



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0003311
Fieldwork ID:	MON-0030600

About the designated centre

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

The service is for adults with an intellectual, physical disability and/or autism who require residential care. The centre is comprised of three detached buildings located beside each other in a housing estate. The centre is located close to the city with transport available. One of the buildings is a single storey building divided into two houses with an interconnecting keypad door which residents had the access code for. The remaining two buildings are two storeys and all three buildings are of a similar design and layout. Each of the buildings consist of two kitchens with adjoining dining and sitting areas and two smaller sitting rooms which could be used for visitors. Combined, the three buildings consists of 31 separate bedrooms for residents while staff facilities such as staff offices were also available. The centre is open and staffed on a full-time basis. The staff team is comprised of nursing and care assistant staff led by the person in charge and a clinical nurse manager 1(CNM1).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Thursday 15 October 2020	10:10hrs to 14:50hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with eight of the residents who lived in the designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the dining room of one of the houses during the inspection. However, the inspector did meet some residents in the communal areas and outside courtyard areas of the designated centre with the person in charge.

The inspector was able to speak through a window to some residents in their sitting rooms during the inspection; one resident was observed enjoying getting their nails done before they had their lunch. Other residents spoke of how they had enjoyed some gardening and weeding in the morning. These residents had just finished carving pumpkin faces with staff support. The person in charge encouraged one resident to explain what they were going to dress up as for their planned up coming halloween activities. Another resident greeted the inspector with an elbow tap. This resident who communicated without words gave a thumbs up to the inspector when they explained using sign language that they that they had been out for a spin. The person in charge spoke of the talented artist this resident was and how they had artwork on display previously in New York and in numerous locations closer to home.

During the inspection some residents came into the room to speak with the inspector. One resident explained how they were going to celebrate their birthday in the coming days and how a relative was bringing the party supplies. They spoke of who was going to be at their party and proudly showed the inspector their mobile phone which had a message on it reminding them of an upcoming appointment. Another resident wanted to meet the inspector to see what work the inspector was doing, they later spoke with the inspector outside while showing some of their artwork on one of the courtyard walls.

Another resident spoke with the inspector on their return to the centre after they had been out for a walk. They spoke of how they had enjoyed working in a busy café and hoped to get another job in a less demanding location in the future. They told the inspector they missed being able to go on shopping trips and going to the hairdresser. This resident spoke of their sadness due to the loss of a close relative recently and how they hoped to be able to visit the grave in the coming months. Prior to the pandemic restrictions the resident explained they used to go home very frequently but this has not being able to continue. However, they explained that their relatives do visit them in the centre.

The inspector spoke on the phone with family representatives of two residents during the inspection. While both callers spoke of the dedication and support the staff team have given to their relatives especially in recent months, both had concerns regarding the lack of day services provided to their relatives and the resulting impact on their relative since the pandemic restrictions commenced in

March 2020. They expressed concern that their relative's sense of purpose was lost when they didn't have a job or day service to go to.

Capacity and capability

The purpose of this inspection was to review the actions taken by the provider since the last inspection in April 2019. The inspector reviewed the capacity and capability of the services provided to residents and found that while some actions had been addressed; improvements were still required.

The provider had ensured the person in charge of the designated centre had the required skills and qualifications to carry out the role. They were supported in their role by a clinical nurse manager, CNM1 and a person participating in management. During the inspection the person in charge demonstrated their knowledge and oversight of the centre.

The inspector was informed that a CNM1 post had been filled in May 2020, there was evidence throughout the inspection that this had assisted the person in charge in a number of areas including auditing and administration within the designated centre. This too was identified in the provider's own audit of the designated centre in July 2020. This audit also highlighted issues raised by the person in charge regarding the complex changing needs of residents and the staff ratio in the designated centre. On the day of the inspection, staffing levels were reflective of the statement of purpose with an additional activation resource of one staff present in the centre. The inspector was informed that an activation resource was present in the designated centre from 08:45hrs - 17:00 hrs, Monday - Friday. As reflected in the statement of purpose one staff was allocated at the weekends for leisure and recreation to one house which supported up to 12 residents, from 10:00 hrs - 20:00hrs. Staffing of the remaining houses were as outlined in the statement of purpose also. Prior to COVID-19 restrictions 24 residents out of 31 attended full time day services and two residents attended part time. On the day of this inspection 19 of the residents in the centre would have normally attended day services. In -line with public health guidance, the provider had not re-opened day services to persons in receipt of residential services. During this inspection, it was evident that this issue was of concern to residents, relatives and staff spoken to. In addition, there was one staff vacancy at the time of the inspection, the inspector noted that this was not the same role that was reported as being vacant on the last inspection. The inspector reviewed the actual and planned staff rota which indicated continuity of care from a core staff team. Regular relief staff were also available.

