



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 17
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 August 2021
Centre ID:	OSV-0005518
Fieldwork ID:	MON-0028681

About the designated centre

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

Cork City North 17 is comprised of two bungalows which are connected by a link corridor and located in a residential area on the outskirts of Cork City. Each bungalow is comprised of three individual bedrooms, kitchen-dining area, sitting room and laundry room. There is also a large shared bathroom in each bungalow equipped to meet the needs of the residents with an additional separate toilet facility. An activity room is located in the circular shaped link corridor and an outdoor sensory garden area is located at the rear of one of the bungalows. The designated centre also has an office and staff facilities. The designated centre provides full-time residential services for five adults with a severe/profound degree of intellectual disability and complex needs. The centre can also provide respite services to one adult. Residents are supported by a staff team that comprises of both nursing and care staff by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 25 August 2021	11:00 am to 4:45 pm	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet five residents. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

The inspector was greeted with broad smiles from two residents on arrival. One resident was observed to be self – propelling themselves in their wheelchair which they appeared to enjoy very much. This resident accompanied the staff to show the inspector around the designated centre. They indicated their happiness with facial gestures and vocalisations when showing the inspector their bedroom decorated with personal possessions and the kitchen area. The inspector was informed the height of the kitchen table had been raised to support the residents to sit in chairs with arms as per their occupational therapy assessments. A short time later the resident was observed to be smiling on the transport vehicle with another peer. Staff were observed to put sun protection cream on the residents before they left as it was a warm sunny day. The inspector was later informed that the group had enjoyed a spin to a familiar location and had stopped to enjoy a preferred hot drink. The inspector could hear the resident interact with staff and listen to music during the afternoon and also assisted with some baking activities which the group planned to enjoy later in the evening. The inspector was informed that this resident had not yet returned to the day service that they had been attending prior to the pandemic. The person in charge outlined how they had been in regular contact with the service which is planned to resume but no definite date was available at the time of the inspection. The staff team did have a dedicated staff to support activities two days a week in the designated centre and there were detailed activation plans for each of the residents outlining preferred activities which residents were supported to regularly participate in.

Another resident was supported by a staff member to go out with a staff member in their motorised wheelchair during the morning. The resident enjoyed the warm sunshine and the motion of movement while out in the local community. The resident was later observed to be supported as per their assessed needs while having their lunch. Staff spoken to during the inspection were very familiar with routine preferences of the resident and outlined what activities this resident appeared to enjoy. The resident communicated without words, was blind and also unable to hear but staff outlined how they observed the resident to respond to some sounds at times. The resident was supported to have regular sensory activities which included foot massages, sitting in their own personal massage chair and going out for spins in the transport vehicle. The staff team maintained regular contact with the resident's family representatives and included them in decisions pertaining to the resident. For example, the person in charge outlined plans to support the resident to move to another bedroom in the designated centre. The staff team had reviewed the suitability of the new room for this resident and it was deemed to meet their assessed needs. This move was to support the planned transition of another

resident into the designated centre who required additional supports and the vacated room was determined to best suit their needs.

Before the inspector left the designated centre, they met with two of residents who had been attending their day service and had left designated centre before the inspector had arrived in the morning. Both residents were being supported by staff to have a drink on their return in the kitchen- dining room. The residents' greeted the inspector with smiles. One resident repeatedly questioned staff as to who the inspector was and staff responded consistently to ensure the resident's understood. This resident was wearing very fashionable footwear and smiled when the inspector commented on these. The inspector was informed that both residents were good friends for many years and one of the residents had moved into the centre at the end of 2019. They attended the same day service and enjoyed participating in activities together.

