



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

Issued by the Chief Inspector

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| Name of designated centre: | Coolmine Court - Community Residential Service |
| Name of provider: | Avista CLG |
| Address of centre: | Dublin 15 |
| Type of inspection: | Announced |
| Date of inspection: | 22 October 2024 |
| Centre ID: | OSV-0003074 |
| Fieldwork ID: | MON-0036745 |

About the designated centre

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

Coolmine Court - Community Residential Service is a designated centre which provides full time, low to medium support residential care for a maximum of seven adult residents. The centre comprises two adjoining two-storey houses which are connected internally by a door located in the front hallway. There is a total of eight bedrooms, one of which is utilised as a staff office and bedroom. There is a large back garden and shared front driveway. The team in Coolmine Court consists of one clinical nurse manager, two full time staff nurses, one part time nurse, three social care workers, and health care assistants. Staff nurses are rostered daily to support service users medical needs. The objective of this service is to provide a person centred and safe home to the service users.

The following information outlines some additional data on this centre.

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| 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 |
|----------------------------|-------------------------|-------------------|------|
| Tuesday 22 October 2024 | 09:30hrs to 17:00hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

During this inspection, the inspector had an opportunity to speak with all five of the current residents of these houses and with their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures, as part of the evidence indicating their experiences living in this designated centre. In the main, the inspector observed that residents were enjoying a good quality of life and their assessed health and social care needs were being met, and where residents were not satisfied with the standard of their care, they were supported and encouraged to make their voices heard.

This inspection was announced in advance and residents were provided surveys to make written comments on what they liked or wanted to change about their home, routines, staff or support structures. While the inspector observed that these surveys had not been answered at the time of this inspection, the inspector spoke directly with residents during the day to attain their commentary on the house, their staff, choices and feedback. Resident told the inspector that they got along with their peers, had a good relationship with their regular staff, and liked when their home was quiet and relaxing. The residents demonstrated a good awareness of their human rights, and told the inspector that they would not tolerate being bossed around or told to do things they didn't want to do. The residents told the inspector they would report to the management if they felt disrespected or insufficiently supported. The inspector observed examples of where verbal complaints or internal feedback had been made by residents regarding how staff interacted with them or their private space, or where they were unsatisfied with the meals or the frequency of relief staff in the house. Residents told the inspector that they preferred being supported by their familiar staff, and that they do not get the same quality of support from relief or agency personnel, saying that "they don't know me, and aren't as nice". Residents also told the inspector that they felt staff occasionally came into work in a bad mood resulting in people getting impatient with them.

On the inspector's arrival, the residents were finishing their morning routine independently or with staff support, and were having their breakfast. Two residents spoke with the inspector at the breakfast table and were happy to talk about their news and plans for the day, and show him books including pictures of them enjoying events, and what their current personal objectives involved. The inspector observed residents watching films and working with their hands to keep busy during the day. Later in the morning, three of the residents travelled together to a knitting club and one person had a medical appointment. The inspector observed residents to also be attending Mass, dance classes and retirement clubs, and some of the residents had short holidays planned in the coming months as well as plans for a Christmas party and dinner out.

The inspector observed good examples of positive risk taking, including supporting residents to go on holidays, manage their money without staff supervision, and stay

involved with varied and meaningful community participation. The person in charge and staff team demonstrated a constructive attitude in the use of complaints and resident feedback to effect changes and improve quality in their service. The annual report of the service incorporated commentary from the residents and front-line staff, and highlighted challenges the service had faced such as unreliable equipment or staff turnover which had had an impact on the quality of residents' lived experience.

The majority of the residents in this service had lived in this house for decades, loved their home and community, and got along well with their housemates. The inspector observed it was important to the residents and to the centre team that they were facilitated to remain in their home into their elder years. Works had been identified pursuant to this objective, including renovating bathrooms into accessible wetroom spaces, and installing ramps, rails and lifts as required. However, some identified actions had remained outstanding which impacted on the objectives of optimising accessibility and ageing in place, which will be described later in this report.

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

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. The inspector found this centre to be effectively led by an experienced person in charge, with management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them.

