

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

Issued by the Chief Inspector

Name of designated centre:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	01 March 2023 and 02 March 2023
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0030118

About the designated centre

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

The designated centre provides full-time accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house with a more recent extension, nine self-contained apartments and a four bedroom detached house adjacent to the main building. The main building contains a basement kitchen and laundry, a ground floor dining room, sitting room and offices / training rooms and an upstairs space which is no longer in use. Modern accommodation is linked to the ground floor of the period building and this comprises of a reception area, bedrooms for four residents, staff offices, therapy rooms, bathrooms and toilet facilities. The nine self-contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. Three of these apartments are not currently in use by residents, one is being used as a space for staff while the remaining two apartments (one of which has two bedrooms) are vacant. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Wednesday 1 March 2023	09:30hrs to 17:30hrs	Laura O'Sullivan	Lead
Thursday 2 March 2023	09:30hrs to 12:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of the designated centre St. Laurence was announced to the registered provider a month prior to its implementation. It was completed over a period of two days of designated to monitor compliance to the regulations and to support the decision to renew the registration of the centre for a further three year cycle. On the day of the inspection there was no evidence of clear lines of accountability, authority and details of responsibilities in all areas of governance within the centre. There was lack of clarity on the day of the inspection to the role and accountability of the registered provider in the operations of the centre following the transition of disability services of the centre to the registered provider in 2016. During the inspection process an urgent action was issued to the provider Enable Ireland Disability Services Limited to provide assurance pertaining to the governance arrangements of the designated centre. This will be discussed further within the report.

The centre consists of three main living areas. In one house the inspector had the opportunity to meet with two residents during a walk around. One resident was being supported by a staff member to have their breakfast. They chose not to interact or converse with the inspector and this was respected. Another resident was in the living room watching TV. They interacted with the inspector through their means of communication and expressed that they were happy in the centre. They had recently received a new chair and were happy with this. They escorted the inspector back to the main building when they were on route to the main dining room.

This dining room was located in the main building. This area of the centre was a listed building and required attention. One communal room in this area was inaccessible to residents as flooring had to be removed to determine the safety of the building. The dining area was accessible to all residents residing in the centre. They could pick food items from the menus displayed on the tables. A coffee station was available for residents to use throughout the day.

Four residents resided in the main house of the centre. These residents required additional supports. One resident spoken with told the inspector about the autobiography they were writing. Their bedroom displayed their interests including their model cars collection and atlas. They discussed with the inspector their favourite places to travel. The resident communicated that they enjoyed living in the centre and liked to decide for themselves what activities they liked to do. Another resident in the centre waved at the inspector when they were out and about. They were observed to be supported by staff in a respectful manner and interacted positively. Should the resident require assistance in their room during the day, staff were observed responding promptly to their request.

One resident in the main house of the centre was unwell during the centre. Staff were observed responding to their needs in a dignified manner. Visits from friends

were supported as per the resident's request. The inspector had the opportunity to meet with this resident on the second day of the inspection. They reported feeling much better and that staff had looked after them well. They loved living in the centre and enjoyed that relationships were supported by staff. The resident relaxed in bedroom watching TV for the morning.

Residents in the apartment area of the centre had increased independence. Supports were provided in accordance with their assessed needs. During the inspection these residents were observed coming and going on social activities including the hair dresser, shopping and to the day service. The inspector did have the opportunity to meet with some of these residents

One resident spoke with the inspector about how the inspections go in the centre. They reiterated how important it is for inspectors to meet with the people that live there as it is their home. The inspector agreed with this. The resident spoke of the resident meetings that happen in the centre to tell residents any news. This included such things as HIQA visits, how to make a complaint or how to keep themselves safe. The resident spoke of advocating for others who cannot speak. They told the inspector of another meeting that used to be held for advocacy but his had stopped. They met with their key worker after the inspector and agreed to set these meetings back up.

Another resident called to speak with the inspector. They chatted about the resident's life growing up and the travels they had been on. The resident enjoyed art and history and liked to visit historic locations. They had a personal goal in place to go on a Mediterranean cruise and visit some historic locations. The resident spoke highly of the staff and management working in the centre. They recollected how supportive they were to them during a period of ill health and how they continue to monitor their health with them. The resident spoke of when a new resident moved into their house. The staff had met with them prior to this to discuss the move and ensure they were happy for it to go ahead.

