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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 February 2023
Centre ID:	OSV-0003314
Fieldwork ID:	MON-0029864

About the designated centre

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

The designated centre was a purpose-built house to accommodate four residents. It was located adjacent to a large town and in close proximity to a day service facility that residents attended. Each resident had a single bedroom with en-suite facilities. Three bedrooms were located on the first floor in proximity to a staff sleepover room. One bedroom was wheelchair accessible and located on the ground floor. The ground floor also comprised of an office, sitting room, dining room and sunroom. There was a large kitchen, two toilets and a laundry room. The house was decorated and maintained to a very high standard. The centre provided short-breaks and respite to adult male and female residents. The centre was open for three nights on alternate weeks. It was also open for two weekends every month.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Tuesday 7 February 2023	10:40hrs to 18:45hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were being provided with a good quality service and were well supported. The residents were seen to be happy in their home and were being supported by a committed and familiar staff team. Residents were seen to be offered a person-centred service when availing of the respite service. There were management systems in place that ensured a safe and effective service was provided. Overall, inspectors found that there was good compliance evident with the regulations in this centre. Some issues in relation to contracts, fire precautions, staffing and restrictions will be discussed in the following two sections of this report.

The centre comprises of a large-detached house. The centre is located in close proximity to a large town and has access to a garden and outdoor space. The centre is registered for a maximum of four individuals to avail of respite at any one time. There were three residents staying in the centre on the day of the inspection. The person in charge outlined that the focus of respite was for residents to have a break, meet with friends in a new environment and to support them to access the local community for activities and outings. The inspector met with all three individuals and spent time speaking to them before they left for their evening activity which they choose. In addition the inspector met with staff on duty and the local management over the course of the day.

The person in charge showed the inspector the centre and respite bedrooms. The person in charge explained to the inspector that certain rooms were allocated for use by residents who had higher physical needs. A downstairs bedroom had a hoist in place and access to an accessible bathroom. Each respite user had their own bedroom and en-suite during their respite stay. One resident told the inspector they loved coming to the centre and having their own bedroom and en-suite.

Residents who accessed the respite service attended day services run by the registered provider locally and in various nearby towns. Residents were observed engaging with each other discussing their plans for their two night stay in respite. The residents told the inspector they had decided to go to a nearby restaurant for dinner that evening and they would have karaoke the following evening. The staff on duty were observed to be knowledgeable of the needs of the residents and promoted a choice of activities they could avail of. The residents at all times were observed to be treated in a caring and respectful manner.

The premises was found to be very clean throughout. It was well furnished and homelike. The person in charge had systems in place to ensure cleaning was completed regularly, which included high-touch points. It was ensured that these duties did not impact on staff availability to support residents. For example, where possible cleaning and laundry was scheduled at times when the residents attended day services, or after residents were discharged and prior to admissions. The cleaning records were well maintained. The person in charge had a maintenance

record in place which identified any maintenance issues. The person in charge had identified and actioned some maintenance, such as, painting of a bedroom and a blind that needed repair. However rust was present on radiators and the cover on door handles were missing on some doors.

Some residents had completed the HIQA pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken by residents included music, art, yoga, sports, computers and outings. The inspectors observed these activities displayed in picture format on an activity schedule in the dining room. The residents' questionnaires contained positive responses for all topics.

The next two sections of the report present the finding of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Rights , the Chief Inspector of Social Services is undertaking a targeted inspection programme in the providers registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the providers registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

The overall compliance levels with the regulations had improved since the previous inspection, as such the monitoring systems in place had improved to ensure issues were promptly identified and stated actions were completed. The person in charge was found to be competent, with appropriate qualifications and experience to manage the designated centre and had a regular presence and oversight of the centre. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family, which were used to inform the centre planning. However the provider had not carried two unannounced six-monthly inspections in the

previous 12 months. The provider had carried out one unannounced six-monthly inspection in July 2022 with the second due by the beginning of January 2023. The inspector reviewed the previous unannounced six-monthly inspection from July 2022 and found the person in charge had completed actions as outlined in the audit.

