



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 8
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	09 December 2024
Centre ID:	OSV-0008837
Fieldwork ID:	MON-0044396

About the designated centre

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

West County Cork 8 is located on the outskirts of a town and consists of a one storey house. The centre has a maximum capacity of five residents and provides residential support for residents on a Monday to Friday basis. The centre closes for scheduled holidays. The residents who avail of this centre are over the age of 18, both male and female with intellectual disabilities and/or autism. Residents with a diagnosis of dementia can also be supported. Each resident has their own individual bedroom and other rooms in the centre include bathrooms, a kitchen-dining room, sitting rooms, and a staff office. Within the layout of the centre there is an apartment that can be used by one of the five residents and has its own kitchen-living area. Residents are supported by the person in charge, a clinical nurse manager 1 and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 9 December 2024	10:50hrs to 17:55hrs	Conor Dennehy	Lead
Monday 9 December 2024	10:50hrs to 17:55hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

Residents spoken with during this inspection commented positively on the staff working with them. The staff on duty were seen to interact with residents in a pleasant and warm manner. Other feedback received from residents was mostly positive with such residents appearing proud to show inspectors around the centre. The centre was seen, mostly, to be clean, homely and well-maintained

This designated centre operated on a Monday to Friday basis only with five residents availing of this centre. These residents would come to the centre on a Monday afternoon from their day services having stayed with their families over the weekend. During the week residents would stay overnight in the centre with some attending day services away from the centre each day. On Fridays, after leaving the centre residents would return to their families. The residents availing of centre had moved to the centre in September 2024, having previously lived in another centre operated by the same provider that was located in the same town.

Upon arrival at the centre to commence this inspection, no residents or staff were present. As such, after an introduction meeting with the person in charge, inspectors used much of the initial hours of the inspection to review relevant documentation and to assess the premises provided for residents to avail of. This premises was seen to be spacious and contained suitable communal space and bathrooms. All residents had their own individual bedrooms with one of these bedrooms contained within an apartment area for one resident. The centre was seen to be presented in a homely manner which included having Christmas decorations on display.

For the most part, the centre was clean and well-maintained. However, it was observed that the external panes of the sitting room windows were unclean and a tap in one resident's bedroom had a noticeable leak. Following the inspection, documentation received indicated that an urgent request had been made on 19 November 2024 to repair the tap leaking in the resident's bedroom. Based on the observations of this tap during the inspection, this request had not been acted on. An inspector was also informed that a request had been made to replace part of the floor in the centre although no residents had a fall because of this with no obvious defects in the floor seen by inspectors.

As the inspection moved into its final hours, residents and staff arrived at the centre. Four residents were present on the day of inspection, all of whom were met and chatted with by inspectors. The fifth resident was staying with their family and so was not met on the day of inspection. It was notable that the staff supporting residents did so in a pleasant and warm manner with residents appearing to be comfortable in the presence of such staff. For example, near the end of the inspection, three residents were seen sitting with staff while having a meal. Residents were also observed to be aware of and comfortable with management of

the centre with two of the residents seen to hug one member of management.

The feedback that was provided to inspectors from the residents was positive also. For example, the resident who lived in the apartment area told an inspector that they liked their apartment where they did their own cooking. This resident went on to say that they had no complaints about anything but if they did, they would go to staff. Such staff were commented on positively by this resident who said that staff would always help them if they needed assistance with anything in their apartment. It was also mentioned by the resident that they had been at work earlier in the day, before arriving at the centre, and that they liked this.

Another resident also provided very positive feedback when telling an inspector that they were happy being in the centre. When asked what made them happy about in the centre, the resident responded by saying "lots of things". The resident also talked positively about their job in a supermarket and mentioned the friends they had there. The inspector then asked the resident if staff in the centre were good to them, the resident answered by saying "don't doubt it". Based on the resident's demeanour, the inspector took this to be a positive response. This resident did highlight though that they did not like it when another resident bossed them around when they were doing their laundry. The resident went on to say that they told the staff when this happened and that such staff helped them.