Over the course of the two days the inspector met and observed residents utilising the activity room of the centre. This was an area in the main building where residents could participate in a range of activities. Two residents were receiving nail treatments, while another was using their tablet. Residents could relax and watch TV or complete table top activities of their choice.

One resident had met with the inspector on a previous inspection and welcomed the inspector back to the centre. They reported things were going well for them in the centre. They enjoyed going to their day service during the week and spending time with their friend in the main house in the evenings. They reported the staff were very good and they could talk to any of the managers if they had any issue.

On a number of occasions the inspector observed residents requesting to speak with staff members or members of the management team. These conversations were always facilitated and completed in privacy to maintain the resident's rights. The inspector observed interactions between residents and staff and found these interactions to be positive and supportive in nature. Staff spoken with had a clear

understanding to the individual support needs and rights of the residents currently residing in the centre. The next two sections of the report will review evidence present in the areas of capacity and capability of the provider and the quality and safety of the service provided and how this impacts the life of the residents.

Capacity and capability

This was an announced inspection completed over two days of designated centre St. Laurence. The purpose of this inspection was to monitor compliance to the regulations and to support the decision to renew the registration of the centre for a further three year cycle. While residents were supported to live a meaningful and active life in the centre, on the day of the inspection there was no evidence of clear lines of accountability, authority and details of responsibilities in all areas of governance within the centre. There was lack of clarity on the day of the inspection to the role and accountability of the registered provider in the operations of the centre following the transition of disability services of the centre to the registered provider in 2016. During the inspection process an urgent action was issued to the provider Enable Ireland Disability Services Limited to provide assurance pertaining to the governance arrangements of the designated centre.

The provider had appointed a governance structure to oversee the day to day operations of the centre. A suitably qualified and experienced person in charge reported directly to two persons participating in management. There was clear evidence of communication with this structure of the governance of the centre. The inspector had the opportunity to meet with members of the governance team who had an awareness of the support needs of the residents currently residing in the centre.

Since 2016, the centre was operated by the provider Enable Ireland, however on the day of the inspection a number of areas had yet to transition to the remit of the current provider. This included written policies and procedures, the residents guide and staff training measures. All documentation reviewed on the day of the inspection including personal planning documentation was operated from a previous providers processes. This had been highlighted in previous inspection reports and the provider response to update all information had not been completed within the allocated timeframe.

Each resident had been supported to sign a contract of service provision with the current provider. These reflected the requirement of the provider to adhere to their policies and procedure. Yet, as stated previously the registered provider had not ensured the development of the regulatory required policies. The contracts did set out fees to be charged, however these did not consistently reflect what was set out in resident's corresponding tenancy agreements. For example, in the areas of bill

payments and responsibilities.

The registered provider had ensured the implementation of the regulatory required monitoring systems. This included the annual review of service provision for 2022 and an unannounced visit to the centre by a delegated person in December 2022. While these were used to review such areas as incidents and accidents, complaints and consultation with residents. The reports generate did set out actions to be completed to ensure compliance with national standards including the required premises works of the centre. The reports did not however, identify all areas of non-compliance and include all areas requiring action. This included the ongoing transfer of governance and the requirement of a three year lease for registration purposes.

In conjunction to internal monitoring systems a number external audits had been completed. This included in such areas as food safety and health and safety. Within these audits, clarity had to be obtained regarding the registered provider responsible for the oversight and the operations of the centre. While actions had been identified from these reviews including the requirement for painting of the premises work remained outstanding. Communications were through the landlord rather than through the registered provider.

The person in charge had ensured the development of the statement of purpose. This document required review to reflect the current function of the centre and to ensure the information present was correct. This included the age range of residents currently residing in the centre and the transport available.

The registered provider had ensured appropriate staffing levels and skill mix was allocated to the centre. Staff spoken with were aware of the support needs of residents. Staff supervision were completed, but not in accordance with the registered provider's policy. Staff were facilitated to attend training as deemed mandatory to support the assessed needs of residents. Training completed in the centre was completed in accordance with the policy requirements of the previous provider and was not reflective of the statement of purpose and contracts of service provision.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame, however some information required review by the provider post submission. A lease of the property for the term of the registration cycle had yet to be obtained.

