



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 25
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	14 November 2024 and 22 November 2024
Centre ID:	OSV-0008690
Fieldwork ID:	MON-0042223

About the designated centre

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

Cork City North 25 is a bungalow type house located on the outskirts of Cork City. The centre can provide accommodation for a maximum of three residents between the ages of 18 and over. The designated centre provides a residential service seven days a week. Within the centre there are three resident bedrooms, two bathrooms, a kitchen/dining area and a communal lounge. Staff support is provided by the person in charge and staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 14 November 2024	10:15hrs to 17:40hrs	Lisa Redmond	Lead
Friday 22 November 2024	14:25hrs to 16:00hrs	Lisa Redmond	Lead
Thursday 14 November 2024	10:15hrs to 17:40hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

This was a short-term announced inspection completed in the designated centre Cork City North 25. The residents living in Cork City North 25 had previously lived together in a congregated setting. This was the first inspection completed since the centre became operational in December 2023, and the residents had moved into their new home. Since moving into the centre, the residents had been supported in the transition process, and to grow links in the local and wider community. From what the inspectors observed and from speaking with the residents, staff and management in Cork City North 25, it was evident that the residents who lived in this centre received a good quality service which met their individual needs, likes and preferences.

On arrival to the centre the inspectors had the opportunity to meet the three residents and staff, the person in charge and the person participating in management. The staff and residents left shortly after for planned activities for the day. Later in the evening when the residents returned to the centre the inspectors had time to spend with the residents and speak to them. The management of the centre spoke of how positive the transition had been for the residents. Each resident had the opportunity to decorate their own bedroom in accordance with their wishes. The inspectors had the opportunity to see all three bedrooms, with two of the residents showing the inspectors some of their favourite possessions such as photographs, items of furniture and electronic devices that they used to contact their friends and family. The centre was seen to be maintained and decorated to a good standard.

When the residents had returned from their social activities all three residents spoke to the inspectors. The inspectors told the residents why they were visiting the centre. All residents appeared very happy and relaxed in their home. The residents were asked if they would like to speak to an inspector and two residents choose to have a chat in their bedrooms. Both inspectors went to speak to the residents where they spoke about how much they like their new home and that they were looking forward to spending their second Christmas in the home. They also discussed their upcoming Christmas party where they would be meeting up with those they previously lived with in a congregated setting.

A new service vehicle had been provided for residents to access their local community in the weeks before this inspection took place. At first, residents told inspectors that they were unable to get out as often as they wished as staff members needed to get used to driving the new vehicle before they could bring the residents to their activities. Residents told inspectors that they had raised this issue with staff and management in the centre and this issue had been rectified. Residents told inspectors they were very happy about the new service vehicle, telling inspectors that it was now much easier to get out in their local community, following staff completing driving training. Residents told the inspectors about the activities they like to do such as going to bingo in the community, knitting classes,

social club, going to the hairdressers, pubs and concerts. All three residents were looking forward to an upcoming weekend away and concert.

One resident told the inspectors that they were now 'well settled in' their new home. The resident did discuss a complaint regarding issues with the designated centre's Internet access. The resident noted that the Internet was not working in the centre, and that they had to pay for Internet use by using a remote Internet device. This resident was very much aware of the financial impact of this issue as they told the inspectors that they would not have to pay for the centres Internet however they did have to pay for the remote Internet device which they used to contact their loved ones. This will be discussed further under regulation 34 complaints.

Residents were observed to be very relaxed in their environment. One resident told the inspectors that they like to relax in their bedroom where they had their own TV and relaxing chair, while another resident spoke about every one's favourite chair in the living room. The residents had been out for lunch on the day of the inspection and told the inspectors about the lovely meal they had and the shops they visited. One resident had a beauty appointment that they attended. Their choice to continue to attend the salon near their previous home had been respected and promoted. The staff in the centre appeared knowledgeable of the resident's needs and preferences, with staff seen making tea for residents as per their needs and taste.

