



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	20 July 2022
Centre ID:	OSV-0003294
Fieldwork ID:	MON-0030212

About the designated centre

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

North County Cork 4 is a large one-storey building house located in a town. The centre can provide residential services for a maximum of 10 residents of both genders, over the age of 18. Residents with intellectual disability and/or autism and a mental health diagnosis are to be supported in the centre. Support to residents is provided by the person in charge, staff nurses and care assistants. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a dining room, a kitchen, a utility room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 (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 20 July 2022	10:00hrs to 20:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The premises provided for residents to live in was generally seen to be homely and well-furnished. Some residents gave positive views on life in the centre and appeared happy but one resident indicated that they were unhappy in the centre.

On arrival at the centre the inspector was initially greeted by two residents at a side entrance. These door staff informed a staff member who met the inspector at the front door and got him to sign in and check his temperature using a digital thermometer provided. When doing this the inspector observed the staff member using a bottle of hand sanitiser that was inside the front door. When the inspector viewed this bottle of hand sanitiser, it was noted that it had an expiry date of April 2021. Upon entering some residents were present in the communal areas and greeted the inspector while other residents were being supported with personal care by staff members on duty.

The inspector carried out an initial walk through of the premises shortly into the inspection and noted three other bottles of hand sanitiser present that had passed their expiry date. It was also noted that the centre had supplies of personal protective equipment (PPE) such as face masks, gowns and gloves present in the centre but when viewing these the inspector saw that some of these had also passed their expiry date. The expired hand sanitisers and PPE were highlighted to the person in charge and later on during the inspection it was seen that the expired hand sanitiser had been removed while the inspector was also informed that the expired PPE was being addressed. During his initial walk through, the inspector observed some grab rails in bathrooms to be rusted and in need of replacing while some taps also needed further cleaning.

It was seen though that, in general, the premises provided for resident to live was clean homelike, well-maintained and well-furnished. For example, it was noted that the kitchen area appeared very modern while couches were available for residents to relax on in the living room. Various framed photographs were also on display in the centre in addition to some art works completed by residents. Ten residents were living in this designated centre, all of whom had their own individual bedrooms. One resident in particular was very keen to show the inspector their bedroom which was nicely furnished with a big television and en suite bathroom. This resident told the inspector they liked their bedroom, liked living in the centre, enjoyed going shopping and that staff were good to them. This resident described the centre's person in charge as "the boss".

In addition to this resident, all other nine residents were met by the inspector during the inspection. While some residents did not engage with the inspector others did give some feedback on life in the centre. One resident told the inspector that they were unhappy in the centre but did not elaborate on why this was. Another resident said that they loved living in the centre and enjoyed going for walks. One of the residents met by the inspector appeared happy when they spoke with the inspector.

This resident asked the inspector if they had met him before. When the inspector said that this was his first time in this centre, the resident said that they had met another inspector on a previous Health Information and Quality Authority (HIQA) inspection and wanted to say hello to them.

Aside from speaking with residents, it was also indicated to the inspector by management of the centre that one resident in particular had expressed a desire to live in another setting and, while this had been delayed due to COVID-19, progress with this was being made. This resident was met by the inspector during this inspection but did not express to him that they wanted to move elsewhere. It was indicated though in a report of a recent provider unannounced visit carried out, that this matter had been escalated for a number of years and that the resident involved had written to the provider's Chief Executive Officer about this. A provider unannounced visit report from July 2021 indicated that this resident was on the waiting list for an independent advocate regarding this matter. Based on correspondence received after this inspection, there had been no follow up regarding the independent advocate at the time of the current HIQA inspection.

During this inspection, a calm and social atmosphere was overheard and observed by the inspector with staff members on duty seen to engage positively, respectfully and warmly with residents. Some residents were supported to go for walks and drives while at one point during the day staff also supported residents to get some ice cream. While these were positive aspects of the centre, it had been noted that in recent months there had been an increase of instances of negative interactions between some residents of the centre while one resident had made a compliant about the noise another resident had made during a particular day with the complainant indicated as saying they "just can't take it". The compliant record reviewed indicated that the resident was reassured about and satisfied with the response. No other complaints of this nature were logged for the centre in 2022.