The inspector was shown a picture book that had been compiled by staff to remember a milestone birthday for one of the residents that had occurred during the pandemic restrictions. It contained many photographs of the resident smiling outside in the courtyard area of the designated centre, receiving presents, enjoying favourite party food and staff celebrating the day with the resident. There were many different craft works in all locations around the designated centre, which included window decorations, hanging mobiles with glitter which caught the sunlight outside in the courtyard and personal crafts in resident's bedrooms. One of the staff team was described as being very creative and the residents were supported to engage in activities that resulted in many personalised craft items on display. For example, residents had helped staff to collect shells while at the beach, only a particular shape and size of shell was used and the resulting beautiful display was placed at one of the entrances to the designated centre.

The inspector was shown phone messages that the person in charge had received from some family representatives which included positive comments and compliments to the staff team and the caring support provided for their relatives in the designated centre. The inspector spoke with one family representative on the phone during the inspection. They outlined how their relative had been supported during the pandemic by a committed staff team to ensure their relative was happy and their assessed needs met. The agreed methods of communication between the family and the resident with the staff team support worked very well. Staff provided regular photographs to one of the representatives and there were also video calls. The inspector was informed that the family were re-assured when they saw photographs of their relative smiling and enjoying themselves in different locations. The family were also supported to recommence face-to-face visits in line with public health guidance. While their relative had not yet returned to their day service which they had greatly enjoyed prior to the pandemic, it was indicated to the family and the staff team that this was hoped to be returned on a phased basis initially in September 2021. The family representative explained the great enjoyment their relative had when they are supported to go out for spins on the transport vehicle. While the residents have access to a transport vehicle, it is shared with another designated centre. The inspector was informed that the resident's family and the representatives of another resident who had been supported in the centre had

allocated funds to support the purchase of a dedicated transport vehicle for the designated centre. This was in progress at the time of the inspection and the person in charge outlined how this would benefit the residents to have greater flexibility when organising planned outings on a daily basis for the group.

All staff spoken to during the inspection were very familiar with the assessed needs of the residents. They were observed to take time to listen to what residents' were communicating and understood individual preferences throughout the inspection. Residents were supported to have person-centred care and support in a professional and unrushed manner with changes made to suit preferences of individuals. For example; One resident was asked if they would like to accompany the inspector around the designated centre which they appeared to enjoy and later assisted a staff member with a baking activity when they expressed their preference for this. Throughout the inspection, residents were observed to be included in decision making and actively supported to have a meaningful day. The inspector was informed that the staff team included an activities co-ordinator, who worked in the designated centre two days every week. While staff supported each resident daily to engage in meaningful activities in the designated centre, the ability of staff to support activities outside the designated centre had been impacted while the provision of day services had not yet returned to pre-pandemic arrangements in the designated centre.

It was evident that residents were happy. They were supported to live a life that promoted and respected their choices and wishes. 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 that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in managing behaviours that challenge, fire safety and safeguarding. In addition, nursing oversight was not in place as outlined in the statement of purpose.

The person in charge worked full time and had remit over three other designated centres within a geographical area of 15 kilometers. They demonstrated their ongoing oversight with evidence of regular resident forums and staff meetings, ensuring staff were assigned to complete scheduled audits and follow up on any issues as they arose. However, due to planned and unplanned leave for some staff including clinical nurse managers, CNM1, the person in charge and remaining CNM1 were providing management oversight and working in the designated centre. On occasions in recent weeks to ensure nursing support in the designated centre, the

person in charge had worked additional hours on top of their scheduled hours of work. Following a review of the statement of purpose the whole time equivalent of CNM1 support and oversight in the designated centre was outlined as being CNM1 .66 whole time equivalent, (WTE) and person in charge .33 WTE. While the designated centre did have nurses on duty in the designated centre, the management support as outlined in the statement of purpose was not always adhered to. In addition, the inspector was informed that another CNM1 was due to go on planned extended leave in the weeks following the inspection which would leave one part time CNM1 providing support to the four designated centres with the person in charge. This was not line with the staffing arrangements outlined in the statement of purpose for this designated centre. In addition, the person in charge explained how they had to cancel some scheduled staff training in recent weeks due to the the staffing levels in the designated centre. This issue had been identified in the most recent provider led audit of March 2021. The auditors identified that there was no contingency for staff to attend training when other staff in the designated centre were on planned leave. While the person in charge was aware of the training needs of the staff team and had booked places on scheduled training in the weeks following the inspection, they were unsure if staff would be able to attend. At the time of the inspection, 58% of staff required refresher training in fire safety, 23% in mangaging behaviours that challenge and 11% in safeguarding.

