



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0003707
Fieldwork ID:	MON-0033489

About the designated centre

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

North County Cork 2 is comprised of three separate buildings, located within the environs of a large town on the outskirts of Cork City. Local amenities can be easily accessed such as shops, cinema and restaurants. The largest of the houses can accommodate 13 adults, male and female with an intellectual disability. It is a purpose built bungalow located in a cul-de-sac surrounded by a large garden area. The house is comprised of 13 individual bedrooms, one with an en-suite. In addition, there is a large kitchen-dining area, two sitting rooms, two bathrooms, two shower rooms, two water closets, a laundry room and a staff office. There is also a visitor area which is comprised of a small kitchen and sitting room which is located off the large reception area. There is a self-contained apartment adjoining this house which can accommodate three residents. It is comprised of three individual bedrooms, a kitchen, dining-sitting room, a shower room and laundry area. It is connected to the main house by a corridor. The remainder of the designated centre which is located in another residential area of the town is comprised of two semi-detached houses which have been joined internally and a two storey semi-detached house located next door. The larger house can provide support for up to eight adults from Monday to Friday and closes each weekend and during holiday periods. The residents are supported to attend day services and return to the designated centre in the evening. This house is comprised of one large sitting room, dining room and kitchen, two bathrooms and one shower room. There are nine bedrooms which includes a staff bedroom. The other house supports two adults and is comprised of three bedrooms, which includes a staff room. There is also a sitting room, dining room with separate kitchen and a bathroom. Each of the houses have parking facilities at the front and a garden area to the rear. Residents are supported by nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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 3 November 2021	9:00 am to 3:30 pm	Elaine McKeown	Lead
Wednesday 3 November 2021	9:00 am to 3:30 pm	Lucia Power	Support

What residents told us and what inspectors observed

This was an unannounced inspection that was completed by two inspectors. On the day of the inspection, each inspector visited one house. The inspectors had the opportunity to meet 20 of residents living in the designated centre. The inspectors were 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).

One inspector was able to speak with six residents who were living in two houses in this designated centre. On arrival, one resident chatted to the inspector in the sitting room where they were doing a colouring activity which they told the inspector they liked to do in the mornings. The resident spoke of their plans for the upcoming weekend. They were going to visit relatives in another county with a family representative. They had met a friend the day before the inspection in another local town and had enjoyed a walk with them. They also spoke of how they had a job in the canteen of the local day service run by the provider. However, this canteen had not yet re-opened since the pandemic restrictions had been imposed in March 2020. The resident also spoke about another job they enjoyed in a restaurant in another nearby town. Staff explained that while there had been a few obstacles regarding supporting the resident to return to this workplace since the public health restrictions had been eased these were been addressed and staff expected the resident would be able to safely return to their role in the weeks following the inspection. Staff outlined that if re-training was required by the resident this would be supported by the staff team and the employer. The inspector noted that this was also reflected in the resident's short term goals in their personal plan. The resident showed the inspector their bedroom, which was bright and spacious with the window open for ventilation. The room was decorated with pictures of family members and personal items. While the resident showed the inspector their new bed, they also informed the staff member that they needed a replacement bulb for their bedside light during the conversation. This resident was able to outline to the inspector how they would evacuate the building in the event of an emergency and who they would speak to if they had any issue or concern.

Another resident was sitting on a comfortable couch watching television in the large dining room when they met with the inspector. Staff explained that the resident had been the driving force to get the new couch for that area so that the residents could look at television in a comfortable seat while still being close to their peers and staff as they engaged in other activities at the dining table. The resident told the inspector that they were very happy with the couch and were looking forward to going home to family members the day after the inspection. The resident enjoyed badminton and was supported by family members to attend this weekly and had been supported by family to keep exercising during the pandemic restrictions by walking distances every day while they were at home. The resident spoke of how they had enjoyed outings with their peers in the designated centre since the public health restrictions had eased. There were a lot of pictures on display in the

designated centre of the residents enjoying many different activities to outdoor locations, shopping trips to other towns and eating out in restaurants in recent months. Some of the photographs showed the residents smiling while in others the residents were wearing their face masks, but there was an element of fun and enjoyment to be seen even in these photographs. The visual schedule in the dining room also had details of an upcoming shopping trip to a shopping outlet in another county so residents could do some Christmas shopping.