The inspector found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access if needed to an appeals process. The inspector spoke to residents who identified a staff member they would speak to if they wished to make a complaint. Residents were aware of their right to make a complaint. The inspector spoke to staff who showed knowledge of the complaints process in place and how they would support a resident or family member to make a complaint. There were no open complaints on the day of the inspection.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required. There was evidence that all incidents were appropriately investigated by the registered provider. The registered provider also had a directory of residents in place that was properly maintained with all required information for all twenty-one residents availing of the respite services.

As part of the registration renewal application, the provider had submitted a copy of the most recent statement of purpose for the centre. This is an important governance document which should describe the services to be provided to the residents and which also forms the basis for a condition of registration. Under the regulations, the statement of purpose must contain specific information relating to the running of the centre. On reviewing the statement of purpose, it was seen that it contained all of the required information, including the staffing arrangements in place to support the residents.

The person in charge oversaw the staff team that was provided to support the residents of this centre. In accordance with the regulations, the staffing arrangements should be consistent with the needs of the residents and the centre’s statement of purpose. The statement of purpose for the centre specifically indicated the staffing in place in the centre. The inspector reviewed the staffing rosters in place for 2022 and 2023. Staff rosters were maintained, but it was noted that the rosters did not include the additional staff who worked in the centre at certain times to provide additional support as per the statement of purpose. This was discussed with the person in charge on the day of the inspection and the rosters would be updated to reflect the staffing in place. The designated centre had two staff in place in the evenings to facilitate residents with interests of their choosing, support with admissions and discharges from the centre.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. As per the provider's policy, staff were in receipt of annual appraisals to support them to carry out their duties and roles to the best of their abilities. Regular staff meetings were held and recorded.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations, the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. From a review of the rosters, the inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training that was up-to-date and in line with the needs of the residents. A schedule was in place to identify any training needs. Arrangements were in place for

staff to receive support and appraisals.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection for the 21 residents who access the respite services. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure within the designated centre. The management systems in place ensured that the service being provided was safe, appropriate to the residents' needs, consistent and effectively monitored. The person in charge carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

The overall compliance levels for the centre had improved since the previous HIQA inspection in November 2021 with the appointment of a person in charge in January 2022 to provide oversight and consistency in the centre.

However, the registered provider had not ensured that the designated centre had completed two unannounced six monthly inspections in the previous 12 months. The inspector reviewed the last six monthly inspection that had taken place in the designated centre in July 2022.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was no contract of care provided to residents in the designated centre as per the provider's policy, statement of purpose and residents guide. However, the person in charge had developed an easy-to-read document, an agreement of care, which identified information of the provision of services for the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider's statement of purpose was found to meet the regulatory requirements and accurately described the services provided in the centre, including governance arrangements.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had insured that the Chief Inspector was informed of adverse incidents occurring in the designated centre in a timely manner. The person in charge maintained a record of all incidents occurring in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded. Staff were familiar with the complaints process. An appeals process was also available to residents.

Judgment: Compliant

Quality and safety

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. Some issues were identified in relation to the fire evacuation, individualised assessment and personal plans, admissions and contract for the provision of services and premises in the centre.

On the day of the inspection the inspector reviewed the resident's contracts of care as identified in the provider's policy, statement of purpose and residents guide. There was no contract of care provided for residents or families for this designated centre. Each resident had an agreement of care which identified the supports provided in the centre in an easy read format. This was signed by the resident, a family member and the person in charge. The provider's policy, statement of purpose or residents' guide did not reflect an agreement of care was in place for the residents using the respite centre.