In general, there was a positive atmosphere in the centre while staff and residents were present. Residents appeared to be very proud of the centre with two of the residents offering inspectors tours of the centre. The resident living in the apartment also offered to show inspectors their living area. Such offers were readily accepted by the inspectors and during these tours residents pointed out things that they liked or which were important to them. For example, one resident proudly pointed out an award in their bedroom that they had received for finishing first in a walking competition. Another resident showed off various Christmas ornaments that they had on display. Such ornaments had lights on them with the resident turning these on. The interactions that residents and inspectors had these residents indicated that they were largely happy in this centre.

Staff and management of the centre also informed inspectors that the transition of residents into this centre had gone well. However, it was highlighted by staff that three residents had highlighted that they would like to stay in the centre on some weekends at least. This was also raised directly with inspectors by two residents, one of whom who said that they would like to stay in the centre at weekends while the other said that they wanted to stay in the centre for longer. One of these residents raised this matter directly with a member of the centre's management during the inspection. Inspectors were told earlier that there would be further consultation with residents and their families about this in early 2025 with the manager giving the resident the same information.

In summary, residents' transition into this centre had gone well although some residents were looking to reside in the centre at the weekends also. Aside from this, feedback received from residents was largely positive. The centre had sufficient space for residents to enjoy. Residents appeared comfortable with the staff and

management present.

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

While some regulatory actions were identified, overall this inspection found that residents' move into this centre had gone well. Some gaps in auditing were identified while a specific management post for the centre was not in place.

This centre was newly registered by the Chief Inspector of Social Services for three years in July 2024 without any restrictive condition following a site visit that was conducted earlier that month. The centre was intended to provide a premises that was better suited to the needs of five residents who were availing of another centre operated by the same provider in the same town as the current centre. Communication was received which indicated that residents had moved into West County Cork 8 in September 2024. As such, the decision was made to conduct the current inspection to assess the supports to the residents and compliance with regulations since residents had transitioned into the centre.

Overall, this inspection found that the transition into this centre had gone well for residents. However, as discussed elsewhere in this report, some residents were looking to avail of the centre at weekends. Some regulatory actions were identified during this inspection but the majority of these were paper based actions. For example, a directory of residents for the centre did not include all of the required information. It was noted though that some audits had not been completed for the centre as scheduled. In addition, a clinical nurse manager 1 (CNM1) post was assigned to the centre but this was not in place at the time of this inspection.

Regulation 15: Staffing

The staff team that had supported residents in the designated centre that they had previously availed, transitioned with the residents also when they moved to West County Cork 8. This helped to ensure a continuity of staff support which is important in promoting consistent care and professional relationships. While some relief staff had been used in the centre since residents transitioned into the centre, such relief staff were familiar with residents also. For example, both staff members present on the day of inspection were relief staff with residents observed to be comfortable with these staff. Rotas reviewed from 1 October 2024 on indicated that minimum staffing levels in the centre were always maintained in accordance with the centre's

statement of purpose. This included times when only one staff member would be on duty.

One staff member being on duty was the minimum staffing levels assessed for the centre as set out in the statement of purpose. While two staff were on regularly, one staff member spoken with did indicate that having only one staff on could potentially restrict residents in activities they could do. It was also highlighted though that staff would plan around this to limit any impact. However, the statement of purpose for the centre also indicated that the staff team for the centre included a 0.2 whole-time equivalent CNM1 post for the centre. Based on discussions with the person in charge and staff rotas reviewed, the CNM1 post had not been in place since 14 October 2024 and was not being covered. As such the staffing arrangements for the centre as outlined in the centre's statement of purpose were not fully in place at the time of this inspection. The absence of the CNM1 post also impacted the governance of the centre as referenced under Regulation 23 Governance and management.

Staff files were not reviewed as part of this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was available for inspectors to review. When reviewing this directory, it was seen that it contained most of the required information such as residents' names and details of residents' general practitioners. However, not all required information was contained within it such as residents' dates of admission to this centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

As this centre had only been registered since July 2024, no annual review nor provider six monthly unannounced visit to the centre had been completed for the centre at the time of this inspection. However, performance reviews had taken place with staff members since September 2024 based on records reviewed. The provider also had a system in operation for completing audits on a monthly basis. As part of this system, each month audits in specific areas would be highlighted to management of the centre to complete. The presence of this auditing system was positive as it promoted systematic monitoring of the services provided to residents.