The provider had ensured an annual review and six monthly audits were completed as per the regulatory requirement. However, the findings of this inspection found that some actions remained unresolved. This included up-to-date staff training, gaps in nursing oversight and further development in personal goals for residents. The provider had addressed the actions from the previous inspection in August 2019. While the inspector did not review the provider's policies during this inspection, it was an action from the last inspection. The person participating in management outlined to the inspector that an internal electronic process for staff to review policies and procedures was in place and advised that the review of all of the provider's policies was ongoing.

There were no complaints in the designated centre since the last inspection. Staff and family representatives were aware of the process to raise a complaint. There were numerous compliments made regarding the quality of care provided to the residents. In addition, the staff team had received acknowledgements from family members which outlined how much the staff team assisted their relatives and the family representatives during difficult periods with end of life care during the pandemic restrictions.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. While there was a consistent staff team, the skill mix and staffing levels were not always maintained as outlined in the statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A schedule of training for 2021 was in place. However, not all staff training was up-to-date at the time of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had completed an annual review and six monthly audits. However not all actions identified had been addressed at the time of the inspection. The provider had not ensured the centre was resourced to ensure effective delivery of care and support in accordance with the statement of purpose at all times.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that residents admitted to the designated centre had been provided with contracts of care and met the criteria in accordance with the statement of purpose.

Judgment: 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.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that 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. Residents representatives and staff were aware of the complaints procedure. The staff team had received many compliments from family representatives regarding the quality of the care and support given to the residents.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected. However, the internal maintenance of the designated centre required review and residents personal goals required further development.

Individual personal plans had been developed and reviewed regularly by residents, family representatives and staff, including keyworkers. Each plan included information that was important for the individual, such as their likes, dislikes and sleeping routines. Goals had been identified for residents while they were cocooning, however; some activities were part of the resident's daily activities such as sensory massage while other goals such as meeting a peer for coffee had not progressed. This was discussed with staff during the inspection and while the lack of progress had been documented, there was no evidence of this goal being re-adjusted during the public health restrictions where an alternative similar activity could be facilitated

while adhering to public health guidelines. There was documented evidence of person centered activities being developed. Each resident had a person centered activity assessment completed with details of activities that would most suit the individual. Some residents benefited from sensory activities and others reflex activities. One resident was assessed as preferring reflex activities but may progress to sensory. Each assessment outlined what activities would best engage the resident's interest. In addition, the inspector was informed that the residents had enjoyed a visit from a sensory dog outside in the courtyard area of the designated centre. This activity had to be stopped during the pandemic restrictions but staff were delighted that it had re-started as the residents responded well and enjoyed the presence of the dog.

Some residents had complex medical needs and required ongoing nursing supports. Staff ensured they were knowledgeable of the support and care needs of each resident, including the supports required in the event of residents experiencing a seizure. There was evidence of nursing oversight and regular review of the medical needs of residents with access to consultants and other health care professionals as required. Staff practices observed during the day were in line with public health guidance. The provider had ensured protocols were in place to ensure regular cleaning of touch points and temperature checks were being carried out. In addition, there was a dedicated cleaning staff assigned to the designated centre which ensured ongoing cleaning duties were completed weekly. The person in charge had also completed the self assessment tool in preparedness planning and infection prevention and reviewed the document regularly since September 2020.