Each resident had an individual personal plan in place. Such plans are required by the regulations and are intended to provide guidance for staff in meeting the assessed needs of the residents. The inspector reviewed a sample of these plans and noted that they contained a good level of information on how to support the residents and were informed by a person-centred planning process to ensure that residents and their families were involved in the review of such plans. During this process goals for residents were identified and these would be facilitated by the respite service and the resident's day service provider. For example, one resident had a goal on accessing a local coffee shop and this was facilitated when the resident accessed the respite service. Each resident had an intimate care plan which was reviewed on a regular basis.

Satisfactory arrangements were in place for the management of risks. Each resident had individual risks identified and a risk register was in place for the centre. These were regularly reviewed by the person in charge. The inspector reviewed the restrictions in place in the designated centre. Some restrictions were present in this centre and were observed by the inspector on the day of the inspection. External doors were locked, however no individual assessments were completed to indicate such a restriction was warranted or required. A voluntary restriction is in place where certain residents have asked staff to store their finances when they avail of respite services. The residents are supported to access their finances when they wish with support from staff. The person in charge has ensured a financial assessment had been completed for each resident which indicated their preference, these were regularly reviewed.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working

order. Fire drills were being carried out regularly, however it was found that three residents had not completed a fire drill in over 12 months. Records indicated that staff had undergone relevant fire safety training. Each resident had a personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan. The fire evacuation procedures were on display in the centre and there was an overall centre evacuation plan in place to guide staff. However, the procedures in place for fire evacuation plan required review. For example, the fire evacuation plan identified a fire assembly point which was different from the fire assembly point identified on display in the centre and in the statement of purpose. During the inspection, the inspector spoke to the person in charge, staff and residents who all identified the same location for the fire assembly point located at the front of the building. These issues in the documentation were identified to the person in charge during the inspection.

The inspector viewed the contents of the medicine storage press. It was seen that arrangements were in place to keep this storage secure and it was found to be well organised with all items clearly labelled and in date. The person in charge had ensured a clear system is in place for the receipt of medications for respite service users, for example, staff on duty were observed to count and cross check all medications with the resident's medicine records in place. This process was documented on an admissions record. A sample of the medicine records were reviewed which were found to be of a good standard.

From meeting with the residents and viewing some bedrooms in the centre, there was evidence that residents were supported to have control over their personal procession, and had adequate space to store their personal belongings when accessing the respite service. Residents' rooms could be decorated with their personal items, such as, choice of bed linen, pictures and photographs. Each resident accessing the centre had an inventory list of all their personal possessions which was checked in and out during each respite stay. Each resident had access to laundry facilities in the centre. A resident's guide was in place which provided all the required information to residents.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions while accessing the respite service. Residents had facilities to manage their own laundry.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was seen to be homely and well maintained although some works were identified at the time of the inspection. Areas of the premises seen by the inspectors that required maintenance included rust on radiators and maintenance of door handles in the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide was in place that contained all of the required information. Easy-to-read documents were available for the residents accessing the service.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk. The person in charge maintained a risk register for the designated centre, and each residents had individual risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured appropriate infection prevention and control practices were being followed. The designated centre was observed to be clean. The person in charge had ensured schedules were in place for the cleaning and laundry facilities, appropriate cleaning equipment was available to staff, for example, colour coded mop system.

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. Contingency plans and risk assessments were in place and being reviewed regularly.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place in the centre which included fire alarms, emergency lighting, fire extinguishers and fire doors. Each resident had a personal emergency evacuation plan in place and was reviewed regularly.

