



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City North 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	19 October 2022
Centre ID:	OSV-0003696
Fieldwork ID:	MON-0028670

## About the designated centre

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

The centre is part of Cope Foundation's community residential services for adults with an intellectual disability. The centre is located in a city suburb and comprises two semi-detached houses over two floors, between which an access has been created to allow shared kitchen/dining/living space and free movement between both houses. There is an additional sitting room space for residents to use on the ground floor. Each resident has their own personalised bedroom, one ground floor bedroom has an adapted ensuite. There are an additional five bedrooms for residents on the first floors. There are three bathrooms and a staff office with a large secure garden area to the rear of the property. There is parking for vehicles in front of the houses and the centre is located close to amenities including public transport. The house is occupied seven days a week and can accommodate six adults over 18 years. The designated centre is managed by a team comprised of nurses and care staff who were managed by the service manager.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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 19 October 2022	11:00hrs to 18:00hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with six residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

The inspector was introduced to four residents on arrival at the designated centre. The staff present supported some of the residents to talk about their home. All of the residents indicated they were happy to be back in their home and found the open plan communal area to be a much more sociable space. The residents had returned to the designated centre in July 2022 after the provider had completed extensive upgrade works to the premises. This included an enlarged kitchen space which was more accessible for all of the residents. The inspector was informed all of the residents had been supported to make decisions regarding the re-decoration of their personal bedrooms. These areas were observed to be reflective of personal choice and preferences.

One resident who self-propelled themselves in a wheelchair demonstrated to the inspector how they were now able to participate in some household chores in the re-designed kitchen. They told the inspector that they were very happy with the outdoor garden space which they could easily access from the re-designed kitchen area. While, there was evidence of scuff marks to some painted surfaces from the wheelchair, this also showed that the resident was accessing all of the communal areas regularly, including the laundry area.

Another resident proudly showed the inspector their bedroom which contained many personal items. They spoke about their love of music, personal favourite artists and extensive music collection. The resident informed the inspector that they enjoyed shopping and going to the library. They regularly met socially with some of their family representatives and enjoyed overnight stays with them.

The inspector observed another resident being supported to complete jigsaws during the morning as per their wishes. Another resident was observed to spend time in the communal space listening to music. The inspector was informed this resident preferred to be in the company of staff. The improved layout of the communal space facilitated the resident to be able to observe staff in the area while they engaged in activities.

Two residents were attending their day service on the day of inspection. The inspector met with these residents on their return to the designated centre. Staff

outlined what activities the residents had enjoyed with their peers which included art activities. The inspector also observed one of these residents completing their household chores on their return in the afternoon to the designated centre. The other resident enjoyed spending time in the renovated sitting room in the evenings where they could lie on the large couch and enjoy their preferred programmes without interruption if they chose to. This was a new activity for this resident since they moved back into the designated centre. Staff viewed this as a positive development for the resident to relax after their day. Staff also explained these residents liked to assist family representatives with activities when they visited the family home which took place frequently.

While the inspector observed the residents to be supported by a staff team who were familiar with individual preferences and their assessed needs, not all residents were able to access day services at the time of this inspection. During the inspection one resident was supported to go for a walk and visit a local café, another two residents went for a spin in the locality before collecting a peer from their day service. Due to poor weather conditions on the day of the inspection residents spent most of the day in the designated centre, with some residents participating in baking activity if they wished.

The inspector reviewed three questionnaires that had been completed by residents or on their behalf by family representatives. All spoke positively about their renovated home, their personal space, the garden area and the dedication of staff team. However, additional comments reflected that residents would benefit from more time at their day services. Some residents were finding that the day was very long if they remained in the designated centre.

In summary, the findings of this inspection found residents were supported to have a good quality of life, with person centred care and support provided by a dedicated staff team. However, residents' access to day services and engagement in meaningful activities required further review.

The next two sections of this report will 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 provided.

## Capacity and capability

Overall, the inspector found at the time of this inspection that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents living in this designated centre. All actions from the previous inspection that took place in May 2022 had been completed. However, not all actions identified in the provider's own internal

audit had been progressed or completed. Some of these issues remained unresolved at the time of this inspection.