Interactions observed on the day of the inspection were respectful and good humoured. Residents appeared very happy with the support they received from staff. The next two sections of the report present the findings of this inspection about 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

While management systems had been put in place to ensure residents received a good quality of service in their home, some improvements were required to documentation relating to complaints, staffing and residents' written agreements.

A clear governance and organisational structure was in place which outlined the lines of authority and accountability in the designated centre. All staff working in the designated centre reported directly to the person in charge. The person in charge met formally with their line manager formally once a month, however they were in contact weekly. An on-call management system was in place at weekends and at night to ensure staff members had access to a member of the management team in the organisation in the event of an emergency.

Residents were supported by a team of healthcare assistants, social care workers and nursing staff. A number of these staff members had previously worked with residents when they lived in a congregated setting. This consistency of staff

members ensured that residents were supported to transition with familiar staff who had known them and supported them for a number of years.

On the second day of this inspection, one inspector attended the organisation's offices to review staffing files. It was identified that a recent vetting disclosure was not in place for one staff member. Assurances were sought from the registered provider as it was noted that this staff member may be a lone worker at times due to the staffing levels in the centre. These assurances were submitted to the chief inspector after the inspection had taken place, to outline how they intended to come into compliance with the regulations in relation to this matter.

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.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. As documented in the centre's statement of purpose, the person in charge held this role for a total of four designated centres. It was evident that they held the necessary skills, qualifications and experience to carry out this role.

The person in charge had worked with the residents who moved into Cork City North 25 for a number of years, and it was evident from speaking with them that they were aware of the support needs of residents. It was also evident from speaking with residents that they knew they could speak with the person in charge if they had any issues or concerns they wanted to discuss.

Judgment: Compliant

Regulation 15: Staffing

A staff rota had been developed to show the staff on duty each day and their hours of work. Inspectors reviewed the staff rota from the 17th November 2024 to the 13th October 2024. From a review of the staffing rota it was evident that the centre had not been below the minimum staffing levels outlined in the centre's statement of purpose. It was noted on two dates that the actual staff members who had worked in the centre were not recorded on the staffing rota. This was rectified by the person in charge on the day of the inspection.

The statement of purpose outlined that the centre required a total of 7.1 whole time equivalent (WTE) staffing to meet the needs of residents. However, the centre currently had a vacancy for 2.2 WTE. It was noted that this was currently being covered by agency staff and staff working in other designated centres operated by

the registered provider. It was noted from discussions by management in the centre that this practice was not sustainable, giving the changing needs of residents and their requirement for consistent staffing.

On the second day of this inspection, one inspector attended the organisation's offices to review staffing files. The inspector reviewed a sample of four staff members. One staff member did not have a current vetting disclosure on file. In addition, it was also noted that one staff nurse did not have a valid form of identification in their staff file, while a second staff member did not have evidence of the position they hold in the designated centre. This required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix had been developed by the person in charge to outline the training provided to staff members. Mandatory training required for staff members was outlined in the centre's statement of purpose. This included;

- Fire safety
- Safeguarding of vulnerable adults
- Children's First
- Manual Handling
- Positive behaviour support
- Infection prevention and control.

Inspectors reviewed the training matrix for all 10 staff who worked in the designated centre. It was noted that all staff members had received training in the safeguarding of vulnerable adults. However, a number of staff members were awaiting training in all other mandatory trainings.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents in the designated centre. Inspectors reviewed this information for all three residents living in Cork City North 25. It was noted that the directory of residents included the information specified in Schedule 3 of the regulations. This included details of the resident's date of birth, address, and the date they first moved into the centre.

Inspectors reviewed the supervision records for three staff members. It was evident that they had received supervision with the person in charge annually, as outlined in

the organisation's policy.

Judgment: Compliant

Regulation 23: Governance and management

Auditing was completed in the centre in areas such as complaints, medicines management and accidents, incidents and near misses in the centre. An annual review had not yet need completed as the centre was not yet open for a full calendar year. However, an unannounced six-monthly visit was carried out in July 2024. Although this review was comprehensive in nature, an action plan had not been developed to ensure it was clear how improvements could be made to the quality of service provision.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors requested to review the written agreements in place for two residents, outlining the supports they were provided in the centre and the fee they were charged. There was no evidence of an agreement in writing which outlined the services that were to provided to one resident since they had moved to the designated centre. This resident had an assessment of the fee that they were charged however, this fee had not been agreed in writing, and it was not clearly stated what was included in the fee payment.

