At the time of this inspection, the length of some respite stays had been reduced due to staffing levels and the provider was unable to offer the full service as described in the designated centres statement of purpose. However, management in the centre had made significant efforts to reduce the impact of this on residents as much as possible. Also some ongoing non compliance in relation to the premises and fire precautions had not yet been fully addressed, although it is acknowledged that plans for remedial works that would address this were at an advanced stage.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Staff spoken to were aware of their responsibilities in this area. While complaints were seen to be responded to and taken seriously, the complaints log in the centre had not been maintained to include all the required details relating to some complaints that had been made.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a very good standard of evidence-based care and support. Overall, on the day of this inspection, the inspector saw that safe and good quality supports were provided to the 85 residents that availed of respite services in this centre. However, as mentioned previously, there were outstanding remedial works to be completed in respect of the premises and the fire safety systems in the centre.

Residents spoke positively about the staff in the centre and spoke about how good staff were to them. Residents also told the inspector about the choices that were available to them while in the centre, such as a choice of food and activities. Residents told the inspector that they could go to bed and get up when they liked and that staff were good to facilitate them if they wished to take part in a specific activity during their stay. Residents also reported that the quality of care and support provided to them in the centre was very good.

The registered provider was taking steps to ensure that the premises of the designated centre was of sound construction and kept in a good state of repair externally and internally. A previous inspection report in late 2020 indicated that there were issues relating to a leaking roof. Action had been taken to escalate these issues to the funder and following assessment of the centre by a competent professional, it was identified that significant works were required to remedy some issues present such as the roof and problems with the sewerage system. The inspector was told that these works had been delayed by the requirement to purchase an additional section of adjoining land. This had recently occurred and the inspector was told about the plans for these works to take place. The inspector was

told by the management of the centre that at present these presented no risk to the residents that used the centre and these issues did not impact on the residents. A letter of assurance from a competent professional was received from the provider following the inspection stating that the premises was safe.

There were fire safety systems in place in this centre such as a fire alarm system and fire doors. Fire safety equipment such as extinguishers and emergency lighting was present in the centre and were serviced and reviewed regularly. However, some issues with some fire doors were identified during the previous inspection and although some action had been taken by the provider, there continued to be ongoing issues in relation to the fire precautions in the centre. The inspector noted some gaps underneath fire doors that required review by a competent professional. It was seen that the bedroom doors had recently been serviced. One bedroom door required further attention and the provider had mitigated against any risk this might pose by ensuring that this bedroom was not used by any resident until the works had been completed. Also quotes had been received to upgrade the fire alarm system to meet the current standards and there were indications that upgrading works on the fire safety systems would be completed when the other remedial works were being carried out.

The inspector saw that fire evacuation drills had been completed on a regular basis in the centre. The fire drill records viewed did not indicate how many staff were present during fire drills and it was not clear if drills had been completed with staffing that reflected regular or minimum staffing levels. As noted in the previous inspection report there was external access from each individual bedroom in the centre and staff were familiar with the fire systems in the centre. A staff member was seen to carry out a fire alarm bell test while the inspector was present as per the schedule.

There was a procedure for the admission of familiar residents to this centre for respite breaks. Prior to admission residents were telephoned and a pre check-in assessment was completed to ensure that up-to-date information was available to staff and that any changes required to plans were made prior to the resident being admitted for respite. This was followed up with a phone call on the morning of the planned stay to carry out a COVID-19 screening. Check in times were staggered so that residents were afforded adequate time to allow for their belongings and medications to be signed in. Each resident was allocated a staff member to facilitate this check in. Residents took part in a meeting to plan their stay and record their choices in relation to things like meals and activities during their respite stay. This took place usually on the evening of their admission.

A sample of residents' plans was viewed. It was seen that these contained relevant information and support plans to guide staff and ensure that residents' assessed needs were met during their stay in the centre. There was evidence of access to appropriate allied health professionals if required and support plans were viewed for residents in relation to areas such eating and drinking, skin integrity and care, personal care, sleep, communication and any other areas as required. Easy-to-read consent information was also maintained in respect of various issues such as restrictive practice in place for safety, for example leg straps and night checks. A

resident had been seen to decline night checks and this was recorded. Where support plans required updating or further information, there was evidence that this was identified and action taken. In one file viewed, the inspector saw that the person in charge had followed up on a psychiatry and positive behaviour support review that had been identified as requiring review.

Residents' goals were generally short term and related to leisure activities due to the type of service provided in this centre. There was evidence that residents were supported to set and achieve goals. For example, if a resident identified that they would like to visit a specific place, efforts were made to facilitate this and staffing and other resources such as transport were put in place where possible. A staff member told the inspector about supporting a resident to attend a show of their choice in a large city. However, staff members also reported that due to staffing at the time of the inspection it wasn't always possible to have additional staff in place to facilitate additional activities and that occasionally the duration of some activities were curtailed due to staffing issues. For example, not all staff could drive the centre transport so sometimes it was necessary to shorten the duration of activities so that all residents could be facilitated. Some measures were in place to lessen the impact of this on residents. Resident cohorts were carefully considered and where possible residents with similar interests were offered supports together. This meant that residents could partake in group activities if desired and enjoy the company of a compatible peer group.