One resident was having their breakfast when the inspector arrived and this person spoke with the inspector after they had finished eating. The inspector observed the resident been given a gentle reminder by staff to put on their slippers as they were not wearing any footwear at the time. They explained that they were very happy to be able to meet their peers in the designated centre and had missed them when the centre had been closed due to the pandemic. Once they had completed their morning routine the resident was observed to complete a craft activity with wool before going on a group outing with their peers.

Another resident was observed to be supported by staff to have their preferred choice for breakfast. However, when staff noticed that they were not interested in finishing their cereal they were offered another alternative. This resident was observed to be supported by staff to complete their daily visual schedule. Staff explained that the visual boards were having positive impact for the resident and assisted the resident to make choices daily regarding what they wanted to do at different times of the day. The resident had recently returned to attending their day service five days a week which was also benefiting them to have a regular routine again in their day. The provision of day services had returned in the weeks prior to the inspection and staff explained this had a positive effect on the resident as they then enjoyed relaxing and completing activities with their peers in the designated centre more in the evenings. Staff encouraged the resident to explain to the inspector how they helped an elderly neighbour to walk their dog while the resident was at home as the resident's own dog is too old to go for long walks with them. The resident told the inspector the name of the dog and how they were planning on walking with the dog at the weekend. The resident was observed to be smiling as they left the house to go to their day service at short while later with staff support.

The inspector was informed that another resident was enjoying a lie –in on the morning of the inspection. The inspector spoke with this resident later in the morning before they went out on a group activity with four of their peers. The resident spoke with the inspector while proudly showing their bedroom which was personalised with cherished items and photographs. The resident explained that they were very happy with their desk and chair which the person in charge had provided for them. The resident spoke of their plans to get a computer and explained how they link with their keyworker regularly. During the conversation the resident outlined to a staff member who was also present that they would like a clock for their bedroom and possibly a television. The resident also spoke about a special friend that they had and informed the staff of recent events that had occurred in the locality of the resident's family home. It was evident to the inspector that the staff member was very familiar with the resident and matters that were

important to the resident.

The inspector observed residents chatting easily among themselves and with staff while also engaging in different activities of their choice during the morning. Four of the residents decided they wished to go to a shopping centre for the day and spoke of how they planned to enjoy a meal while they were out. The inspector observed that improvements had been made to the décor and furnishings since their last visit to the house in January 2020. The residents spoke of how they liked the new curtains and the swing seat that was out in the garden. During a walkabout of the house, the inspector also observed new kitchen units, flooring and the internal areas of the house had been repainted which were bright. In addition, the house was warm, clean and reflected the personalities of the residents in the house which included a large display titled " Welcome to our home". The inspector was also informed of advanced plans to recommence evening activities for the residents. The staff team had secured the use of a room in the provider's local day services building in the evenings so residents could recommence yoga and art classes. There were also plans in progress to get drama classes restarted. The staff explained that these activities would be beneficial to getting the residents to engage in group activities in the evenings with peers from the other houses in the designated centre while adhering to public health guidelines.

Another inspector met with 14 residents in the larger house during the inspection. Residents engaged in relaxed conversation with the inspector and chatted about their proposed Christmas night out and that they were planning on going to a local hotel. They spoke enthusiastically about a Christmas mass that was being organised and the roles they will play in the nativity. Residents told the inspector that they were very happy to be able to be going out and about in the community – since restrictions lifted they had travelled to Dublin and Killarney, attended a concert in Kildare and North Cork and had enjoyed shopping trips to name but a few of the many activities residents had enjoyed in recent months. Residents spoke of the impact that the pandemic had on them, which included not being able to see family at times. Residents also outlined how they discussed the inspection reports issued following previous inspections from the Health Information and Quality Authority, (HIQA) at their residents meetings. Residents were very keen to express that this was their home and they were very happy.