The inspector met with the person in charge and the clinical nurse manager (CNM1) during the inspection. Both demonstrated their awareness of their roles and responsibilities within the designated centre. They were familiar with the assessed needs of the residents and shared responsibilities. The person in charge had a remit over four designated centres in total. The CNM1 had taken up their position in the designated centre in August 2022. The inspector observed evidence of this appointment having a positive impact on the governance and oversight in the designated centre in addition to the increased supports for the staff team.

While there was a core staff team in place, there remained one whole time vacancy in the designated centre. Gaps in the staff rota were being filled by regular agency staff. As already mentioned, four residents were not in receipt of day services and the staff team were supporting these residents in the designated centre. There was an actual and planned rota which reflected staff supporting residents as required to attend activities or visit family representatives.

The person in charge outlined how they maintained ongoing supervision with the staff team. The inspector was shown a schedule of planned supervisions scheduled for the weeks after this inspection. All staff had completed training in fire safety, safeguarding and infection prevention and control (IPC). However, not all staff had completed training in areas which were identified as being required for this designated centre. 41% of staff had not completed practical manual handling training and 25% of staff had not completed managing behaviours that challenge. In addition, due to the pandemic not all staff had completed a communication training program to support the assessed needs of one resident. However, the inspector acknowledges that information was available to staff to assist with effective communication with the resident while they awaited the return of face to face training in this area.

As previously mentioned in this report, the residents had only returned to this designated centre in July 2022. They had been supported in another designated centre for 15 months prior to this while extensive upgrade works were being completed by the provider. As a result there was no annual review completed at the time of this inspection for this designated centre. The provider had completed an internal audit in October 2022. The findings of this audit included residents did not have access to facilities for occupation and recreation or to participate in activities in accordance with their interests and developmental needs. The auditors also noted the limited recording of activities for residents, goals not being progressed and lack of documented evidence of review by healthcare professionals for some residents. While the inspector was informed of plans to address these findings which included the person in charge meeting with day services management in the days after this inspection further actions were required to ensure the assessed needs of all residents are being supported in the designated centre.

<b>Registration Regulation 5: Application for registration or renewal of registration</b>
The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
There was a core staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The staff team had undertaken specific training based on the assessed needs of residents with additional training scheduled to take place during 2022. All staff had attended fire safety, safeguarding and IPC training. However, not all staff had up-to date training in managing behaviours that challenge at the time of this inspection.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>

The provider had ensured all information including periods of absences for residents were maintained in the directory of residents as per the findings on an internal audit. However, the date of admission to the service for some residents was not evident in the directory or on the individual personal plans reviewed by the inspector.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of good quality care and safe service to residents. However, audit schedules had not been completed as scheduled and not all actions identified in provider's recent internal audit had been addressed or completed.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to each resident availing of services in the designated centre. However, one contract of care dated since 2014 referred to the provision of respite services to the resident who was in receipt of residential services.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge prior to the inspection taking place.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy. Easy -to -read information relating to complaints was also available for residents within the designated centre.

Judgment: Compliant

## Quality and safety

While efforts were made to support residents through a person-centred approach, this inspection found that improvement was required in areas such as positive behaviour support, general welfare and development, personal plans and health care. In addition, not all residents had a contract of care which reflected the services they were being provided with.

While the staff team outlined to the inspector their plans to update all of the residents personal plans, a number of issues were identified during this inspection. This included a lack of documentation of the progression of identified goals, limited details of activities that residents engaged in and not all recommendations made by allied healthcare professionals had been addressed. For example, an occupational therapist had completed an assessment in April 2022 and recommended that the staff team contact them once the residents moved back into this designated centre. This was to facilitate a further assessment for one resident regarding the installation

of a shower rail. Staff spoken too during the inspection did acknowledge this would be of benefit to the resident but the recommendation had not been followed up.

