



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

## Issued by the Chief Inspector

Name of designated centre:	West County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 August 2021
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0033331

## About the designated centre

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

This centre is located in West Cork. It is in a location with access to local shops, transport and amenities. The service is managed by COPE Foundation Ltd and comprises of a purpose-built 13 bedded ground floor house. This centre was set up to provide a specialist service for persons with an intellectual disability who required nursing care, in particular dementia care. The centre supports residents to live a meaningful everyday life. Each individual is assessed, and a plan to support them is put in place. The assisted living model provided in this home, is a flexible response to residents' changing needs and declining cognitive ability. As their needs change over time, the resident's plan of care is adapted and appropriate supports provided by staff. The emphasis is on independent living in so far as practicable, community integration and appropriate support provided including end of life care. The ethos in the centre is to provide a welcoming, homelike and friendly environment which affords comfort and safety to residents, staff and significant others.

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

Number of residents on the date of inspection:	13
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## 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 - 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 18 August 2021	10:30hrs to 17:15hrs	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 all of the 13 residents. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

On arrival the staff team were observed to be supporting three residents to have their breakfast as per their special dietary requirements in the large dining room. The inspector was introduced to other residents who had finished their breakfast by the person in charge who was very familiar with each resident and their assessed needs. Two residents were sitting at tables in a large room adjacent to the dining room. One of these residents was smiling and sitting in a personalised chair that their key worker had sourced as part of celebrations to mark a milestone birthday for the resident. The other resident did not wish to share their space with the inspector at that time and vocalised their wish for the inspector to leave the area. Staff outlined how this resident had an established routine in recent months with staff support and this had assisted the resident to spend time with other peers of their choosing in the room. The resident was observed by the inspector to be content in their preferred space watching their peers. On one occasion, the inspector heard this resident make loud vocalisations in the hallway as they made their way down to the bathroom independently. The staff team supported the resident as per their choice during this time, which included the resident having personal space in the bathroom. While all the other residents were not close by at the time, the vocalisations could be heard throughout the centre. The inspector reviewed documentation in this resident's personal plan which outlined how they had been supported to engage in a communication programme with a dedicated staff member which included intensive one-to-one interaction sessions. However, these sessions stopped when the staff member went on unexpected extended leave in April 2021. The inspector was informed no other staff member on the team had the training required to continue the specialised program. The inspector was informed a referral had been sent for music therapy for the resident but this was still outstanding at the time of the inspection.

In the sitting room, the inspector observed one resident who had chosen to lie down on a couch. This resident was required to wear a protective helmet at all times when they were mobilising due to an unpredictable seizure pattern. Staff explained that at times the resident could choose to lie down to rest if they felt tired. During the day the inspector observed the resident to walk independently around the communal areas of the centre and out into the garden space at the rear of the centre. Another two residents were also observed to walk independently during the day and go out to sit on a swing seat in a secure garden area directly adjacent to the dining area. The person in charge outlined that while there were plans to develop a sensory garden this had not had not yet progressed.

One resident spoke with the inspector while they remained in bed. The resident

greeted the inspector and person in charge with a smile and told the inspector they had enjoyed a cup of their preferred hot drink for their breakfast. The person in charge explained how the resident had worked for many years in one location in the local community and a recent visit from a previous work colleague had been welcomed and enjoyed by the resident. The resident also liked staff to sit with them and help them to go through their personal memory box. The inspector was informed that the resident had experienced a decline in their health in recent months and required the support of two staff to support their assessed needs. Another resident was also in receipt of palliative care at the time of the inspection. The inspector met the resident while they were sitting in their wheel chair in the sitting room during the morning with peers.

During the afternoon in the large dining room one resident approached the inspector and linked arms, guiding the inspector without words towards the kitchen area. Staff present were familiar with the resident's routine. They explained the resident wanted to have a cup of their preferred hot drink while sitting in the kitchen. The inspector stayed with the resident while they enjoyed a small cake and a hot drink. Staff were observed to ensure the resident was supported to enjoy the cake independently while being supported as per their feeding and drinking plan. The resident linked the arm of the inspector when they had finished and then guided the inspector to the front door. As it was a lovely sunny day the inspector & resident went for a walk outside in the sunshine around the front of the designated centre. The resident walked over to some cars parked nearby trying to open the doors indicating they wished to go for a spin. However, this activity could not be completed by the staff on duty as there were only four staff on duty in the afternoon on the day of the inspection and no activities away from the designated centre could be accommodated. The resident declined the suggestion to sit on a garden seat in the sunshine and chose to return to the designated centre.