Two residents invited an inspector into their apartment to chat with them. These residents also informed the inspector that they were very happy with their lives in the designated centre. They described their apartment as "their space" and had the ability to come and go as they pleased. They found the staff team to be very supportive and felt that they were " listened to" and said that "their rights were respected" and " feel part of COPE". In addition, the residents chatted about their key worker meetings, their planning meetings and goals which was reflected in their personal plans. They had a good understanding of what a person centred plan was and also told the inspector that they feel safe.

The inspectors were informed that one resident had decided to remain in the family home since the pandemic restrictions were imposed. Another resident was being supported at home by family representatives since September 2021. They were

receiving outreach support from staff in the designated centre two days every week and also had ongoing support from social workers. The person in charge outlined plans to support the resident to return to a day service which would assist the person to have a regular routine during the week.

Overall, the inspectors found that residents were engaged in meaningful activities, supported to have input into their service provision and to be active members of their local communities. The staff team had developed an approach to the service provision in the designated centre which saw greater delegation of duties while building on particular strengths of staff to ensure all residents were supported to have a person centred service. During the inspection the inspectors observed staff interpreting the residents needs and supporting the residents in a very respectful manner. All interactions between the residents and staff were noted to be positive and residents seemed happy with the support provided to them. 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 inspectors found 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. The staff team and provider had adequately addressed issues that had been identified in previous inspections. However, at the time of the inspection not all staff had completed refresher training in required mandatory courses for this designated centre which included managing behaviours that challenge.

The person in charge worked full time and had remit over this designated centre. They were supported in their role by a Clinical Nurse Manager, (CNM1). Both of these staff demonstrated how they ensured ongoing oversight and governance in the designated centre. The CNM1 had devised a colour coded grid system which ensured the ongoing and regular review of documents which included OK health checks, personal plans and individual risk assessments. The grid was reviewed every three months by the CNM1 who then ensured the relevant persons were informed of any reviews that were required to be completed during the next quarter. The person in charge was kept up to date on the progress of the review of all documents. This system was working well in the designated centre with all reviews completed in advance of the due date. In addition, the delegation of responsibilities to the staff team had fostered greater teamwork since the last inspection. The audit schedule was now the responsibility of a number of staff with the person in charge and CNM1 maintaining oversight of all audits completed as well as being responsible for the completion of additional audits in the designated centre. The staff team had also

reviewed the key worker system since the last inspection. The staff team looked at what strengths individual team members had such as computer skills, development of person centred goals and creative activities. Staff were encouraged to share their strengths with others. For example, residents had so many photographs taken throughout the year while engaging in different activities which could not be displayed, one staff had commenced a yearly scrap book for a resident. This was deemed to be a good idea that the staff team plan to support all residents to develop their own scrap book for the year which they could share with family & friends.

The provider had ensured that the governance and management of this busy designated centre had been subject to regular review which included six monthly provider led audits, the most recent being completed the day before the inspection. This report was provided to the inspectors in the days after the inspection for review. The auditors noted improvements in areas such as documentation of personal plans since the previous audit. An annual review had been completed with an action plan in place to address actions identified. There was evidence that the person in charge had an ongoing review of actions from the last inspection report and every effort was been made to become compliant with the regulations. In addition, monthly meetings between the person in charge and person participating in management had taken place since the last inspection to discuss the centre and agenda items covered included; Risk assessments, Training, Rights restrictions, Staffing, Care plans, Risk management, Health and Safety and COVID 19. There was a clear action plan arising from each meeting and person responsible identified.

There were no issues with staffing at the time of the inspection with new staff added to the team since the last inspection and a change to the staffing arrangements at night time in one of the houses to support the assessed needs of residents in the house. Regular relief staff were available as required. In addition, a staff member that had worked in one of the houses for many years had recently moved to support other residents in another house in this designated centre. To ensure contact was maintained this staff was calling one evening every week to have a chat with the residents of the house they had previously worked in so that this important friendship could be maintained.