An inspector reviewed copies of the audits that had been completed since residents

had moved into the centre. These included audits in areas such as fire safety, intimate care, risk, documentation, incidents, personal plans and clinical care amongst others. Where any issues were identified in these audits, time frames and responsibilities were assigned for addressing these issues. Some of the issues identified in completed audits were also identified during this inspection, such as a need to update residents' healthcare plans.

Despite this, it was noted when reviewing the audit documentation provided during the inspection that copies of some of the audits scheduled for certain months were not present. This included audits for hand hygiene, cleaning, residents' finances, and protected mealtimes. This was queried with the person in charge who indicated that these had not been completed. In addition, it was notable that the centre's organisational structure, as outlined in the centre's statement of purpose, indicated that a CNM1 was to be in place to support the person in their role. As highlighted and actioned under Regulation 15 Staffing, this CNM1 was not in place at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was in place for this centre. This statement of purpose had been recently reviewed and was present inside the centre. When reviewing the statement of purpose it was found that it contained all of the required information. This included details of the care and support needs the centre was intended to meet, the admission criteria, and the information in the centre's certificate of registration.

Judgment: Compliant

Quality and safety

Areas such as the premises provided, fire safety, residents' personal plans and risk were reviewed during this inspection. While some paper based actions were identified in some of these areas, it was highlighted that residents' transition into this centre had gone well.

During the course of this inspection, a number of paper based actions were identified. These included matters related to risk assessments, residents' personal plans and an isolation plan. It was particularly noticeable in such documents that they had not been consistently updated to reflect residents' move to the current centre. The centre as seen on the day of inspection was found to be suited to meet

the needs of residents while also being provided with appropriate fire safety systems. Based on discussions with residents, staff and management, the residents' transition into this centre had gone well although some residents indicated that they wanted to avail of the centre at weekends also. This was something that management of the centre were aware of and were looking to hold further engagement about this in 2025.

Regulation 12: Personal possessions

Documentation reviewed indicated that there were some restrictions in use regarding residents' finances. While the reasons for these were noted, documentation and discussion during this inspection suggested that not all residents had the same access to and control over their own finances as others. For example, an inspector was informed that there had been times when staff would have to pay for certain things for a resident as the resident did not have enough money (such staff would be reimbursed). This was something that had been identified by management of the centre, who were seeking to respond to this area.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the designated centre was seen to be homely, well-presented and well-furnished on the day of inspection. The premises provided was found to be suited to the needs of the residents. This compared favourably to the centre where residents had previously availed of immediately before transitioning into the current centre. Their previous centre had two-storeys and required the use of stairs while also offering less space to the residents. The current centre was a single storey building that did not need the use of the stairs and offered greater space to residents. This included one resident being able to have their own apartment area.

While the centre was generally seen to be well-maintained, a tap in one resident's bedroom had a noticeable leak. This had not been addressed at the time of inspection, despite an urgent request having been made on 19 November 2024 to address this based on post inspection information received.

Judgment: Substantially compliant

Regulation 20: Information for residents

A copy of the centre's residents' guide was present in the centre and was reviewed

by an inspector. This was found to contain all of the required information such as the arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments were in place relating to individual residents which were read by an inspector. These risk assessment described the identified risks and any control measures that were required to mitigate the risk. Such risk assessments had been reviewed since residents had moved into this centre. However, it was noted that there was no specific risk assessment relating to one resident who had dementia while another resident did not have a risk assessment related to dysphagia given their assessed needs. In addition, a risk assessment relating to the use of a restrictive practice stated that all products with gluten were to be locked away. However, when viewing presses in the kitchen-dining room, an inspector saw products with gluten that were not locked away. As such the risk assessment in this area required further review to ensure that all stated control were implemented if required.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The following was found while reviewing aspects of infection prevention and control practices in the centre:

- Cleaning schedules were in place which indicated that cleaning was being conducted regularly in the centre.
- While the majority of the centre was seen to be clean on the day of inspection, it was observed that the external panes of the sitting room windows were unclean.
- Laundry facilities, cleaning products and personal protective equipment were present in the centre although an inspector did observe one box of face masks that had expired since September 2024. Following the inspection it was indicated that this box had been discarded.
- Relevant and updated guidance documents were present in the centre along with an isolation plan. While an inspector was informed that the contents of this isolation were applicable to the current centre, it was seen that the isolation plan gave the address of the centre where residents had transitioned from.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre was provided with appropriate fire safety systems including a fire alarm, emergency lighting, a fire blanket and fire extinguishers. Fire drills had been conducted since residents had moved into this centre with low evacuation times recorded in drill records seen. A general fire evacuation plan for the centre along with personal emergency evacuation plans for individual residents were in place that had been reviewed in September 2024. Such plans outlined how the centre and individual residents were to be evacuated if required. Records provided indicated that all staff had completed fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