Inspectors reviewed the written agreement in place for a second resident. This agreement did not outline the service provided to the resident in the centre, the fee they paid or what the fee included.

As the residents did not have a clear agreement in writing about the fee they paid to live in the centre and what this included, it was not clear if residents should be paying for remote Internet access, as they awaited the repair of the centre's Internet.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had developed a statement of purpose. This document outlined the specific care and support needs that residents received in their home. It

stated that residents were supported by a team of care assistants and social care workers. However, nursing staff also supported residents in the centre. The whole time equivalent of nursing support provided to residents was not outlined in the statement of purpose. This document required review to ensure it included the staffing compliment of all staff providing support to residents, as outlined in Schedule 1.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An accessible complaints procedure had been developed for residents. A complaints policy had also been developed to provide guidance for staff on the management of complaints. From a review of the complaints log in the centre, it was evident that residents were supported to raise issues and make a complaint if they wished.

Inspectors reviewed the complaint raised in June 2024 about the Internet not working in the centre. Initially, there was some confusion with management as to whether the complaint had been escalated to the complaint's officer. It was noted during the inspection that the complaint had not been resolved, and it had not been escalated to the complaint's officer. Inspectors were not assured that this complaint had been investigated promptly, given that residents told inspectors that they were clearly unhappy with the lack of Internet in the centre. It was also noted that residents were paying for remote Internet access as they waited for this issue to be resolved.

Inspectors reviewed one complaint in September 2024 where a resident had not been able to attend activities in their local community due to a lack of staffing and transport. It had not been documented if the complainant was satisfied with the outcome of the complaint, to ensure that effective action had been taken in response to the complaint.

Judgment: Substantially compliant

Quality and safety

This inspection found that Cork City North 25 provided good quality care and support to residents. Residents' health and wellbeing were promoted and access to appropriate supports were sought. Some improvements were required with regard to protection, risk management procedures and fire precautions.

Residents' health and wellbeing were promoted in the centre. Residents were supported to attend appointments and consultations with various healthcare

professionals as required. Residents had access to multidisciplinary team (MDT) members. For example, it was seen from residents care plans that occupational therapists, speech and language therapists and positive behavioural support specialists had input into the residents' care and support.

When residents had requested further information regarding their healthcare and the medicines they received, staff members developed a document to explain to residents the medicines they take, why they are prescribed to them and a photograph of the medicine. It was evident that residents were supported to receive information relating to their health care needs and to make informed decisions relating to their health.

The person in charge spoken with reported that some residents' health needs were changing. There were good systems in place to monitor this. Care plans were in place to guide staff in the supports required. Staff and management appeared to be knowledgeable of the residents support needs. However one resident's intimate care plan required updating to reflect the most up-to-date information. When this document was reviewed by the inspectors it did not contain any information on how to support the resident. This gap in documentation could pose a risk if unfamiliar staff were working with the resident. This will be reviewed under regulation 8 protection.

Regulation 13: General welfare and development

It was evident from discussions with residents and staff that residents were provided with opportunities to participate and engage in activities in their local community. Residents spoke about attending bingo, a knitting club and a social club in their local community where they had opportunities to make and develop personal relationships. Residents spoke about holidays, parties and concerts that they had planned, and how staff members had supported them to get ready for these occasions. It was evident that residents' interests and preferences were respected, and their choices were supported in relation to activities, involvement in social groups and their participation in their community.

Judgment: Compliant

Regulation 17: Premises

Cork City North 25 is a bungalow located in a residential area near a large village. Based on observations during the inspection the premises provided for residents was seen to be well maintained, clean and well-furnished throughout. The premises was bright and welcoming with adequate private and communal space for residents to enjoy. Residents' rooms were seen to be decorated in line with their preferences.