The centre was operating with longstanding vacancies throughout 2024 which were covered by a combination of relief and agency personnel. In the main this was sufficient to retain the number and shift patterns required based on residents' assessed needs, however this did not provide for optimal continuity of staff to mitigate the impact on quality and familiarity of support. The person in charge demonstrated how this was being mitigated locally through control of annual leave and attaining some regular relief staff, however the turnover and frequency of the number of personnel who were less familiar with residents, their needs and preferences, was an ongoing point of feedback from residents and in quality of service audits.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed all of the information submitted by the provider with their application to renew the registration of the centre and found that all relevant information was submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector met with the person in charge to discuss their role and experience, and reviewed the information submitted on their qualifications and work history. The person in charge worked full-time in this centre, with 19.5 hours per week protected supernumerary time for management duties. They held a management qualification and were highly experienced in leadership and supervisory roles.

Judgment: Compliant

Regulation 15: Staffing

The inspector spoke with members of the management and front-line team about staffing in this centre and reviewed documentation including the statement of purpose and worked rosters for recent months. Personnel files required under Schedule 2 of the regulations were not reviewed on this inspection.

At the time of this inspection, the provider had a one whole time equivalent (WTE) social care post and 0.33 WTE nurse post which had been vacant throughout 2024. The provider was reliant on using a combination of staff overtime, personnel from a relief panel or deployed from an agency to ensure shifts were filled in this centre based on the assessed needs of service users. While a small number of gaps were observed in personnel names, in the main, rosters indicated who had supported residents and that shifts were filled. The centre risk register set out control measures to mitigate the impact on continuity of care for residents, through relief personnel who worked primarily in this centre, and control on how many staff were granted annual leave concurrently. However, the residents told the inspector that they preferred days on which they were supported by people they knew, and did not always feel understood, comfortable or effectively supported when working with staff who did not know them. The person in charge had identified that the frequent use of less familiar staff had also contributed to a trend in quality of care records, and in errors with residents' medicines.

Judgment: Substantially compliant

Regulation 21: Records

In the main, while gathering evidence throughout this inspection, the inspector found that records were appropriately maintained in the designated centre and available for inspection. Where required, staff could easily retrieve and refer to documentary evidence related to the designated centre and the service users, as required under Schedule 3 and 4 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

As part of the documentation associated with the application to renew registration, the provider had submitted evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had composed their annual report for the designated centre in October 2024. This report collated the achievements and challenges in the centre through the previous year, and the priority goals and service development required for the year ahead. This report incorporated feedback from the residents, their families, and the front-line team into the actions required to bring the service into compliance with regulations, standards and provider policy. The inspector was also provided reports from quality and safety audits conducted in March and August 2024, and analysis conducted locally to identify patterns or concerns in the number of accidents or errors in the centre.

The inspector reviewed a sample of recent staff meetings which discussed topics which were meaningful to the operation of the centre, kept staff updated on changes to the service or the residents, and disseminated objectives and actions identified following audits and quality reviews. Staff were advised of how to attain managerial support out of hours or during the person in charge's time off to ensure matters were reported or escalated in line with provider policy.

The provider had identified some issues related to the centre resources, including the premises, centre vehicle, and continuity of staff support. The inspector observed

that some of these matters had not been addressed in a timely manner, with no evidence to indicate when vacancies would be recruited, and premises issues which were outstanding or were repeat findings from the previous inspection. The inspector observed in some quality improvement audits that the actions set out were not specific or measurable to be effectively followed up on, and some quality improvement objectives had not been implemented, for example a strategy to eliminate the need for a restrictive practice.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised in September 2024 and contained information as required under Schedule 1 of the regulations. A copy of this document was available for review in the designated centre.

Judgment: Compliant

Regulation 30: Volunteers

For personnel who worked in this designated centre who were not employed by the provider, the inspector was provided evidence that their role and responsibilities were set out in writing, and that they had been subject to vetting by An Garda Síochána.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector observed that there was a complaints policy in place and that the residents were clear on how they could make a verbal or written complaint. From speaking with residents and staff and observing how complaints were recorded, the inspector observed a constructive approach to complaints in which matters meaningful to residents were captured for attention and learning to improve their experience in the service. The inspector reviewed a complaints register which contained matters raised by or on behalf of residents, family members and members of the public. In the main, there was evidence to indicate engagement with complainants and actions taken on foot of complaints. However, the inspector observed some complaints which had not been progressed through the complaints management process, and other matters which had been closed without capturing

how the provider was assured that the outcome was to the satisfaction of the complainant, or if they had been referred to the appeals process.