In summary, residents were observed to be treated in an appropriate manner by the staff members on duty during this inspection. Residents were provided with a clean, homelike, well-maintained and well-furnished premises. Residents generally appeared happy and gave positive feedback on life in the centre while a calm and social atmosphere was overheard and observed by the inspector.

The next two sections of the report 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 delivered.

Capacity and capability

While there was evidence of good supports to residents in some areas, aspects of the monitoring systems in place required improvements with a number of regulatory actions identified on this inspection.

A February 2020 HIQA inspection of this centre raised particular concerns around residents' rights and the sharing of bedrooms amongst some residents. Since that time the provider had made some changes to the premises and converted one bathroom into a bedroom while some respite previously offered in the centre had stopped. This meant that each of the 10 residents living in this centre at the time of inspection had their own individual bedrooms with an overall good level found during the previous HIQA inspection in March 2021. With the centre registered until August 2023 with no restrictive conditions, it was decided to conduct the current inspection to assess compliance with relevant regulations in more recent times.

In accordance with the regulations, providers should have effective monitoring systems to assess the services provide to residents and this can be achieving by conducting regular audits in a systematic way. However, this inspection did find a number of regulatory actions, as discussed elsewhere in this report, and it was indicated to the inspector that there gaps in some local audits to be carried out in the centre. Aside from such audit it was seen that, in line with the regulations, the provider was conducting unannounced visits to the centre at six monthly intervals. Such visits are important to assess the quality and safety of care and support provided to residents.

Written reports of these unannounced visits were available for the inspector to review and it was seen that the person in charge had developed an action plan to address the issues raised in such reports. While these unannounced visits were being carried out in line with the regulations, it is also required by the regulations that an annual review be conducted to assess if the services provided to residents are in keeping with relevant national standards with written reports of such reviews also to be maintained. The most recent annual review provided to the inspector was from October 2020 and as such the inspector was not assured that an annual review in keeping with the requirements of the regulations had been conducted since then.

The regulations also require staffing arrangements to be in keeping with the needs of residents and the centre's statement of purpose but from speaking to staff members and reviewing staff rosters it was found that staff levels were sometimes below what was required. Staff members spoken with during this inspection did demonstrate a good understanding of residents' needs and how to support them. Training was provide to staff members also although there were gaps in areas such as training in fire safety and safeguarding while some staff were also overdue refresher training in infection prevention and control. Arrangements were in place for staff to be formally supervised but it was noted that some staff were overdue supervision at the time of inspection. The inspector was informed that supervision for these staff was to take place later in July 2022.

Regulation 15: Staffing

Staffing arrangements were sometimes not in keeping with the needs of residents and the statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some staff were overdue supervision and some refresher training in infection prevention and control at the time of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

It was indicated to the inspector that there gaps in some local audits to be carried out in the centre while this inspection did find a number of regulatory actions. An annual review that assessed if the services provided were in keeping with relevant standards had not been conducted.

Judgment: Not compliant

Regulation 34: Complaints procedure

Information on the complaints procedure was on display in the centre. Records of complaint made were maintained which included details of actions taken in response.

Judgment: Compliant

Quality and safety

Residents had personal plans provided for but improvement was needed in some areas of the personal planning process. Actions were also identified relating to infection prevention and control, health care and fire safety.

As required by the regulations residents had individualised personal plans in place. Such plans are required by the regulations to provide guidance for staff on supporting residents' assessed needs. The inspector reviewed a sample of such plans and noted that they contained some good guidance for supporting residents. However, it was not evident for some plans that they had been subject to an annual multidisciplinary review as required by the regulations while a process of person-centred planning was overdue for some residents. Such a process is important to help ensure that residents and their families are involved in the development and reviews of residents' personal plans.

It was also noted that, as part of person-centred planning processes that had been completed, residents did have specific goals identified. While there was some evidence that residents had been supported to achieve some goals, such as attending a concert, for other goals it was unclear if they had been progressed or achieved. In addition, one resident had had an occupational therapist (OT) assessment completed which made a number of recommendations which were aimed at improving the resident's independence with a view to the resident living in a different setting in the future. Despite this, such recommendations were not reflected in any specific goals for the resident even though a person-centred planning process had been completed for the resident since the OT assessment.