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

There was an actual and planned roster in place. Appropriate staffing levels and skill mix were in place in the designated centre and as outlined in the statement of purpose. It was evident the staff team worked well together to ensure the consistent provision of safe services that were person centred for all residents.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff were scheduled to attend training in the months following the inspection. For example, the staff team were scheduled to attend additional training on the completion of documentation in safeguarding with the designated officer in December 2021. The person in charge and CNM1 carried out staff supervision in the designated centre. At the time of the inspection the person in charge was aware of gaps in training for staff which included managing behaviours that challenge/ positive behaviour support.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in the designated centre with the person in charge and clinical nurse managers responding to issues, completing audit schedules and regular staff meetings to govern the centre with the provision of person centred and safe service to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. Some minor changes were made on the day of the inspection to ensure 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. Issues raised by residents had been responded to in a timely manner to the satisfaction of the complainants. The provider had ensured all residents were supported to have access to an easy-to-read format of the complaints procedure which included an appeals process.

Judgment: Compliant

Quality and safety

Overall, the residents well-being and welfare was maintained with a person-centred service where the residents individuality was respected. The provider and staff had adapted the daily routines of residents and staff support during periods of curtailed day services to assist the residents to engage in meaningful activities. However, issues were identified during the inspection in relation to regulation 27: Protection against infection and regulation 26: Risk management procedures.

Prior to the inspection the inspectors were aware that one resident was feeling unwell in one of the houses and was being supported as a suspected case of COVID19. On arrival at the designated centre, the inspectors were informed that a confirmed diagnosis of COVID19 had been received that morning. This resident shared their home with one other resident. While infection control practices were in place, inspectors were informed that the two residents and staff supporting had to share all the facilities in the house with only one bathroom and limited communal space. While the staff were wearing full PPE, the resident who was not presenting with any symptoms remained in the small house but was not wearing PPE. The risk of this resident contracting COVID19 had not been re-assessed in the day prior to the inspection when there was a suspected case of COVID 19 and subsequently confirmed. While staff were aware that the affected resident was at high risk of contracting the illness, the risk to the other resident had escalated following the presentation of symptoms and subsequent confirmation. While staff were adhering to infection prevention and control guidelines regarding cleaning frequently touched

points, there was no contingency arrangement to protect the other resident from contracting COVID19. Following discussion with the person in charge, arrangements were made to support the well resident to a self-contained area in another part of the designated centre for a few days to reduce their risk of infection. This resident remained infection free and reportedly enjoyed the space they had to themselves in the apartment which is usually used by residents in receipt of respite services.

Inspectors reviewed nine personal plans during the inspection. All were found to be up –to-date as per the review grid already mentioned in this report. Inspectors noted good documented evidence of goals been reviewed and followed up in a six of these plans. Once a goal was achieved there was evidence via a social story and photos. For example one person’s goal was to see the workings of the train station as they were interested in mechanics. This goal was realised as the resident met the station master, got a tour of the station, saw how the ticket office worked, went on the train and saw the engine and spoke to driver – this was all in a social story and also a number of photographs of the event showing a very happy resident. Another resident was supported in relation to a personal relationship as was their wish and it was evident that they were supported with this. Another resident wanted to go to a country music show and this was planned and supported with photos of the resident at the event. In summary, six plans were inclusive of the resident’s choice, there was follow up demonstrating that goals were attained and in discussion with residents they were able to chat about their goals and the importance of these goals in their life. While all of personal plans had goals identified, three of the plans reviewed did not have consistency in documenting the progression of goals. The staff were aware of this and the matter was being addressed at the time of the inspection.

On review of resident’s health care plans, inspectors noted that all were up to date, contained clear information which health action plans updated and reviewed regularly. There were individualised health care plans in place for residents with identified needs for example bowel support, urology, cardiology and ophthalmic support. The provider also had a template in place that was easy read to support residents prior to going to a health appointment. In addition, social stories had been developed to support residents when attending new healthcare professionals for the first time.

Inspectors reviewed documentation in relation to positive behavioural support. There was evidence of proactive strategies in place for residents with ongoing follow up. One resident had a behaviour and mental health plan in place to support individual needs. This was supported by a positive behaviour support plan which demonstrated pre and post behavioural impacts. It identified possible triggers during day time periods with strategies in place to support the person in the least restrictive way. There was a good example in relation to medications as needed (PRN) protocol flagging stages of anxiety from level 1-7 with clear guidance to only administer PRN at level 5-7.