The person in charge outlined that they had an appointment scheduled for one resident with a consultant, which was an action from the provider's internal audit in October 2022. However, the inspector also noted following a review of personal plans that other appointments with healthcare professionals had not occurred in a timely manner. This included one resident who was due to visit the dental hygienist every three months. They had attended in February 2022 and did not attend again until August 2022. Another resident was scheduled to visit their optician every two years but had not attended an appointment since July 2019.

The inspector was informed by both residents and staff during the inspection of the activities that they liked to engage in regularly in the community, which included shopping, going to the cinema and local library. However, it was difficult to establish details of regular activities residents engaged in and if they were being supported to enjoy meaningful days. During the inspection, the CNM1 outlined plans to change the system of recording activities for residents. In addition, as already mentioned in this report the person in charge was scheduled to meet with a day services manager regarding residents who wish to attend day services to be supported to do so.

All staff had attended training in safeguarding and demonstrated their knowledge and awareness to support residents to remain safe. Residents also had access to positive behaviour support input. While some plans had been subject to review with no changes required, this was not always clearly documented. However, one resident's behaviour support plan which was last reviewed in May 2019 referred to another designated centre.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. The person in charge had ensured all actions regarding regulation 28 had been completed as outlined in the compliance plan response following the previous inspection in May 2022. All fire exits were observed to be free from obstruction during this inspection. All staff had up-to-date training in fire safety. Fire drills were carried out regularly, including a minimal staffing drill. All were completed in less than two minutes and included different scenarios. All residents had personal emergency evacuations plans (PEEPs) which were subject to regular review. However, not all weekly fire door checks were documented as being completed. For example, no checks had been completed between 1 September 2022 and 20 September 2022.

There was evidence throughout the designated centre of some good IPC practices. All actions from the previous inspection had been adequately addressed. This included evidence of regular cleaning of all areas and adherence to the provider's protocols relating to the use of cleaning materials and the appropriate use of colour coded equipment. In addition, the person in charge had completed the Health Information and Quality Authority (HIQA) self-assessment and a site specific a contingency plan, both of which had also been regularly reviewed. However, while a

COVID-19 outbreak review had been completed this had not been formally documented. The person in charge outlined some learning that had been identified following a recent outbreak in the designated centre, this included identifying individuals who were able to cope with self-isolation and those who were not. The outbreak occurred at a time when the weather was good and this assisted the staff team to effectively support all of the residents.

A number of other IPC issues were also identified during this inspection. The inspector was advised that documentation of staff temperature monitoring had been shredded following the recent change in public health guidelines. In addition, not all cleaning checklists were consistently completed which included the completion of washing floors and vacuuming. Also, the inspector observed inappropriate disposal of used PPE in an open-style office bin which is not identified for this purpose.

While all residents had been provided with contracts of care, not all of these reflected the services residents were receiving. One resident's contract which dated from 2014 referred to respite services. The inspector was informed that the resident had been in receipt of full time residential care for a number of years. In addition, the inspector was informed of how residents were being supported with managing their finances. Support with some resident's financial affairs was shared with family representatives and the provider. There were no issues identified by the staff team at the time of this inspection regarding residents accessing their finances as required.

The inspector reviewed the systems in place for monitoring and reviewing risk in the designated centre. While, centre specific risks had been subject to regular review, not all risks identified were reflective of actual risks in the designated centre. For example, the inspector was informed there was no oxygen in the designated centre but this was listed in a risk assessment.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. While training for some staff in sign language had been impacted due to the pandemic information was present in the designated centre to support effective communication with all residents.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to have visits from family representatives on occasions while adhering to public health guidelines. Residents were also supported to visit their family homes regularly.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge had ensured residents were supported to retain access and control over their personal property and possessions which included adequate space to store their property and manage their laundry in line with their expressed wishes. Supports were also in place regarding residents financial affairs.