When reviewing aspects of medicines management in the centre, the following were noted:

- Secure facilities to store medicines were present in the staff office although there was no specific facilities provided for the storage of medicines that required refrigeration. However, an inspector was informed that there no such medicine prescribed for residents at the time of inspection.
- Not all medicines in the medicine storage provided were labelled while it was not indicated on some medicines when they had been first used.
- Incidents records reviewed indicated that there had been few medicine errors since residents had moved into the centre. Those had occurred had not adversely impacted residents and were appropriately recorded for monitoring.
- Residents were being assessed to determine if they could self-administer their own medicines based on documentation reviewed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, residents must have individualised personal plans in place which are intended to identify the health, personal and social needs of residents while also providing guidance on meeting these needs. Such plans must also be reviewed on an annual basis or more frequently if there is a change in circumstances. During this inspection, four personal plans were reviewed by

inspectors and were found to contain guidance in some areas. However, some areas for improvement were noted. These included:

- While parts of residents' personal plans had been reviewed in recent months and took account of residents' transition into the centre, other parts referred to residents still availing of the centre that they had transitioned from.
- Residents' personal plans contained specific healthcare plans on supporting residents with assessed health needs. It was noted that some of these healthcare plans had not been reviewed since February 2023 while there was noticeable variance in the level of information contained in some residents' healthcare plans compared to others.
- Some documents within personal plans did not reflect key information relating to residents. For example, one resident's hospital passport did not expressly state that they had dementia.
- Person-centred planning was conducted to involve residents in the review of their personal plans and identify goals for them. Documents reviewed indicated that such identified goals were being progressed and achieved. Such goals included attending boxercise, going to a panto and eating out regularly with records provided indicating that such goals were reviewed frequently. However, one resident had a goal to attend a local concert which had been identified in January 2024. The review sheet for this goal had no entries so it was unclear what, if any, progress had been made with this goal.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some restrictive practices were in use in the centre but the provider did have systems in operation for these to be reviewed. However, it was noted from relevant documentation that some of these restrictions were overdue a review. For example, some restrictions in use were marked to be reviewed every six months but had not been reviewed since April 2024.

Judgment: Substantially compliant

Regulation 8: Protection

No immediate safeguarding concerns were identified on the day of inspection. All staff had completed safeguarding training based on records provided. Residents had guidance in place on supporting them with intimate personal care based on personal plans reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

As highlighted earlier in this report, this centre operated on a Monday to Friday basis. However, staff and residents spoken with during this inspection indicated that some residents wanted to avail of the centre at weekends also. This was not possible given the current status of the centre, As such, these residents did not have choice and control over where they wanted to live at all times. It was acknowledged though that the management of the centre was aware of this and inspectors were informed that consultation was due to held with residents and families during January 2025. This was being done with a view to potentially submitting an application to the provider's funder to increase the days when this centre could remain open for.

Aside from this, one rights restrictions in use within the centre was night-time checks for one resident. Documentation reviewed relating to this made reference to this being used because the resident was in a centre with a stairs. However, this related to the previous centre where this resident had availed of as the current centre was a single storey building without a stairs. As such this required review to ensure that this rights restriction was still required.

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 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for West County Cork 8 OSV-0008837