A number of safeguarding plans were reviewed; the provider had their own process in place to review safeguarding and positive risk taking. This identified areas of concern, proactive measures to be taken, adherence to behaviour support plans,

incident management and ongoing reviews. This was in place for all residents who presented with a safeguarding concern. Where there was evidence of any form of alleged abuse this was notified to HIQA, the HSE safeguarding office and other state agencies as required, and an updated safeguarding plan was in place to ensure supports were in place to mitigate the impact.

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. Staff had conducted fire safety checks as per the provider's procedures. While all residents had personal emergency evacuation plans, PEEPs, that were subject to regular review, not all the required information was contained in one resident's PEEP. The resident required emergency medication and staff informed the inspector that they would bring the medication with them when an evacuation was underway but this was not documented in the resident's PEEP. In addition, there were inconsistencies in the documentation used to record fire drills. Also, the fire drill documentation for one house were not available at the time of the inspection for review.

Regulation 13: General welfare and development

The provider had ensured each resident was supported to have access to appropriate care and supports as per their expressed wishes and assessed needs.

Judgment: Compliant

Regulation 17: Premises

The provider had completed actions from previous inspections in relation to the premises. The general maintenance was good and the designated centre was clean and homely with a welcoming atmosphere evident in the houses.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured residents were provided with a residents guide in a format that was understood by the residents. In addition, residents were provided with easy –to –read documents and social stories to assist understanding for residents. For example one resident was supported to understand the reason they were

meeting with a therapist with the use of a personalised social story.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured measures were in place for the assessment, management and ongoing review of risk. The risk register had been subject to regular review. However, not all risks in the designated centre had been identified at the time of the inspection. One resident was at increased risk of contracting COVID19 due to circumstances in their house outside of the resident's and staff control. However, the controls and measures in place to keep the resident safe required further review on the day of the inspection.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The person in charge had completed the HIQA self-assessment tool of preparedness planning and infection prevention, and the contingency plan had been subject to regular review. However, due to the requirement of one resident to share facilities with a resident with a confirmed infection of COVID19 they were not adequately protected prior to the inspection from contracting the infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. However, not all information pertaining to residents assessed needs was documented in their PEEPs.

Judgment: 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 and reflective of individual and person centred care.

Judgment: Compliant

Regulation 6: Health care

Each resident had a health care plan and were facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support and input from the MDT.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. There was documented evidence of follow up with other professional services to provide the required supports to residents as required.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's privacy and dignity were respected. Residents were supported to access and return to community activities and jobs with the easing of the public health restrictions. Residents were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their

care.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North County Cork 2 OSV-0003707

Inspection ID: MON-0033489

Date of inspection: 03/11/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The training matrix in place for all staff training will be updated monthly by the PPIM / PIC. Training will be scheduled accordingly to ensure all staff have the necessary skills to support the residents. • The training matrix will be discussed at the PIC/PPIM's 1:1 meeting to ensure that the provider is meeting its obligations in the provision of mandatory and other training. • Positive behavior support training which supports behaviors which challenge has been cancelled due to COVID restrictions within the organistaion but will be scheduled for 15/1/2021 COVID restrictions permitted. 	
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"> • The risk register, SOP and residents guide will be updated to respond to emergencies to reflect the use of the respite room in the Designated Centre in case of need to self-isolate for residents use to protect them from contacting COVID-19 15/1/22. 	

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"> • All staff have completed mandatory training with regard to COVID- 19 in ensuring we meet our infection prevention and control standards. • A robust cleaning rota will be put in place within the residences ensuring a high standard of infection control which will also be captured within the risk register under infection control. To be completed by 15/1/22 • Within the designated centre one residence has only one shared toilet facility for two residents and staff. Within the cleaning rota a robust cleaning schedule will highlight increased cleaning after individual use. To be included on existing cleaning schedule 15/12/21 • If a resident needs to self-isolate the respite room which is an ensuite within the designated centre can be used in emergency. This will be captured within the risk register 15/1/22 	

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 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	15/02/2022
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	15/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	15/01/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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