Judgment: Compliant

### Regulation 13: General welfare and development

Not all residents were attending day services at the time of this inspection in line with their expressed wishes. There was a lack of detail in documentation reviewed of the activities residents engaged in regularly which did not demonstrate evidence of all residents participating in meaningful activities daily.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. Recent upgrade works improved the accessibility and communal space available for residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the assistance required

by each of the residents in this designated centre. In addition, food was observed to properly and safely stored.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk. However, not all risk assessments were reflective of risks within the designated centre at the time of this inspection.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. However, used PPE had not been appropriately disposed of in line with public health guidelines during the inspection. In addition, not all of the cleaning checklists had been completed as outlined in provider's protocols

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms and emergency lighting. However, not all weekly fire safety checks were consistently completed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. However, further review of personal plans were required to ensure the documentation of goal progression and reflective of services provided in this designated centre. In addition, not all recommendations made by an occupational therapist for one resident upon their return to this designated centre had been followed up.

Judgment: Substantially compliant

### Regulation 6: Health care

Not all residents had been supported to attend for review to healthcare professionals as outlined in some healthcare plans. This included review for residents with opticians and dental hygienists.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

While some residents were supported with input for positive behaviour support specialists, not all support plans had documented evidence of dates of review. In addition, one resident's support plan was reflective of another designated centre and had last been reviewed in May 2019. This will be actioned under regulation 5 : Personal plans

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured each resident's privacy and dignity was supported. However, not all residents were being supported to exercise choice and control in their daily lives in relation to attending day services. This will be actioned under regulation 13: general welfare.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cork City North 2 OSV-0003696

Inspection ID: MON-0028670

Date of inspection: 19/10/2022

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• 3 staff require MAPA training</li> <li>• Training booked for 6th December 2022</li> <li>• Aim for completion 06/12/2022</li> </ul>	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> <li>• Directory of residents has been reviewed and date of admission to services has been updated for all residents</li> <li>• Completed on 10/11/2022</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

<ul style="list-style-type: none"> <li>• Audit schedules are in place</li> <li>• All staff will complete audits as per schedule</li> <li>• Specific audits in place for managers to complete</li> <li>• Manager will review all completed audits on a monthly basis to ensure that actions identified are being progressed</li> <li>• Actions outstanding from internal audit are being addressed with 70% of same completed and plan in place for the completion of remaining actions</li> <li>• Aim for completion: 28/02/2023</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• One resident's contract of care will be reviewed with the resident and their representatives this month</li> <li>• Aim for completion: 25/11/2022</li> </ul>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• A new method of recording activation for residents has been devised since the date of inspection and is now in use in the centre</li> <li>• PIC is in the process of exploring day service options for residents who are not currently availing of a day service programme</li> <li>• Aim for completion: 28/02/2023</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Risk ID 25 on risk register contained a component of information that was not relevant to the centre. This information has been removed from the risk register</li> <li>• Risk register will continue to be reviewed by management 6 monthly or as required</li> <li>• Aim for completion: 10/11/2022</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• PPE will be disposed of correctly in line with current public health guidelines</li> <li>• Lead IPC person and the PIC in the designated centre will ensure that all current guidelines are being adhered to</li> <li>• Cleaning checklists reviewed and a new condensed format is now in place</li> <li>• Aim for completion: 10/11/2022</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All weekly fire checks are taking place consistently since date of inspection</li> <li>• Staff have agreed a day of the week to ensure these checks are carried out (Wednesdays)</li> <li>• Aim for completion: 10/11/2022</li> </ul>	
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"> <li>• Further review of personal plans, goals and goal progression has begun since date of inspection</li> <li>• Recommendations made by Occupational Therapy department were discussed at MDT</li> </ul>	

review and are scheduled for completion

- Aim for completion: 31/12 2022

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- All outstanding health appointments have been scheduled since date of inspection with some already completed

- Aim for completion: 31/12/2022

## 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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	28/02/2023
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	06/12/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/11/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	28/02/2023

	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.			
Regulation 24(4)(a)	The agreement 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.	Substantially Compliant	Yellow	25/11/2022
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	10/11/2022

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/11/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	10/11/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2022
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	Substantially Compliant	Yellow	31/12/2022

	take into account changes in circumstances and new developments.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/12/2022