The centre was wheelchair accessible. No issues were observed relating to the provision of storage, however management in the centre did note that there were discussions about adding a garage space to include an office area to the centre in the future. It was noted that an application to vary the centre's registration conditions would be required should these plans progress.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place and processes in place for risk management at this centre. There was a policy in place for risk management. The centre had a risk register for the designated centre in place and these risks had been reviewed in October. Residents had individual risk assessments in place, where risks to their wellbeing and safety were identified, assessed and in general kept under ongoing review.

However the following required action;

- One resident had a choking incident in July 2024. A risk assessment was in place for this resident and identified supports and controls in place to protect the resident's safety. However this risk had not been reviewed since November 2023. The risk was rated as a high risk and was last reviewed before the residents had moved into the designated centre in December 2023. Therefore it had not been assessed in line with the provider's procedures for risk management.
- One resident's risk assessment identified one-to-one staffing as a support for a resident to reduce the risk of falls. However on review of the centre's staffing, this resident did not have one-to-one staffing at all times. This required review to ensure the control measures in place in the centre were accurate and appropriate to reduce the risk of injury to the resident

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety and for the ongoing monitoring of fire safety arrangements in the centre. These included; fire containment measures, firefighting equipment, fire alert system, fire safety checklists and evacuation plans. However, the evacuation plans for the centre required review. The plan identified two exit routes for the centre, a front door and back door however, from the evacuation floor plan displayed the centre only had a front door to exit from.

Fire safety measures in the centre were kept under review through daily, weekly and monthly checks. The inspector reviewed these checks from June 2024 to present and these appeared to have all been completed. Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre.

Fire drills took place regularly and demonstrated that residents could be evacuated to safe locations in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of need was completed for each resident. The inspectors viewed two of the residents' files. Where a support need was identified, care and support plans were developed. These were seen to be kept under ongoing review and updated as required.

Residents were supported to identify and set goals for the future. These goals were found to be kept under ongoing review and each resident had several monthly keyworker meeting taking place which recorded and tracked the process of their goals. Some of the residents' goals had been achieved with the support from staff. These included organising a birthday party with friends in a local pub, plan a holiday and to attend the local social club. Annual review meetings were held to review residents' care and support.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare in line with their personal plans and assessed needs. Residents had a general practitioner (GP) chosen by the resident. As outlined, Residents had moved to their new home the previous year however, they were not required to change GP services, and they had continued to attend their original GP with the support of the staff team.

Access to multi-disciplinary supports was provided. Residents had support of occupational therapy, speech and language therapy and physiotherapy. The inspector found evidence and made observations of recommendations made by the speech and language therapist that were actioned in the centre. For example, use of a specialised diet for a resident. Staff had access to a swallow healthcare plan to support the resident and staff. Staff were also observed preparing a drink for the resident in line with the recommendations documented. A resident also had a

specialised chair in place for relaxing or watching television which had been recommend by an occupational therapist.

Judgment: Compliant

Regulation 8: Protection

Safeguarding plans had been developed in response to incidents to protect residents from allegations of abuse. When an allegation of suspected abuse was made, these were reported in line with statutory guidance for the protection of vulnerable adults. Internal reviews of safeguarding plans were completed by the person in charge to ensure safeguarding plans were subject to regular review. However, it was identified that the most recent safeguarding plan for one resident was not available in the centre. This did not ensure that staff members had up-to-date guidance on how to safeguard the resident in response to an allegation of abuse.

The person in charge had put in place safeguarding measures to ensure that staff providing personal and intimate care to residents who require such assistance do so in line with the residents personal intimate care plan. From the two resident's files the inspectors viewed, it was seen that one resident did not have a fully completed intimate care plan. This care plan had outlined the person's name and details but no other details were recorded on how to support the resident with their intimate care, or staffing needs. This gap in documentation could pose a risk if unfamiliar staff were working with the resident.