Judgment: Substantially compliant

Quality and safety

The inspector found evidence through speaking with residents and staff, reviewing documentary evidence and observing routines, that residents felt safe and were supported in their choices, rights and levels of independence.

Residents were supported to stay busy and engaged in meaningful and enjoyable activities in their retirement age. Residents were members of social clubs and classes, enjoyed hotels breaks and were supported to participate in the local community. Residents commented that they felt safe and well-respected in their home, however were also confident that they could raise issues and that they would be taken seriously. Residents were provided suitable guidance on identifying and responding to situations in which they felt unsafe, that their privacy was not respected, or that they not in receipt of a quality service. The staff team were proactive in identifying and promptly responding to witnessed or reported concerns of a safeguarding nature. The staff team and person in charge maintained a person-centred balance of keeping people safe while supporting autonomy and positive risk taking.

Some works were required to the premises, examples of which are referred to later in this report. This included items which were outstanding from previous inspections or which had not been addressed in a timely fashion. These included upgrading bathroom and en-suite areas to be suitable for residents' changing needs, and areas requiring repair, repainting or replacement to address damaged, peeling or cracked features and surfaces. Equipment and accessibility features which residents required to navigate their home safely and access their community required review and action to promote accessibility and support ageing in place for the residents. Subsequent to this inspection, the provider supplied information and dates on a programme of works to bring this premises into regulatory compliance in 2025.

The inspector observed how accidents, incidents and adverse events were reported, and the how the data from these was analysed to identify patterns or trends of concern by the person in charge. The inspector observed how this analysis had effectively identified where risk assessment or review was required, and how the local management and team had taken action to mitigate the identified risks.

Regulation 12: Personal possessions

Residents were supported to decorate their living space to be personalised and homely. Residents were supported to retain personal access to their finances, including holding onto their cash and cards in their bedrooms per their preferences and capacities. Residents' wishes were respected where they did not want or require supervision of their income and expenses by staff.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector observed evidence which indicated that the residents were supported to stay busy and active in their retirement age, at home and in the community. Residents and staff provided evidence of outings, holidays and events the residents had been on during the year, and long and short term objectives set out to pursue new social, recreational and personal opportunities. Residents were supported to stay in contact with family and friends, and were members of social clubs and classes in their community.

Judgment: Compliant

Regulation 17: Premises

The inspector walked around the premises and observed how the provider was identifying and responding to works required to retain the safety and suitability of the premises for the assessed needs of the residents and to address matters arising from quality audits and inspections.

The inspector observed that kitchen and bathroom areas required repair and replacement work to address features and surfaces which were cracked, peeling or damaged, which affected the homely appearance of the residents' house as well as the ability to effectively clean and disinfect these surfaces. Some rooms required repainting or repair to cracks on walls. The provider had identified kitchen and bathroom refurbishment required in this centre through repeat findings in internal audits and regulatory inspections, however it was not confirmed when these works would be carried out as the deadlines for same had been delayed.

The inspector was provided evidence that the centre's accessible vehicle was 18 years old and was often out of service. The provider had also attained a quotation to replace the centre's stair lift which was identified by the occupational therapist and staff as not reliable and stopping halfway. In both houses the residents were identified as struggling to use steps at the back doors which limited their access to their garden, which were also fire evacuation routes. There was a need for these items to be reliable and addressed in a timely manner to promote accessibility for

the current residents, and support them to age in place and remain in their home, in line with their changing physical and mobility needs.