The lack of choice of community activities was a recurrent theme in the 13 completed questionnaires given to the inspector which had been completed prior to the inspection by relatives and staff on behalf of the residents. The inspector reviewed the activity schedules for seven of the residents in the two months prior to the inspection. Most activities took place in the designated centre and included watching TV, listening to radio, colouring, spending time alone or going for walks around the garden. Staff did engage in group activities with residents such as quiz type games, bingo and sensory sessions when they had capacity to do so but a number of entries in the activity records documented activities not filled out due to staff shortage. While staff did inform the inspector that a number of residents had enjoyed a spin to another local town in the days prior to the inspection, it was confirmed to the inspector that family members had provided the external activities recorded for some of the residents in recent months during visits in line with public health guidelines. In addition, the inspector was given a detailed outline of the assessed needs of the residents in the centre at the time of the inspection. Six of the residents required two staff to support them with all activities of daily living, one resident required the assistance of two staff in the morning and the remaining six residents required the support of one staff. All 13 residents required a modified or textured diet and staff reported that while meals were prepared, it took one staff approximately 30 minutes to ensure all residents received their meal at the correct

consistency as per their individual feeding and drinking plans. In addition, seven of the residents required a nurse to support them at all times due to their medical needs and these residents could not leave the designated centre if only one nurse was on duty. This was the situation on the day of the inspection, one nurse was on duty for the day with four care assistants in the morning and three care assistants for the afternoon. The staffing complement for the day shift in the centre outlined in the statement of purpose stated two - three nurses were to be on duty with three – four care assistants. The person in charge has a nursing background and was providing assistance on the day to the staff team.

Throughout the inspection residents were observed to be supported by a committed staff team who were familiar with individual preferences and routines. Staff spoken to on the day of the inspection outlined how they changed activities to keep residents interested such as having quiz type game as an alternative to bingo or other similar activities. However, while resident's care needs were observed to be supported throughout the day, activities were confined to the designated centre, due to the staffing complement. A staff member was observed to support three residents to spend time in the sensory room in the late morning where the inspector noted the residents to be smiling and enjoying the activity. Other residents were seen to enjoy a recording of favourite country singer and part take in some games in the large sitting room or listen to their preferred music on their headphones at other times during the day. Staff explained how all residents were supported to have their hair done during the pandemic restrictions in the designated centre by a member of staff who was also a hairdresser. Some of the residents the inspector met had recently enjoyed having their hair styled and coloured and smiled when this was spoken of by the person in charge when the inspector was being introduced to them. However, no resident was able to use the facilities in the large activation room during the day of the inspection. The communal dining and sitting room area with the outside garden space is where residents were supported throughout most of the day if they chose not to spend time in their bedroom.

While residents were supported by a familiar staff team the impact of staffing resources was evident. Prior to the pandemic restrictions the residents had enjoyed many different community activities such as attending community bingo, going out for drives to places of interest, going on short breaks with staff members and attending day services. While some of these activities still remain restricted, there was no staff available to support any of the residents to leave the designated centre on the day of the inspection, if they wished despite a transport vehicle being available. In addition, a review of a number of resident's files indicated that they had not been supported to leave the designated centre for the previous two months.

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

The inspector found that the staff team in the designated centre were committed to providing a service that met the assessed needs of the residents. However, the governance and management structures in place did not ensure that a safe and person-centred service was provided at all times to the residents in the designated centre. Not all actions from the inspection in November 2020 had been adequately addressed which included ensuring adequate arrangements were in place for the safe evacuation of all persons from the designated centre. Further detail on regulation 28: Fire precautions will be discussed in the quality and safety section of this report.

The provider had completed a six monthly audit in April 2021 as per their regulatory requirement. However, the issues identified remained unresolved on the day of the inspection. These included gaps in governance, staffing resources and lack of activities available for residents. In addition, the auditors found regulation 28: fire precautions to be compliant but had not reviewed the documentation and issues raised following a minimal staff fire drill that took place on 5 December 2020. This will be discussed further in the quality and safety section of this report. The person in charge had met with senior management on 23 & 30 June 2021 to discuss staffing resources but there were no details of actions identified or meeting notes available for review on the day of the inspection.

The person in charge worked full time and had remit over one other designated centre located approximately two kilometers away. The provider had appointed a full time clinical nurse manager, CNM1, to assist the person in charge with administration and other duties in both centres in November 2020. Both of these roles have been impacted by staff absences in recent months. The inspector was informed that both the person in charge and the CNM1 were unable to complete supervision of staff, timely reviews of personal plans and some audits due to the requirement for them to provide nursing support to the residents in this designated centre. At the time of the last inspection, the inspector was informed by the person participating in management that the 0.5 whole time equivalent (WTE) staff nurse post vacated by the CNM1 in the designated centre would be filled. This post was still vacant at the time of the inspection. In addition, two staff were on planned extended leave who were each employed in WTE nursing posts. A further two WTE staff nurses were not available for work due to sick leave at the time of the inspection. The inspector was informed by the person in charge that a nursing post had been offered to an individual in July 2021 but the person declined to take up the offer. It was evident following review of the actual and planned rota that the staffing of this designated centre required on-going review by the person in charge and the CNM1. Planned rotas were changed many times to reflect changes to staff availability. On the day of the inspection one nurse was on duty and they were required to ensure all the medical needs of the 13 residents were supported and documented during their shift.