However, it was found that not all residents had completed a fire drill in over 12 months. The procedures in place for fire evacuation plan required review. For example, in the fire folder the fire evacuation plan identified a fire assembly point which was different from the fire assembly point identified on display in the centre and in the statement of purpose.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration, prescribing and storage of medicines. Where a resident required support from staff or wished to take responsibility of their own medicines, they were risk assessed by staff to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured the residents personal plans were subject to an annual review. Each resident had a personal plan in place to provide guidance for staff in meeting the needs of the residents. Goals were set in line with their primary day service so that residents had supports in place in their day and respite service to achieve their goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that all restrictive practices in the centre were clearly documented and a restrictive practice record was maintained by the person in charge for the centre. However the registered provider did not ensure the restrictive practices were subject to individual assessments for each resident identifying actions and time lines to reduce or discontinue its use, where appropriate. For example, an environmental restriction (external doors) was observed in the centre on the day of inspection. Following discussion with the person in charge, it was noted that there was not needed for all of the residents accessing the respite service, that no individual assessments were in place and the environmental restriction had not been subject to regular review.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents and that systems were in place to protect residents from all forms of abuse. Each resident had an intimate care plan in place which was regularly reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to have a person-centred experience when accessing the respite service. The residents' choices were promoted and respected. The privacy and dignity of the residents was respected by staff. Residents had access to advocacy services. Staff were observed to interact with the residents in a caring and respectful manner. The residents had access to televisions and the internet. Information was available to residents in easy-to-read formats, such as the complaints and evacuation procedure. Residents were consulted at regular house meeting which took place at the beginning of each respite stay. Topics recently discussed included COVID-19, health and safety, fire safety, activities and upcoming planned trips or events.

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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North County Cork 3 OSV-0003314

Inspection ID: MON-0029864

Date of inspection: 07/02/2023

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
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The registered provider will ensure that two unannounced inspections are carried out at least once every six months in a timely manner. On this occasion, due to a change in scheduling, a six-monthly unannounced for the designated centre was not carried out in error. Since the inspection of the centre, an unannounced six-monthly inspection was carried out on the 21st of February 2023. • The Person in Charge has ensured that a written copy of this report is maintained in the designated centre and available on request to residents and their representatives and the Chief Inspector. The Person in Charged has developed a compliance plan from the outcome of the report and all actions related to this are in progress. Competed on 21.3.23	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • The contract of care policy is currently under review and will include a respite agreement to reflect respite services being offered within the organisation.To be completed by 31.8.23 • The Person in Charge will ensure that the Statement of Purpose and Residents Guide reflects the current 'Respite Agreement 'that is in place for all people availing of respite	

within the designated centre until the time an The Person in Charge will have this completed by 16.03.2023.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Person in Charge has developed a schedule to complete a monthly walk about of the centre to identify works required in the designated centre and these are submitted through the PEMAC online system. The Person In Charge follows up with the facilities department.
• Requests for the maintenance on door handles and rust identified on radiators throughout the designated centre have been submitted by the Person In Charge on 13.03.2023. To be completed by 31.5.23

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• On the day of inspection, the person in charge made appropriate changes to the fire evacuation plan within the fire folder to correlate with those on display in the designated centre and in the statement of purpose. Completed on 7.2.23.
• The Person in Charge has scheduled fire drills for the respite residents who have not completed a fire drill in the last 12 months on their next stay in the designated centre. These will take place on 31.03.2023 and 18.04.2023. The Person in Charge has developed a fire drill schedule to ensure that all residents staying in the designated centre are involved in a fire drill at least once in a 12-month period. Personal Emergency Evacuation Plans will be updated as required after each fire drill. Schedule completed 15.03.2023. Fire drills to be completed for identified respite residents by 18.04.23.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• The Person In Charge has in place within the designated centre a record of all

restrictive practices within the centre. These records include a restrictive practice checklist and associated risk assessments for each individual staying in the designated centre. These are reviewed by the person in charge 6 monthly. On further review post inspection, the environmental restriction on external doors was deemed unnecessary with the current residents staying in the centre.

• The Person In Charge has sent a request to the facilities department to deactivate all electronic locks on external doors on 13.03.2023. In the interim, all residents have access to the code for external doors displayed within the centre. To be completed by 20.04.23.

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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	21/02/2023

	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(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/04/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	18/04/2023

	followed in the case of fire.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/04/2023