In addition to identified goals, residents' personal plans also contained guidance on how to support the health needs of residents with specific care plans in place for assessed health needs. While most of these health care plans had been reviewed recently, it was noted that some residents' care plans which focused on their mental health had not been reviewed for over 12 months. In addition, a health care plan related to one resident's weight required some updating as the stated frequency of weight checks was less than how often staff said such checks were being carried out. Residents were supported to access health and social care professionals as required and there was monitoring of residents' health needs. However, the inspector did note that some blood pressure checks for one resident were required to be done weekly but records provide suggested that these were not happening consistently. Some gaps were also noted in some monthly health checks to be carried out although these had been done for most months in 2022.

Risks related to residents' health were risk assessed where required and during this inspection it was seen that various risk assessments were in place relating to individual residents and the centre overall. It was noted though that some risk assessments were overdue a review while some risk ratings applied to certain risk assessments also appeared inaccurate. Risks assessments were also in place related to COVID-19 and infection prevention and control but as referenced elsewhere in this report, based on observations of the inspector, some improvement was required in relevant areas related to PPE and hand sanitiser. In addition, during this inspection some gaps were evident in cleaning records reviewed while it was also found that some suspected cases of COVID-19 had not been notified to HIQA.

The risk related to fire safety had also been assessed and it was seen that fire safety systems were provided for in the centre but during the inspection it was seen that some fire doors and their use required review. Such doors are intended to prevent

the spread of fire and smoke but the inspector did observe one door with a noticeable gap under it, another door that did not close fully under its own weight and a third door that was held open by a box early into the inspection. While the box highlighted was removed during this inspection, these observed instances could limit the effectiveness of the fire doors to provide a protected evacuation route if required. Residents did have personal emergency evacuation plans (PEEPs) which outlined the supports they needed to evacuate the centre it required. Fire drills were also being carried out regularly but it was noted that a resident's PEEP did not take account of a recent drill where it was indicated that the resident did not immediately respond to the fire alarm.

In addition, only two staff members were usually on duty at night and it was indicated to the inspector that some residents might need particular support from staff if evacuating at night. A night drill had taken place in the centre in February 2022 to reflect times when staffing would be at their lowest. While a low evacuation time was indicated, the initial drill record contained limited information. Follow up information received following this inspection indicated that three residents, including two who the inspector was informed would require the support of two staff to evacuate, were in communal areas at the time of the drill. Taking into account the needs and number of residents in this centre along with the staffing arrangements, further assurances were needed that all residents could be evacuated promptly particularly if all ten residents were in their bedrooms at night.

When speaking with a staff member around the supports for one resident in the event that the centre had to be evacuated, it was indicated to the inspector that were the resident to refuse to evacuate from their bedroom at night, the resident was to be left in their bedroom for the fire brigade to arrive with the fire door to their bedroom to be closed. There was no mention of this in the resident's PEEP which had been reviewed in 2022. This matter was raised with management of the centre who were unaware as to where such a proposed course of action had come from. When reviewing the records of fire drills completed in the centre in 2022, it was noted that there were no recorded instances of this resident refusing to evacuate the centre while an evacuation aide was available to support the resident to evacuate from their bedroom.

Regulation 17: Premises

During this inspection it was seen that some grab rails were rusted and in need of replacing while some taps also needed further cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Some risk assessments were seen to require review while some risk ratings applied to assessed risks appeared inaccurate.

Judgment: Substantially compliant

Regulation 27: Protection against infection

During this inspection, some expired PPE and hand sanitisers was seen present in the centre. There was some gaps in cleaning records. Some suspected cases of COVID-19 had not been notified to HIQA.

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was indicated to the inspector that were the resident to refuse to evacuate from their bedroom at night, the resident was to be left in their bedroom with the fire door closed for the fire brigade to arrive. Taking into account the needs and number of residents in this centre along with the staffing arrangements, further assurances were needed that all residents could be evacuated promptly particularly if all ten residents were in their bedrooms at night. A resident's PEEPs and fire doors present in the centre required review. Not all staff had completed fire safety training.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

It was not evident for some personal plans that they had been subject to an annual multidisciplinary review while a process of person-centred planning was overdue for some residents. For some goals it was unclear if they had been progressed or achieved. One resident had had an OT assessment completed but the recommendations arising from this were not reflected in any specific goals for the resident. Some mental health care plans had not been reviewed for over 12 months while some information in one resident's weight care plan was different to what staff told the inspector.