Subsequent to this inspection, the provider supplied additional information and dates on a programme of works to bring this premises into regulatory compliance in 2025.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

Two service users had moved out of this centre in 2024; one by personal choice and the other due to changing mobility needs. In both instances, the inspector observed evidence that the discharges had been discussed with the residents and their representatives, and that the management of this centre continued to support the latter resident through challenges they faced in leaving their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk register for this designated centre and found evidence that risks relevant to this centre were appropriately identified, rated and kept under review with suitable control measures.

The provider conducted trending and analysis of adverse incidents including falls and medication errors, identifying underlying causes and actions planned to reduce their frequency or impact.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices for prescribing, recording, storing and administering medicines with members of the front-line staff team. The inspector found that staff demonstrated a good knowledge of the purpose and use of medicines in the centre.

The person in charge conducted audits of medication practices in this centre, and the inspector reviewed a report completed in October 2024. The person in charge highlighted where records required improvement and updating, and established the

reason behind trends in medication errors. The inspector observed that these findings were discussed in team meetings for learning and vigilance.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's policy on safeguarding people at risk of abuse, residents' personal and intimate care plans, financial protections, and documentation relating to safeguarding concerns which had been notified to the Office of the Chief Inspector. The inspector observed that residents and staff had a good understanding of what constituted abuse and how to report any concerns.

The provider was found to have good systems in place to ensure that all residents were safeguarded from abuse. Where matters had been reported through the safeguarding process, the inspector observed evidence that they had been investigated promptly to establish the facts, and that the findings and plans resulting from these investigation had been reported to the relevant external parties as required.

Judgment: Compliant

Regulation 9: Residents' rights

Through speaking with residents and staff, and reviewing evidence related to resident feedback and consultation, the inspector found good examples of how the rights and choices of residents were being protected and respected. The inspector observed where matters affecting the residents, their supports or their home were identified locally, these were escalated by the house team to provider level for attention.

Residents had a good knowledge of their human rights, and showed the inspector that they had read guidance published by the Health Information and Quality Authority on understanding their rights. The inspector asked what this meant to them, and they said they understood they could make their own choices in their life and in their home, and that they never needed to do something against their wishes, or to be bullied or bossed around by other people. For some residents, they did not wish to have staff monitor how they spent their day-to-day money, and this preference was observed to be respected.

Residents commented that they felt respected in their home and enjoyed a busy day in their community. House meetings took place regularly and the inspector observed where feedback and commentary raised in these meetings contributed to continuous

quality improvement objectives for the centre overall.

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Coolmine Court - Community Residential Service OSV-0003074

Inspection ID: MON-0036745

Date of inspection: 22/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has recruited for one vacant post within the centre (39 Hrs)</p> <p>The Provider will continue to allocate regular relief staff to the centre to cover for unexpected absences to ensure the team is consistent for the residents.</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 a system is in place to address improvements required within the premises. A log has been devised to ensure maintenance requirements are tracked by the Provider, PIC and shared with the residents. The Provider has prioritised areas for improvement for 2025.</p> <p>The Provider will ensure that all restrictive practices prescribed by the MDT are reviewed with a view to reduce at MDT meetings in line with organisational policy.</p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Provider will ensure that the residents receive feedback on all complaints and the details are noted in their plan of care. The staff team within the centre will continue to support the residents in highlighting their concern and support individuals to make a complaint.</p> | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider has prioritised for two kitchens to be replaced within the centre in 2025.</p> <p>Ramp access has been costed for the rear of the centre and this will be completed in 2025.</p> <p>The Provider will introduce a tracking log in 2025 to ensure the PIC, team and residents are aware of timelines associated with repair works.</p> <p>The stair lift which was approved for the designated centre has been ordered and the provider has a date for installation. The current stair lift is functional and is serviced</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 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good | Not Compliant | Orange | 30/06/2025 |

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| | state of repair externally and internally. | | | |
| Regulation 17(4) | The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 17(5) | The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents. | Substantially Compliant | Yellow | 30/06/2025 |
| Regulation 17(6) | The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting | Not Compliant | Orange | 30/06/2025 |

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| | accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all. | | | |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/06/2025 |
| 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. | Substantially Compliant | Yellow | 31/01/2025 |
| 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. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person | Substantially Compliant | Yellow | 31/12/2024 |

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| | <p>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.</p> | | | |
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