Inspection ID: MON-0044396

Date of inspection: 09/12/2024

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:</p> <ul style="list-style-type: none"> • The PIC supported by the PPIM and the HR department for the Registered Provider will ensure all vacancies in the center are filled. ‘Approval to hire’ forms as part of the Registered Providers recruitment process have been completed for all vacancies in the center at this present time. • The Statement of Purpose has now been updated to reflect the CNM1 .2 whole time equivalent vacancy. ‘Approval to hire’ forms as part of the Registered Providers recruitment process have been completed & submitted for this vacancy in the center and no approval has been provided at this time. However, as a contingency and to ensure that the number, qualifications and skill mix of staff is appropriate needs of the residents. Another Senior Staff Nurse will be assigned to the linked Centre West County Cork 5 that will ensure a Senior Staff Nurse will be available to West County Cork 8 & the residents who live there when required and in the absence of the PIC. 	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • In relation to the Directory of residents not containing all relevant information such as residents’ dates of admission to West County Cork 8, this has now been rectified and same is inserted to the directory of residents. Completed 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC supported by the PPIM and the HR department for the Registered Provider will ensure all vacancies in the center are filled. 'Approval to hire' forms as part of the Registered Providers recruitment process have been completed for all vacancies in the center at present time. However, as a contingency and to ensure that the number, qualifications and skill mix of staff is appropriate needs of the residents. Another Senior Staff Nurse will be assigned to the linked Centre West County Cork 5 that will ensure a Senior Staff Nurse will be available to West County Cork 8 & the residents who live there when required and in the absence of the PIC. • The Statement of Purpose has now been updated to reflect the CNM1 .2 vacancy. • The PIC will ensure that a full review of all health action plans will take place and be completed by the 14/03/2025. • The PIC will ensure that all audits are completed in full by the end of each month and that actions are followed through. 31/12/2024 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Residents having access to their own finances is an agenda item on the residents Personal Plan meetings and will be discussed with all residents and their family representatives. This will ensure that those residents who do not have access & control over their finances will get the support and opportunity to request their wishes in relation to their finances. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

- In relation to the highlighted issue of a leaking tap in one residents' bedroom, the person in charge followed up on this issue with the facilities department. This has been repaired and same is completed.

- External windows are scheduled to cleaned by 17th January 2025

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The person in charge will ensure that all specific risk assessments will be included in the individual resident's risk assessments.

- In relation to the risk assessment around products with gluten being locked away, this risk assessment has been reviewed by the person in charge to reflect the low risk of certain gluten products being consumed by the resident.

- Furthermore, new risk assessments will be compiled to reflect one resident's diagnosis of dementia and also a risk assessment in relation to dysphagia given residents assessed needs.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- In relation to the observation by the inspector(s) on the day of inspection that the external panes of the sitting room windows were unclean, a facilities request was submitted by the person in charge to have the windows cleaned.

External windows are scheduled to be cleaned by 17th January 2025

- In relation to the discrepancy of the incorrect address (previous address of residents) on the isolation plan, this has been amended and the address on the isolation plan has been updated to the current Centre. Completed

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Since the inspection The Person in Charge has requested a small refrigerator specifically for medicines that may require refrigeration. 14/02/2025 • The person in charge shall ensure that all medicines will be labelled and an opening date will be documented on all medicines opened. Commenced and will be completed by 19/01/2025 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The residents personal plans are currently being updated and the person in charge shall ensure that all relevant documents will be edited to reflect the address of the new Centre. In addition, as part of the Service Providers new audit schedule, Personal Plan audits have been scheduled for four times per year, this audit is to include Person Center Planning documentation. <p>Time Frame for completion of personal plan and PCP documentation 31/03/2025</p> <ul style="list-style-type: none"> • The person in charge shall ensure that all residents goals are set out for the year and will be documented in the stepped/progressive approach. The review sheets for these goals will be updated accordingly. • The person in charge will ensure all residents hospital passports will be reviewed and updated to reflect the individual residents and their diagnosis. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

- The Person in Charge shall ensure that all rights restrictions will be reviewed every six months as per providers policy. The review will reflect the residents now living in their new home.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC supported by the PPIM are scheduled to meet with the residents and their family representative's on the 10th February. The purpose of this meeting is to discuss future planning for the Centre, based on this a business case & proposal may be prepared and submitted to the registered providers funders.

The Person in Charge shall ensure that this rights restriction log is reviewed and updated to reflect the residents living in their new home.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/02/2025
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	24/03/2025
Regulation 17(1)(b)	The registered provider shall	Substantially Compliant	Yellow	17/01/2025

	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	16/12/2024
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	24/03/2025
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	31/01/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	17/01/2025

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	14/02/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the	Substantially Compliant	Yellow	31/03/2025

	effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/03/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	14/02/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/06/2025
Regulation 09(3)	The registered provider shall	Substantially Compliant	Yellow	14/02/2025

	ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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