Judgment: Not compliant

Regulation 6: Health care

Some blood pressure checks for one resident were required to be done weekly but records provided suggested that these were not happening consistently. Some gaps were also noted in some monthly health checks to be carried out although these had been done for most months in 2022.

Judgment: Substantially compliant

Regulation 8: Protection

Guidance on intimate personal care was present in residents' personal plans but for one resident it was noted that two different documents contained different information in this area. There was evidence that where necessary safeguarding plans were put in place. Not all staff had completed safeguarding training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

A provider unannounced visit report from July 2021 indicated that a resident was on the waiting list for an independent advocate regarding their desire to move elsewhere. Based on correspondence received after this inspection, there had been no follow up regarding the independent advocate at the time of the current HIQA inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for North County Cork 4 OSV-0003294

Inspection ID: MON-0030212

Date of inspection: 20/07/2022

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> The registered provider shall ensure that the staff number, qualifications and skill mix of staff is being reviewed appropriate to the number and assessed needs of the residents. The HR manager in conjunction with the Person in Charge and PPIM will review the staffing allocation for the designated centre. To be completed by 15.08.2022. Meetings will be held between the PIC/PPIM quarterly in 2022 / 2023(or more often if required) to ensure that known upcoming vacancies can be planned for. The meetings will also focus on effective rostering, holiday allocation and skill mix. 	
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 will be discussed at the PIC/PPIM's 1:1 meetings to ensure that the provider is meeting its obligations in the provision of mandatory and other training. The PIC will schedule staff training and maintain an updated training matrix for all staff within the designated centre. Updated 08.08.22 	