Judgment: Not compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector was assured that staffing levels allocated to the centre was appropriate to support the residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents. The person in charge had effective systems in place for the supervision of the staff team. However, training and staff supervision meetings were completed under another providers name and policy.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place. Evidence of this was required to be submitted as part of the registration application process and was yet to be received. This is addressed under registration regulation 5.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appointed a governance structure to oversee the day to day operations of the centre. However, there was not clear lines of accountability, authority and details of responsibilities in all areas of the governance of the designated centre to ensure the effective delivery of service provision. This included such areas as the practice within the centre was not operated in line with the

statement of purpose, which is cited in Condition 1 of the provider's current registration. The provider being Enable Ireland Disability Services Limited.

There was lack of clarity on the day of the inspection to the role and accountability of the registered provider in the operations of the centre following the transition of disability services of the centre to the registered provider in 2016.

For example, on the day of inspection the following was noted;

- Policies and procedures utilised in the centre to guide practice were under another provider's name.
- Training and staff supervision meetings were completed under another providers name and policy.
- The residents guide was under another provider's name.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

While signed contracts of service provision were in place, these not not accurately and consistently reflect the operations of the centre. Fees to be charge set out in contracts did not reflect the tenancy agreements in place.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. This document required review to ensure that all information required under Schedule 1 was present and accurate.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured the development and review of policies and procedures as required under Schedule 5 of the Health Act 2007.

Judgment: Not compliant

Quality and safety

St. Laurence designated centre currently supports 13 residents over three areas. As discussed under the capacity and capability section of the report documentation utilised within the centre was not reflective of the registered providers policy and procedure. While residents were supported in such areas as personal planning and finances, the provider's policy was not reflective of practice. This will be addressed under regulation 23.

An information guide had been developed for residents with respect to the designated centre. While this contained the required information as set out in Regulation 20, this was developed under the previous registered provider. The registration of the centre had not been under the previous providers remit since 2016. This document required review.

Each resident's accommodation is in accordance with their assessed needs and support requirements. Areas of the premises required attention. A number of apartments required painting with one resident raising this as part of resident meetings. A health and safety assessment had been completed on one part of the building with a room now inaccessible to residents due to damage to the flooring. While resident had their own bedrooms and personal spaces attention was required to ensure they were maintained to an acceptable standard. In the hallway of one house a manhole in the corridor was highlighted using yellow tape.

Residents were supported to develop individualised personal plans. These were evidenced to be comprehensive and reflected the holistic needs of residents. Residents were included in the planning process and had been facilitated to develop personal goals that were reflective of their interests and ability. For example, one resident was supported to attend beauty courses, while another was writing an autobiography. The assessed needs of residents were reviewed regularly by the staff team and personal plans were updated as required. In conjunction to this an annual multi-disciplinary meeting and an annual personal planning meeting was completed for each resident.

Residents currently residing in the centre were supported to achieve the best possible health. Individual specific guidance was present for staff to adhere to ensure a consistent approach to medical and multi-disciplinary recommendations. This included in such areas as epilepsy care, catheter care, skin integrity and manual handling. Where a resident presented as unwell medical advice was sought in a timely manner. In conjunction to this the person in charge had ensured measures in the place reduced the risk of infection. This included staff training in the areas of infection prevention and control and comprehensive cleaning schedules. All staff were observed adhering to

The centre was evidenced in a manner that ensured the safety of residents. Effective fire safety procedures were in place including regular evacuation drills and

the required firefighting equipment. All fire safety systems were tested regulatory by a competent person. The provider had ensured effective processes were in place for the ongoing identification and review of risk within the centre. A risk register had been developed and regular reviewed by the person in charge to ensure the current control measures in place ensured the reduction of the impact and likelihood of the risk.

The person in charge had ensure the systems in place with the day to day operations of the centre ensured residents were protected from abuse. The intimate care needs of residents were set out in their personal plans in a respectful and dignified manner. Staff had received in preventing abuse to vulnerable adults. Residents reported to the inspector feeling safe and knowing who to talk to should this change. Any concern relating to the protection of residents was reported and investigated in a timely and efficient manner.