The core staff team had demonstrated their flexibility to assist the person in charge



to provide support to the residents within the designated centre. Three day service staff were redeployed to the designated centre since March 2020. Staff had ensured the ongoing safety of all residents during the pandemic. However, due to changes in the assessed needs of the residents, staff spoke of their inability to support the residents to access the community or leave the designated centre due to the reduced resources available in the designated centre. The person in charge outlined how they prioritised medical appointments but had not been able to consistently provide the required number of nursing or social care staff as outlined in the statement of purpose. It was evident throughout the inspection, that the staff team supported the activities of daily living for all residents in a professional and friendly manner. Supporting residents to be able to have their meals in a quiet space without being rushed. This dedication and commitment was also reflected in comments from family representatives in the completed questionnaires reviewed by the inspector. However, during the inspection some residents were observed to be engaged in prolonged passive activities such as watching television while staff provided support to other residents.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

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 qualifications to carry out the role. However, their remit over two designated centres and the requirement in recent months to provide frontline support to ensure the assessed needs of the residents in this designated centre impacted their governance and management of the centre.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place.

The registered provider had not ensured that the number, qualifications and skill mix was appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Not compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had not ensured the designated centre was resourced to support effective delivery of care and support in accordance with the statement of purpose. Effective systems were not evident to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review which contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

## Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Residents and family representatives had been supported to raise any issues and were aware of the complaints procedure.

Judgment: Compliant

## Quality and safety

Residents were not always supported to have a person-centred service where each resident's individuality was respected. In addition, the inspector was not assured staffing levels in the designated centre could effectively provide safe and effective care to all residents. An immediate action was issued to the provider during the inspection in relation to regulation 28 : Fire

Following a review of three minimal staffing fire drills that were completed since the last inspection in November 2020, the inspector was not assured that issues raised by staff were adequately addressed. The completion of a minimal staffing simulated fire drill was identified as part of the actions following the last inspection. This was conducted on 5 December 2020, however, the duration was seven minutes. Issues identified included staff not aware of how to strap residents into the fire evacuation pad and the length of time taken by two staff to move residents to safety from their rooms on mattresses. The staff team did attend an education session in the designated centre on 5 & 6 December 2020 to ensure all staff were aware of how to use the fire evacuation pad. The next minimal staffing simulated fire drill was completed on 22 May 2021, this drill took six minutes and 12 seconds to complete. A number of issues identified included the inability of staff to supervise residents in the day area while they evacuated other residents from their bedrooms. One resident became very anxious during the drill and required re-assurance and support. The safety clip on one of the evacuation sheets was not working correctly. The cot side and bed bumper on one bed caused an issue for staff which required them to lift the mattress to enable them to move it. Staff repeated the simulated night drill on 20 June 2021 which took 5 minutes and 10 seconds to complete. During this time three residents who had been evacuated to an area deemed to be safe walked back into the area where the fire scenario had been identified. During this drill staff were using the compartments of the designated centre to safely evacuate the residents. Two staff were not able to ensure the safety of all of the residents during the drill. The person in charge escalated the risk of fire evacuation on 20 June 2021 and informed senior management and the safety officer. Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed.

The provider immediately allocated a third staff member for night time support from 18 August 2021 and gave a commitment to engage the services of a person competent in fire to carry out an assessment of the designated centre and submit the report to the Health Information and Quality Authority, (HIQA) by close of business on 24 August 2021.

The person in charge had informed the inspector that not all resident's personal plans had been reviewed as required due to staffing resources. In addition, resident's personal goals had not been reviewed, progressed or re-adjusted to reflect the pandemic restrictions. For example, one resident's goals included re-commencing swimming and have music incorporated into their daily activities. Neither of these goals were documented as being reviewed or progressed. This resident was also still waiting for a referral for music therapy since April 2021. As previously mentioned in the first section of this report, opportunities for residents to partake in activities of their choice were limited and had been impacted by staffing resources. Residents who were able to mobilise independently were observed by the inspector to walk around different communal areas of the designated centre during the inspection. Residents who required assistance with mobilising were dependant on staff being able to support them to change activity or move to another location. Staff supported individual residents with their morning routines, some residents choose to stay in bed others were supported to get up when they woke up. However, while it was evident the number of staff on duty were able to support basic care needs on the morning of the inspection, there was no staff dedicated to support meaningful day activities for the residents due to the high support needs in the designated centre. This was also an issue reflected in the completed questionnaires.