The provider had a system to ensure a training programme was in place for staff working in the designated centre. The person in charge had evidence of a planned training schedule for all staff and was aware of the upcoming training needs of the staff team. Two staff had been scheduled to attend fire safety training at the start of October but were unable to attend on these dates due to the staffing requirements

in the designated centre on those days. Training in relation to COVID-19 had been completed by all staff. At the time of the inspection 9% of staff required refresher training in fire safety, 34% managing behaviours that challenge and 11% in safeguarding. The inspector was informed that staff in the designated centre were scheduled to attend fire safety training in the weeks following this inspection. In addition, communication training which had been delayed due to the pandemic restrictions had been rescheduled to take place in the designated centre in early November 2020. This was an action from the previous inspection. The person in charge outlined how on site manual handling training was also scheduled to recommence in the designated centre as there were two instructors on the staff team.

The inspector reviewed the planned admission of one resident from another centre during the pandemic restrictions. The staff teams in both centres supported the resident to keep them informed and facilitated them to take a virtual video tour of their new home. The schedule of the transition was well documented and outlined positive aspects to the move which included the resident no longer required to use a stairs in their new home and their relatives lived close by.

The provider had ensured an annual review and unannounced six monthly audits had been completed. While some actions had been identified and completed which included additional transport vehicles, the staff skill mix and numbers remain an ongoing matter that has been discussed with the person participating in management and remain under constant review by the person in charge. The allocation of staffing in the designated centre was a finding of the previous inspection and was identified as an issue in this inspection also. The provider had not ensured that the service provided was appropriate to the residents changing needs. The resources available to support residents who were not attending their day services due to the pandemic restrictions was impacting on effective delivery of care. This will be further detailed in the next section of the report.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application for renewal of the registration of the designated centre had been submitted in a timely manner.

Judgment: Compliant

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 qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured an actual and planned rota was in place, however, ongoing monitoring of the complex assessed needs of the residents in the designated centre highlighted some issues regarding the skill mix and numbers of staff being appropriate to meet the assessed needs of the residents in the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, however, some staff required mandatory refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that a clearly defined management structure was in place, however, the provider was required to ensure the service was appropriate to residents' complex needs.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider and person in charge met the requirements of this regulation. Suitable arrangements were in place for the admission to the centre.

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 34: Complaints procedure

There were no open complaints in this centre. Following a review of the complaints log in one house it was evident that family members and staff made complaints on behalf of the residents. All complaints had been reviewed and closed out in a timely manner to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to the residents living in the designated centre and found that although some improvements had been made, further improvements were required to ensure that residents received a good quality service.

Following on from findings in the last inspection there was a schedule of maintenance in the designated centre. The person in charge had ensured maintenance issues had been logged and the person participating in management outlined how they complete regular resource planning with the facilities manager. In addition, there was evidence of timely response to maintenance requests. On the day of the inspection the garden area was been tended to by maintenance staff, this had been noted by the inspector to have been logged in the maintenance schedule on 21 September 2020 by the person in charge.

The person in charge had supported residents' communication profiles to be updated and facilitated the use of assisted technology such as mobile phones and video calls to friends and family. This assisted residents to be able to communicate with relatives and friends during times when they were unable to visit to their family homes. While, site specific total communication training and strategies had not been completed due to the government restrictions, the person in charge had scheduled this training to recommence in November 2020.

During conversations with some residents and family representatives, the inspector was informed that the recommencement of visits by residents to their family homes had not occurred in line with the lifting of the government restrictions earlier this

year. Following representations made to management by the person in charge outlining the requests by residents and family representatives to allow home visits to recommence, the person in charge liaised with family representatives, completed risk assessments and ensured the safety of the residents while they were at home. At the time of this inspection four residents were at home with relatives. The inspector was informed that the inability for residents to go home as frequently as they had prior to COVID-19, the reduced physical contact with family and the withdrawal of day services had greatly impacted the lives of the residents. For example, one resident had still not attended a hairdresser since the easing of the pandemic restrictions, an activity which they told the inspector they really liked to do. The inspector was informed by the person in charge that another resident had only been supported to have take-away coffee, rather than enjoying a coffee in a café which again was an activity they enjoyed. A number of residents had availed of visits to their family homes in recent months. Following some of these visits family representatives expressed concern that the lack of day services and limits to what activities residents were able to engage in while in the designated centre had negatively impacted their relative. The inspector was informed that one resident found it hard to return to the designated centre after being at home due to the lack of activities as per their interests that were available to them to engage in while in the designated centre in recent weeks.