Regulation 12: Personal possessions

Residents had access to appropriate storage for their personal belongings and had access to laundry facilities if required. An inventory of residents' possessions was completed during the check in and check out process.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built and accessible throughout. There were significant building remedial works that required completion such as roof repair and sewerage system works. Some of these issues had been ongoing since the previous inspection. However, progress had been made in that funding had been secured and the provider had purchased adjoining land that was required to complete these works. These issues were not impacting on residents and assurances were provided by a competent professional following the inspection that the premises was safe for residents to occupy until such a time as these works could be completed.

Judgment: Not compliant

Regulation 18: Food and nutrition

Food records, such as shopping receipts and resident meeting records were viewed. These indicated that residents were provided with a variety and choice of food and drinks in the centre, including snacks and refreshments. Residents with specific nutritional needs were catered for and there were care plans in place around this where required. A sample menu was viewed that residents used to assist them in making meal choices and it was seen that a variety of meals were offered. Residents spoken to confirmed that the food provided in the centre was of a good standard and that they were facilitated in making choices in relation to their meals.

Judgment: Compliant

Regulation 20: Information for residents

An appropriate resident's guide was submitted as part of the application to renew the registration of this centre. Some minor amendments were discussed during the inspection and this was resubmitted in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was in place in respect of the centre and it was seen that this had recently been reviewed by the person in charge. This identified risks present in the centre and the control measures in place to mitigate against them. For example, a risk assessment was in place regarding staff shortages in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control procedures in place in this centre to protect residents and staff were overall good. The premises was observed to be clean and appropriate hand washing and hand sanitisation facilities were available. Appropriate guidance was available to staff. Appropriate control measures, such as pre admission screening of

residents, were taken to reduce the probability of residents being exposed to infectious agents. There was a local contingency plan in place in the event that residents were suspected or confirmed to have the COVID-19 virus. Residents had access to their own bedrooms and bathrooms while staying in the centre and these were seen to have been cleaned appropriately prior to being used again. However, there were gaps noted in the daily cleaning records and some furnishings, such as tables and chairs in resident bedrooms, had damaged surfaces that could impede effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Work was outstanding in relation to some of the fire precautions in place in the centre at the time of the inspection. One bedroom fire door was not operating correctly on the day of the inspection and this room was not in use for that reason. Another door was seen to malfunction during the inspection. The inspector saw that these doors had been recently serviced. The provider had engaged the services of competent fire safety professionals to review the fire systems in place and plans were in place to upgrade the fire alarm system in the centre to ensure it complied with current fire safety guidance.

Also, the recording of fire evacuation drills required review to ensure that all relevant information was captured. For example, fire drill records did not record how many staff were present during fire drills.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Plans were in an accessible format and provided clear guidance for staff about residents care and support needs. Plans viewed included meaningful goals for residents and there was evidence that plans were regularly reviewed and residents and their representatives were regularly consulted with to ensure plans were updated to reflect any changes that occurred.

Judgment: Compliant

Regulation 8: Protection

Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. All staff had taken part in appropriate training in this area. Where incidents of a safeguarding nature had occurred, appropriate action was taken to ensure that residents were protected and that concerns were responded to. For example, resident compatibility was regularly reviewed and considered when allocating resident groups for specific respite periods and when planning group activities.

Judgment: Compliant

Regulation 9: Residents' rights

Resident choice was respected in this centre and residents and staff told the inspector about how choices were facilitated. Residents went to bed and got up at a time of their choosing, and were involved in meal planning and activity planning. Residents' preferences and rights in relation to how their monies and medications were managed were taken into consideration and where possible and desired, residents were encouraged to be independent in these areas.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard na Mara OSV-0002036

Inspection ID: MON-0030700

Date of inspection: 27/03/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will conduct an annual survey of those using the services and their representatives, the results of which will be included in the annual review of the centre in 2023 and going forward.</p> <p>All remedial works relating to fire safety in the centre are now completed.</p> <p>The provider has commissioned a review of remedial works required in the centre to be undertaken by a suitably qualified competent person by August 2023. In the interim the provider has received written assurance from a suitably qualified and competent that the building is safe and suitable for its purpose.</p> <p>The provider continues to undertake recruitment activities to ensure that the centre is resourced to deliver effective care and support in accordance with the statement of purpose.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All staff members have been communicated with by means of memo of the requirement to log complaints and to include all the required details in line with the organisation’s policy. This will also be reinforced at staff meetings going forward.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider has commissioned a review of remedial works required in the centre to be undertaken by a suitably qualified competent person by August 2023. In the interim the provider has received written assurance from a suitably qualified and competent that the building is safe and suitable for its purpose.</p> <p>Tendering is currently underway for the installation of a new sewage system and associated works and it is expected that this project will be completed by October 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The provider will arrange for the replacement of furnishings with damaged surfaces by 30 June 2023.</p> <p>The frequency of auditing of the cleaning schedule will be increased to monthly. The requirement to complete daily cleaning records was discussed with the staff team at meeting on the 15th May 2023.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All remedial works relating to fire safety in the centre are completed as of 22 May 2023 including fire alarm system upgrade, fire stopping, repairs to fire doors, linking of fire door closers to the alarm panel and changes to the locking mechanisms of bedroom doors.</p> <p>The recording form for fire evacuation drills will be amended by 31 May 2023 to ensure that all relevant information is captured including details of the staff present.</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	31/10/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	30/06/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
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	26/05/2023