While some residents required staff assistance to mobilise in their wheelchairs, others were encouraged to self-propel themselves where possible. This has resulted in superficial marks evident on the walls and doors of the designated centre. The person in charge outlined that maintenance was scheduled to take place in the designated centre and options to putting more durable materials without losing the homely décor would be looked into. In addition, paint surfaces were observed to be damaged in some of the resident's bedrooms. The inspector was also informed of tentative proposals which have yet to be finalised to make alterations to the bedrooms to facilitate the anticipated future support needs of the current residents.

The inspector reviewed the detailed personal emergency evacuation plans (PEEPs) that had been developed specifically to support each resident to safely evacuate in the event of a fire. The items identified as being necessary to support the residents to leave were in place such as fire blankets located under mattresses where required. Learning from fire drills was documented and shared with the staff team to ensure consistency and different scenarios were used during fire drills. In addition, staff had attended a centre specific fire safety awareness meeting which ensured all staff were familiar with the location of fire safety equipment. However, not all weekly fire safety checks were consistently completed in the designated centre.

During the inspection, residents were observed to engage in a variety of activities with staff support. The inspector noted that the atmosphere was relaxed and unrushed, with a sense of home and welcoming for all visitors. Residents were supported by a committed staff team that facilitated a good quality of life and

provided residents the opportunities to engage in individual or group activities while adhering to public health guidelines.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in line with public health guidelines while ensuring the safety of all residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to have their own furniture and possessions.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured the premises met the needs of the residents, it was clean and suitably decorated. However, internal maintenance required review.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured residents were supported to participate in the

preparation and cooking activities. Staff were familiar with the special dietary requirements and assistance required by some residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured a resident's guide for this designated centre had been prepared and was available to all residents. Easy-to-read documentation was readily available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place. Detailed PEEPs had been developed and were subject to regular review to ensure the safe evacuation of residents. However, not all weekly checks were consistently completed in the designated centre as per the provider's policy on fire safety.

Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plans were also subject to regular review, however, personal goals for residents required further development.
Judgment: Substantially compliant
Regulation 6: Health care
Residents were supported to achieve the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to ensure residents were protected from harm which included care plans for personal and intimate care.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider ensured that each resident's privacy and dignity was respected at all times.
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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 17 OSV-0005518

Inspection ID: MON-0028681

Date of inspection: 25/08/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: 3 additional nurses have been assigned to the designated centres in the PIC's remit to increase the nursing supports available. Recruitment is ongoing to fill the 0.5 care assistant vacancy that has arisen from a from staff transfer. Relief staff are available to provide cover for unexpected leave.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire safety training has been scheduled for all staff over the coming months. Safeguarding training is now completed for all staff. Online PBS training is scheduled for all remaining staff on 23/09/21. For staff on long term leave, any outstanding training will be completed on return to work.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>3 additional nurses have been recruited to ensure that there is adequate nursing cover in place and the CNM2 is not needed to provide frontline care. The SOP has been amended to accurately reflect the WTE allocation of CNM1 and CNM2 for the designated centre. The CNM1 that is due on leave on 01/11/21 was covering a specified purpose leave which ends on 05/12/21. A full time CNM1 will return to work after this time.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The walls will be repainted to remove the marks. An decorative adhesive non-ceramic tile border will be placed in situ to prevent reoccurrence of the marks whilst maintaining the homely environment. Painting of bedrooms is scheduled for the coming weeks.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>During a scheduled unit meeting, the issue of weekly fire checks was raised with all staff and this has now been delegated to all staff on duty. Staff were provided with a refresher of the necessary information to complete same. Weekly checks were added to the list of daily duties for sign off and checks are now consistently being carried out.</p>	
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> <p>Residents' goals have been adjusted in order to ensure progress is made whilst keeping in line with any government restrictions at the time. This process will be carried out as part of any goal reviews going forward. Goals have been updated in order to ensure that daily activities are not included as goals. The relevance and suitability of goals will be included as part of the regular reviews that are carried out.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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	01/11/2021
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	30/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/10/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	06/12/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/08/2021
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	31/08/2021