At the time of the initial lockdown in March 2020, the provider redeployed day service staff to the designated centre to support residents in their homes, During this period, the residents enjoyed an activity schedule that resembled the schedule they would have had in the day service where possible. Residents were supported to participate in dance classes, sing along events to favourite artists, baking and visits by musicians while adhering to public health guidelines. However, when public health guidance on the relaxation of the government restrictions was updated in the summer of 2020, the inspector was informed that the provider had not permitted residents to leave the designated centre to go for spins in the community at that time. The inspector was informed by the person in charge that the number of day service staff available in the centre had reduced since the provider had re-opened the day service for non-residential service users, in line with public health guidance . As previously mentioned there was one additional staff resource available at the time of the inspection to support activities with the 25 residents in the designated centre. The inspector was informed that the provider had supported the core staff team in the designated centre to be able to complete additional activities with the residents by facilitating the delivery, Monday to Friday, of meals to each of the houses, hot or chilled, as per residents' choice from the day service. This in turn reduced the time required by staff in the houses to prepare meals during weekdays and facilitate some activities. However, the options are limited with little scope for individuals to participate in activities of their choosing at all times. The visual activity board on display in the house where the inspector was located had evidence of periods during the week when activities were not able to be facilitated.

The inspector had been informed prior to this inspection that the scheduled review and update of residents' personal plans had been on hold due to the pandemic restrictions. This was an action from the last inspection in April 2019 and the schedule was due to recommence in September 2020 with annual Multi-Disciplinary

Team (MDT), review scheduled for December 2020. The provider's audit of the centre in July 2020 noted improvements in personal plans with some documentation lacking review. The inspector reviewed a number of personal plans during this inspection. There was no documented evidence that one resident's personal goals had been reviewed since they moved into the centre in June 2020 and another resident's goals had not been progressed since their annual review in December 2019. The person in charge outlined that residents' personal goals in the designated centre had not been reviewed to reflect the lockdown restrictions. In addition, all MDT assessments had been completed through on-line meetings since the pandemic restrictions. However, one resident has been supported on site by a physiotherapist in recent months.

One resident has been supported by the staff team during a difficult time with the loss of two close relatives in December 2019. The person in charge outlined how staff had provided easy-to-read information and on-going assistance to the resident. However, it had been identified by the staff team that the resident requires additional support in bereavement counselling. While a referral had been made on the resident's behalf, no counselling has been secured to date. While the inspector was informed that all health checks were up-to-date and completed by nursing staff, the person in charge is monitoring the complex changing needs of residents living in part of the designated centre, this was evidenced in the most recent six monthly audit completed in the designated centre. At the time of this inspection one resident remained an in-patient in an acute hospital for management of an on-going medical condition. Staff from the designated centre were supporting the resident's care needs in the hospital and assisting them to settle at night time during their admission. Another resident was being supported to attend a private dentist for a necessary review. This resident's relative spoke of the high level of support provided to them by the staff and the planned itinerary to be followed when attending the dental practice to ensure the safety of everyone.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Cleaning checklists were regularly reviewed by the person in charge to ensure evidence of being completed by staff and staff had undertaken training in areas of hand hygiene and the use of personal protective equipment, PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. The staff team in this designated centre had ensured the ongoing safety of the vulnerable residents in their care during recent months. In addition, the core staff team were responsible for the cleaning of the designated centre as the external contract cleaners had not yet returned to the centre since the pandemic restrictions had been imposed in March 2020. This added to the workload of staff on a daily basis. The person in charge informed the inspector that the return of cleaning staff was being reviewed by the provider. At the time of the inspection, the person in charge had reviewed the assurance framework guidance issued by the Health Information and Quality Authority and commenced the self- assessment of the designated centre.

The current pandemic has impacted the daily lives of the residents living in this designated centre in many ways which include reduced home visits, the curtailment

or absence of day service and being unable to access community activities. While these restrictions have been in place to keep residents safe from the risk of possible infection, the inspector found that individuals were being restricted to complete activities that others in society have been able to engage in with the lifting of government restrictions during the summer months. As already mentioned one resident hadn't been able to attend the hairdresser or go shopping. The inspector was informed by the person in charge this was as a result of guidance from the provider regarding residents engaging in community activities. However, this resident had been observed to be wearing a mask when they approached the inspector to talk with them, was well aware of guidance on keeping themselves safe and understood the risk of not keeping their distance from others. This resident had been interviewed on television at the start of the lockdown restrictions in April explaining what they missed most in their daily lives. The resident also informed the inspector that they had reverted to doing on-line shopping to ensure they can be organised for the Christmas season.