The assessed needs of the residents in the designated centre included complex medical illnesses which required nursing oversight. Staff were observed during the inspection to be attentive to the healthcare needs of all of the residents which included feeding, eating and drinking support plans (FEDS). Staff spoken to on the day were very familiar with residents who required additional supports such as those with epilepsy. Two residents were in receipt of palliative care from the staff team. Both of these resident's required the support of two staff. The inspector observed one of these resident 's to enjoy some conversation with staff members during the day when they were being supported with care needs. However, opportunities for staff to spend quality time with the resident were limited as the person had chosen to remain in bed for the day of the inspection. The staff team were observed to adhere to safe infection control practices throughout the inspection. The person in charge had ensured up-to-date information was available to all staff and had completed the infection prevention and control self assessment.

## Regulation 13: General welfare and development

The registered provider had not ensured each resident was provided with appropriate care and support in-line with their assessed needs and expressed wishes.

Judgment: Not compliant

### Regulation 17: Premises

The registered provider ensured the premises met the needs of the residents and was maintained in a good state of repair both internally and externally. Scheduled painting was taking place on the day of the inspection.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured staff were familiar with the special dietary requirements and assistance required by all of the residents, which included up-to-date information on a dedicated notice board in the kitchen regarding each resident's specific dietary requirements.

Judgment: Compliant

### Regulation 26: Risk management procedures

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

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures

consistent with those set out by guidance issued by the Health Protection and Surveillance Centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed, however, further assurance of a fire assessment completed by a competent person was requested to be submitted by the provider to ensure adequate resources were in place for effective and safe evacuation of all residents from the designated centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans and social care needs had not been subject to an annual review.

Judgment: Not compliant

### Regulation 6: Health care

Residents had plans of care developed to support their assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals. However, the nursing supports required to meet the assessed needs of the residents were not consistently provided in the designated centre.

Judgment: Substantially compliant

### Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This

included staff training and care plans for personal and intimate care.

Judgment: Compliant

### Regulation 9: Residents' rights

Each resident's privacy and dignity was respected at all times. However, residents did not always have the freedom to exercise choice and control in their daily lives.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for West County Cork 2 OSV-0003288

Inspection ID: MON-0033331

Date of inspection: 18/08/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Registered provider will review the current governance structures and will submit a business plan to the HSE to address the outcome.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Registered Provider has advertised for staff and will make every effort to ensure that the number, qualifications and skill mix is appropriate to the number and assessed needs of the residents and in keeping with the statement of purpose</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered provider will assess the resident's needs and develop a plan to ensure the resources are available to support effective delivery of care and support in accordance with the statement of purpose .The registered provider shall make every effort to ensure</p>	

that management systems are in place to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The registered provider will assess the resident's needs and the staffing compliment as per the statement of purpose to provide appropriate care and support in –line with the resident's assessed needs and expressed wishes.</p> <p>The registered provider will endeavor to provide the required staffing compliment to provide the residents with facilities for occupation, recreation and opportunities to participate in accordance with their interests capacities and developmental needs.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A fire safety assessment was carried out on 23/08/2021 and an additional staff has been allocated since 18/08/2021. This will be reviewed over the next 6 months with the competent person to re-assess the necessity for same.</p> <p>A minimum staff Fire Drill was carried out on the 22nd September 2021. We are satisfied that this drill met the requirements of the recently submitted Fire Safety Report.</p> <p>The staff will continue to receive training in relation to fire safety and the residents and staff will continue to participate in regular fire drills and that staff and in so far as is reasonably practicable residents, are aware of the procedure to be followed in the case of fire.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

<p>assessment and personal plan:  All personal plans will be reviewed and updated by December 31st.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  The registered provider will review the skill mix requirements of the centre and address the shortfall as per Statement of Purpose.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Staff are familiar with the wishes and preferences of the residents and are committed to supporting their rights at all times. The Registered Provider will seek additional resources from its funders for the provision of additional staff and skill mix in to ensure that residents have the freedom to exercise choice and control in their daily lives.</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.	Not Compliant	Orange	30/10/2021
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	30/10/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Orange	30/10/2021

	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	30/10/2021
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/10/2021
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.	Not Compliant	Red	23/09/2021
Regulation 15(2)	The registered	Not Compliant	Red	23/09/2021

	provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Red	23/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2021
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	30/10/2021
Regulation 28(1)	The registered	Not Compliant	Red	24/08/2021

	provider shall ensure that effective fire safety management systems are in place.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	24/08/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/09/2021
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	Substantially Compliant	Yellow	30/09/2021



	aware of the procedure to be followed in the case of fire.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Orange	31/12/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/10/2021
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 or her daily life.	Not Compliant	Orange	30/10/2021