Residents were also supported in the area of personal possessions. Each resident had sufficient storage for their personal possessions within their personal space. Each resident was supported in the area of money management reflective of their wishes. For example some resident requested full support other requested guidance and support as required.

Regulation 12: Personal possessions

Residents were effectively supported in the area of personal possessions. This included in such area as laundry facilities, storage and money management.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family as they wished.

Judgment: Compliant

Regulation 17: Premises

The residential accommodation areas of premises were suited to meet the needs of residents, while requiring painting. Areas of the centre were not in good structural

and decorative repair. For example, one communal room in the centre was inaccessible to residents due to structural damage. Also, an interior manhole in the a house was highlighted with yellow tape.

Judgment: Not compliant

Regulation 20: Information for residents

An information guide had been developed for residents with respect to the designated centre. While this contained the required information as set out in Regulation 20, this was developed under the previous registered provider. The registration of the centre had not been under the previous providers remit since 2016. This document required review.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the

requirements of the regulations.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated in a multi-disciplinary manner.
Judgment: Compliant
Regulation 6: Health care
Residents health care needs were identified, monitored and responded to promptly.
Judgment: Compliant
Regulation 8: Protection
Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.
Judgment: Compliant
Regulation 9: Residents' rights
The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and residents were consulted in the running of the centre.
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	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0030118

Date of inspection: 01/03/2023 and 02/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: 6 weeks TUPE notice was issued to staff on April 12th 2023.</p> <p>The Lease has been agreed between the landlord and tenant/provider and will be in place by 26th May 2023</p> <p>Legal agreement between Enable Ireland, the funding authority and the landlord outlining the respective parties roles and confirming indemnities will be in place by 26th May 2023</p> <p>All registration information will be revised to reflect Enable Ireland as the service provider including SOP, floor plans, Policies and Procedures and residents contracts, these items will be in force on June 1st 2023. Revised SOP including floor plans will be submitted to HIQA registration department on May 26th 2023</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All Schedule 5 policies and procedures and training processes will be transferred to Enable Ireland by June 1st 2023.</p> <p>In advance of this an induction program for all staff will be completed by May 31st, a revised training matrix to reflect this change will also be in place.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The centre is currently monitored and governed by the Board of Enable Ireland and directly managed by an Enable Ireland employee. There are clear lines of responsibility and accountability in place for all staff. Heretofore, Enable Ireland agreed with the previous provider that existing policies and procedures would be honored by Enable Ireland pending TUPE. This was agreed under the industrial relations mechanism. All staff in St Laurence's have been advised of the date of transfer to Enable Ireland on June 1st, all Enable Ireland policies and procedures will come into force on that date. SOP will be updated to reflect these changes and will be submitted to HIQA registration by May 26th 2023</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>Enable Ireland will implement revised service agreements from June 1st 2023 with all residents which will incorporate the range of services to be provided and any contributions required.</p> <p>Where applicable tenancy agreements required will remain with the existing approved housing body for the scheme and will be communicated with residents.</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>New Statement of purpose reflecting clearly Enable Irelands role will be issued to registration team on May 26th 2023.</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The service will undergo TUPE on June 1st 2023 and all policies and procedures will be moved to Enable Ireland. In the interim clear written direction has been given to staff around the current use of the previous provider's policies, and the planned transfer to Enable Ireland policies on June 1st 2023.</p> <p>Heretofore, Enable Ireland agreed with the previous provider that existing policies and procedures would be honored by Enable Ireland pending TUPE. This was agreed under the industrial relations mechanism. All staff in St Laurence's have been advised of the date of transfer to Enable Ireland on June 1st, all Enable Ireland policies and procedures will come into force on that date.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Schedule of works to upgrade the structural and decorative elements of the building is in place, funding has been acquired and a contractor has been appointed. Building works has commenced and will be completed by 31st October 2023. A revised floor plan excluding the communal room will be submitted to registration along with the SOP on May 26th 2023</p>	
Regulation 20: Information for residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>Residents guide will be amended to reflect the current provider and will outline all charges applicable in the service.</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	26/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/06/2023

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/10/2023
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Not Compliant	Orange	01/06/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	01/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/06/2023
Regulation	The agreement	Not Compliant	Orange	01/06/2023

24(4)(a)	referred to in paragraph (3) shall include the support, care and welfare of the 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 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/06/2023
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	01/06/2023