The inspector found the person in charge and the staff team to be very aware of the needs of the residents, they were available to listen to the concerns of residents and their families especially during the lockdown restrictions. The person in charge had worked with the families to ensure residents could go home while staying safe and had even gone to a local art gallery to risk assess the location for a resident to return to. However, the residents' sense of purpose and being involved in a meaningful day required further review. Residents spoke to the inspector about the activities that they missed due to the government restrictions, such as attending the hairdresser, however, residents had not been supported to engage in this or similar individual activities as per their interests when the government restrictions were lifted.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 13: General welfare and development

Residents were not always supported to access opportunities and activities in accordance with their interests and assessed needs.

Judgment: Not compliant

Regulation 17: Premises

The provider had ensured the premises was suitable for the assessed needs of the residents.

Judgment: Compliant

Regulation 27: Protection against infection

Effective systems were in place to ensure residents were protected against infection such as COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive personal plans but the provider had not ensured that arrangements were in place to meet the assessed needs of each resident at all times and personal goals had not been progressed or reviewed as per the provider's policy guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access advocacy services and information on how to make a complaint. However, not all residents were supported to participate and consent to decisions relating to re-introducing community activities in line with public health guidance.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City South 3 OSV-0003311

Inspection ID: MON-0030600

Date of inspection: 15/10/2020

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: The PIC and PPIM met with the Allocations Officer on 05/11/2020 to discuss the skill mix and numbers of staff being appropriate to meet the assessed needs of some of the residents in the designated centre. It was highlighted by the PIC that on-going monitoring of the complex assessed needs is essential. The Allocations Officer is liaising with the human resources and finance department to examine ways to ensure that staffing levels in some areas of the centre are appropriate to support all residents as they age to allow them to age in place. Staff vacancy which was evident at the time of the inspection has been filled, staff commencing on 30/11/2020	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A robust training plan has been put in place with oversight from PIC and PPIM, all mandatory training will be completed. Guidelines to Support Restoration of Essential Training (COVID 19) dated 23/10/2020 has highlighted that essential training required to maintain safety of people supported by Cope Foundation and staff members containing a practical element may be re-introduced following risk assessment. Online manual handling training theory is on-going with all staff requiring refresher training undertaking same, practical manual handling will recommence onsite in the designated centre in small groups week commencing 23/11/2020, continuing on a weekly basis to ensure that all staff are updated. Fire safety training in up to date, with places booked on upcoming	

training to ensure staff remain compliant in the future. Positive Behavioural Support and site specific Total Communication training and strategies, are being provided by Clinical Nurse Specialist in Communication all staff requiring training will receive same before 31/12/2020.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Pic and PPIM have scheduled weekly meetings to ensure oversight and monitoring of the centre, whilst ensuring that the changing needs of residents is taken into account. The PPIM has highlighted the need for examination of the skill mix and numbers of staff being appropriate to meet the assessed needs of some of the residents in the designated centre to senior management. Senior management are developing systems and processes to better streamline how resources are allocated and how we can work more effectively and efficiently, the Allocations Officer is liaising with the human resources and finance departments to examine ways to ensure that staffing levels in all areas of the centre are appropriate to support all residents as they age to allow them to age in place.

Regulation 13: General welfare and development	Not Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The PIC has endeavoured to maintain residents overall social needs while ensuring that they remain safe. A timetable of activities has been devised, an in-house onsite programme is supplemented by an online programme which is run over six weeks and is expanding on a weekly basis. The six week programme is delivered virtually through Microsoft Teams which we are able to project onto the TVs.

Each resident has had a risk assessment completed that will allow them to partake in activities of their choosing in the community based on Government and Public Health advice

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: Support plans are being reviewed and updated. A schedule is in place for the updating of all personal plans, this had been on hold due to Covid pandemic, this schedule recommenced in September 2020 and will be complete by 31/12/2020. Annual Multidisciplinary Team review is scheduled for 10/12/2020.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All resident's personal goals are currently being reviewed and are being progressed to reflect the Covid 19 lockdown restrictions, these are based on Government and Public Health advice, adaptations to goals have been documented as part of the scheduled support plan updates</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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/12/2020
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	31/12/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Yellow	31/12/2020

	accordance with their interests, capacities and developmental needs.			
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	31/12/2020
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	31/12/2020
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	31/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/01/2021

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Yellow	31/12/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his	Not Compliant	Orange	31/12/2020

	or her daily life.			
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