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 (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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cork City North 25 OSV-0008690

Inspection ID: MON-0042223

Date of inspection: 14/11/2024 and 22/11/2024

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: All rosters have been reviewed by PIC and are now reflective of actual hours and times that staff are working.</p> <p>An ongoing recruitment campaign is in place to actively fill staff vacancies within the designated centre (30/04/2025). Current vacancies are covered by familiar relief staff within the organization and familiar agency staff to ensure continuity of care for the residents.</p> <p>The PIC has developed a document of all staff members garda vetting status and when this is due for renewal. The PIC reviews this document monthly and alerts the staff and HR when garda vetting renewals are required to ensure that these are completed within the appropriate timeframes.</p> <p>The staff member whose garda vetting required renewal has been sent all appropriate documents to complete and these have been sent to HR for processing. (31/01/2025)</p> <p>The staff member has been requested to send in an up to date copy of her driving license or other form of identification that is in date. (31/01/2025)</p> <p>An updated contract was issued to the staff member for the current position they hold in the designated centre and will kept on file once returned back to the provider. (31/01/2025)</p>	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training matrix is in place within the designated centre. This is reviewed by the PIC monthly. An email is sent to staff whose training is due to be updated within the following three months, with monthly reminders to staff after this.</p> <p>All training has been reviewed by the PIC 18/12/2024. One staff member is completing her fire training (31/12/2024). All other mandatory training is up to date for all staff (18/12/2024).</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>A comprehensive action plan following the 6 monthly unannounced audit has been developed and all actions identified from the action plan have been completed. (09/12/2024)</p> <p>Comprehensive actions plans following unannounced audits will be developed for all future audits.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All residents have been supported by Social Work and Advocacy Officer in reviewing the contract of care and financial assessments. Social work and advocacy has several meetings with the residents over the course of several months to ensure their understanding of the documents and to gain informed consent for the contracts of care and related charges which are outlined within their financial assessments. These were completed and signed in April 2024.</p> <p>The provider acknowledges that the official documents were not accessible on the day of inspection. The contracts of care, along with their signed financial assessments, which include the rates paid by residents for the services provided by the organization are now in a secure location within the designated centre for review during future inspections.</p>	

<p>Consent for storing these securely has been obtained by the residents and they can access them at any time of their choosing. (15/11/2024)</p> <p>The WIFI within the designated has now been repaired and the residents have access to this within communal areas which is included in the charges outlined in their financial assessments.</p> <p>The provider is currently reviewing the contacts of care policy to ensure services provider are outlined, this will include WIFI access.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose will be reviewed and updated by the PIC to include the WTE nursing the residents have access to (31/01/2025)</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>A thorough review of all complaints was completed by the PIC to ensure all complaints had been resolved, complainants were satisfied with the outcome and all aspects of documentation completed.</p> <p>The complaint regarding access to WIFI in communal areas was resolved on 17/11/2024. This complaint is now closed and all residents have access to this.</p> <p>The PIC will ensure that complaints that cannot be resolved locally within 5 days are escalated to the Quality and Safety Team as per policy.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Risk assessments that required attention have been reviewed and updated by The PIC 07/12/2024.

The PIC will ensure that all risk assessments are update as required as the needs of the residents change.

The PIC has a schedule in place to audit all personal plans quarterly, including individualized risk assessments to ensure that all risks remain with the appropriate and updated information.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Fire evacuation plans for the designated centre have been reviewed and updated by The PIC to ensure the information is accurate (15/11/2024).

The PIC will ensure ongoing review of all fire safety measures and documentation.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 All current safeguarding plans are now in place in the designated centre and staff have access to these at all times (14/11/2024). The PIC has met with all the staff to ensure they are aware and understand the safeguarding plans in place. (17/12/2024) The PIC will ensure that the most up to date safeguarding plans are available to all staff in a timely manner.

The residents intimate care plan has been reviewed and updated by the PIC (14/11/2024). The PIC has a schedule in place to audit all personal plans quarterly, including individualized assessments to ensure that all information is completed and up to date.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2025
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/01/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2024

	as part of a continuous professional development programme.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	09/12/2024
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	15/11/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the	Not Compliant	Orange	15/11/2024

	resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/12/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/11/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/01/2025
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	17/11/2024
Regulation 34(2)(f)	The registered provider shall	Substantially Compliant	Yellow	17/12/2024

	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.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	14/11/2024
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	14/11/2024