<ul style="list-style-type: none"> • The person in charge shall ensure that staff are appropriately supervised. All staff have had staff supervision completed by 03.08.2022. The PIC has a schedule of staff supervision in place. • All staff will have completed infection control refresher training by 15.08.2022. • All staff will have completed fire training on 28.08.2022. • All staff currently working in the designated centre have completed safeguarding vulnerable adults training by 03.08.2022. 	
Regulation 23: Governance and management	Not Compliant
<ul style="list-style-type: none"> • Outline how you are going to come into compliance with Regulation 23: Governance and management: • 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. • The person in charge has an audit schedule in place which identifies specific audits to be completed each month. All staff are familiar with the schedule and their roles and responsibilities for completing audits. Action plans will be developed on the outcome of audits by the PIC. Audit system to be reviewed on 30.11.2022 • The Provider has ensured that annual reviews and six-monthly unannounced visits are carried out on schedule. In this instance the PPIM had omitted to put a copy in residence. The PPIM has since ensured the copy of the six monthly and annual reports are available onsite with a robust action plan to be devised 15.09.2022. Copy of the annual review emailed to HIQA on 03.08.2022. ▪ The PIC has discussed action plans with staff at handovers on 2.08.22 and 03.08.2022 . ▪ The registered provider is aware of HIQA's concerns regarding Regulation 23 audits and relevant national standards. The provider has called a meeting in September with relevant people in the organisation to outline more appropriate and effective systems to ensure both regulation and relevant national standards will be met going forward and this will be in place for the next annual review. This improved system will form part of an overall service improvement plan for the whole organization. 	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally by ensuring an annual maintenance review by facilities manager. Completed on 08.07. 2022. Identified maintenance put on PEMAC system to be prioritised.
- PEMAC for rusted grab rails submitted 28.06.22. Further urgent request submitted 02.08.2022. Work completed on 04.08.22.
- Taps in bathrooms have been cleaned 21.07.22. The PIC has reviewed the cleaning schedule and included cleaning of taps on the cleaning schedule.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- All risk assessments will be reviewed by PIC by 30.09.22. Appropriate risk ratings applied.
- Schedule in place to monitor individual risk assessments by PIC annually and risk register every 6 months.
- Risk assessments will be updated as required based on residents changing needs.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Audit of PPE and hand sanitiser included on the IPC check list. Completed on 01.08.2022
- Out of date PPE and hand sanitiser disposed of on date of inspection 20.07.2022.
- Audit of cleaning schedule carried to be out by PIC 23.08.2022. This audit has been scheduled to be carried out monthly.
- The Lead COVID representatives will review the cleaning schedule monthly to maintain IPC standards. Actions will be escalated to PIC.
- PIC will ensure that all suspected or confirmed cases of COVID 19 are notified via the portal within 3 working days of being informed.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • PIC in conjunction with staff and audit of fire drills statistics has reviewed all residents PEEPS. Completed on 07.08.2022. • All staff are aware of Regulation 28 and shall ensure that adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bring them to a safe location. PIC has reiterated this verbally with staff and also via email to ensure all measures are taken to evacuate all residents in the event of fire. Completed on 07.08.2022 • A night time drill was completed on 23.08.2022. Identifying location of fire and all relevant information. Actioned detail of all fire drills recorded. An email outlining outcome of drill sent to the HIQA inspector on 24.08.2022. • Residents PEEPS updated and recent fire drill reflected in risk assessment. Completed on 24.08.2022 <p>To further support fire drill evacuation :</p> <ul style="list-style-type: none"> ▪ The evacuation protocol will be validated and witnessed by PIC/PPIM/ facilities Manager and Health and Safety Officer. This will be repeated 3 times whilst onsite to ensure repeatability. ▪ Validation of evacuation will be performed by 02.09.22. ▪ An updated risk assessment will be completed from lessons learned from fire drill . ▪ Lessons learned will be shared with all staff by PIC after review. ▪ Individual PEEPS will be updated accordingly to support individual evacuation. ▪ Identified fire doors repaired on day of inspection 20.07.2022 and works completed on 03.08.22. ▪ All Staff made aware that fire doors are not be kept open with objects as it impacts there proper functioning. • Fire Safety audit to be completed monthly and review of PEEPS by a designated staff member and findings will be escalated to PIC. Initial date to be completed on 07.08.2022. • All staff will have completed fire training on 28.08.2022. 	
Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Annual multidisciplinary review took place in February 2022 for all residents of the centre over teams .MDT report awaiting signatures. To be completed by 31.08.2022
- PIC has a schedule of annual review for PCPs. To date nine PCPS completed on 03.08.2022. PIC liaising with family to arrange a suitable time.. All resident's PCPs will be completed by 30.08.22.
- A robust process for review of goal progression will be developed and communicated to all staff by 22.08.22.
- Specific goals have been developed and implemented from OT recommendations completed on 05.08.22. Further review of goals scheduled monthly.
- Future planning for one residents' personal goals commenced with a coordinated supports meeting in conjunction with resident on 22.08.22.
- Review and update of all care plans will be completed by 31.10.22 in conjunction with the PIC and the keyworker.
- PIC will audit all care plans by 30.11.22

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The PIC has scheduled regular reviews of care plans and an updated detailed information will be developed and communicated to all staff by 22.08.22
- Review and update of all care plans will be completed by 31.10.22.
- PIC will audit all care plans, including monthly checks by 30.11.22
- Residents health care plans have been scheduled for review by 31.08.22 to include psychiatry annual review.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- Residents Intimate care plan has been reviewed, one document now in place with detailed information of the support required. Completed on 30.07.2022
- All staff have safeguarding training completed by 03.08.22.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- PIC contacted National Advocacy Service regarding resident on 25.07.22. Response received on 28.07.22 informed PIC that resident was 14th on the wait list. Written correspondence is being sent to the centre to document this. Regular 6 monthly follow up schedule is now in place.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30.08.2022
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	28.08.2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03.08.2022

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	04.08.2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21.08.22
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	21.08.22
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	15.09.22
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	30.09.22

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	23.08.22
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07.08.22
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	Orange	07.08.22
Regulation 28(4)(a)	The registered provider shall	Substantially Compliant	Yellow	28.07.22

	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.			
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.	Substantially Compliant	Yellow	31/08/22
Regulation 05(6)(b)	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 conducted in a manner that ensures the maximum participation of	Not Compliant	Orange	31.10.22

	each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	30.11.22
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30.07.22
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that	Substantially Compliant	Yellow	30.10.22

	resident's personal plan.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	30.07.22
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	03.08.22
Regulation 09(2)(d)	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 access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	28.07.22