



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0003295
Fieldwork ID:	MON-0034428

About the designated centre

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

The centre provided a home to 27 male and female adult residents and is based on a campus on the south side of a large city. In addition to the centre, the campus also has sports fields and a large day service facility on site. All of the residents have high support needs, with most residents needing assistance with all activities of daily living including eating and personal care. Many residents also have complex healthcare needs including epilepsy and mobility problems. The centre consisted of two large interconnected bungalows. Bungalow one provided a home to 14 residents. There are four double bedrooms and six single bedrooms. This part of the centre also has a large bright foyer. There is a visitor's room and a large sitting room. There is a kitchen area and a dining room, a shower room and a bathroom. Bungalow two provides a home to 11 full-time residents with two single bedrooms available for respite care. One of these bedrooms had been specifically modified for the use of one respite resident. This part of the centre has a kitchen area, a dining room and a large sitting room, a staff office, a staff changing area, a sensory room, a personal care / beauty room, two shower rooms, two toilets and a storage room. The staff team comprises of nursing staff, care assistants and an activities coordinator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
--	----

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
Tuesday 5 October 2021	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to determine the overall quality and safety of services provided to residents and the registered providers level of compliance with regulations.

The inspector met with 13 residents on the day of inspection. Most residents did not use words to communicate. Some residents were isolated in single bedrooms to prevent the spread of infection as they were an active COVID-19 outbreak within the designated centre. One bungalow within the designated centre had no positive cases of COVID-19 detected and this part of the service was not visited by the inspector to prevent the risk of cross infection. The staff and the inspector utilised full personal protective equipment (PPE). Non direct contact with staff and residents was maintained for short periods of time at a two metre distance, in areas that were well ventilated.

Residents were observed to be in receipt of direct support from staff for the purposes of bathing, dressing and eating. Much of the morning and early afternoon was taken up by these activities. By mid afternoon additional staff were observed supporting residents with snacks and staff spent time talking to residents and engaging residents with story books. These interactions were observed to be brief as staff were required to assist colleagues with manual handling in relation to all residents personal and intimate care. Some residents had been dressed by the night staff at 07.00 am and these residents were supported by staff to return to bed to preserve skin integrity. In addition to the high physical dependency requirements of each resident, a small number of residents could walk with aids and staff support. Most residents required the direct support of two staff. All staff were observed to engage with residents respectfully and staff were observed to be gentle in their approach. Staff took time to speak with and inform the residents of planned interaction before commencing. Thirteen residents were noted to be on modified or special diets, including enteral feeding. Staff were rarely finished one task before being requested to assist a colleague in the support of another resident. New staff were working alongside staff who were more familiar with the residents needs. Familiarisation and induction in this regard was subject to regular interruptions. Due attention was observed in relation to staffs usage of PPE which impacted on the delivery of care as staff were constantly having to don and doff with three residents in isolation.

The staff member employed as an activities coordinator was engaged in the provision of direct care of residents in isolation. Meaningful activities were not planned or provided within the designated centre. Visits were limited to outdoor visits or visits that took part in another building on site. One resident was observed in the grounds in their wheelchair supported by a staff member for a short excursion. No day services were available to residents unless fully supported by a staff member from the designated centre and there was no evidence that residents were supported to attend day services. Residents in isolation had a television or

music as an activity, as did other residents. The person in charge was working in the provision of direct resident care, the induction of new staff, the support of existing staff as well as trying to maintain existing staff rosters.

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 to each resident living in the centre.

Capacity and capability

The inspector found that the designated centre was not well resourced and managed and there had been significant deterioration in the quality of supports to residents since the previous inspection in October 2020. Areas of regulatory compliance that the registered provider had committed to achieving by March 2021 were noted to have not been achieved and many were now not compliant with the Health Act 2007. Staff were observed to be committed to the care delivered to residents, however the staff team was depleted by 25% of the overall staff complement stated in the registered providers statement of purpose. Additionally, staff were struggling with a COVID-19 outbreak which involved isolating three residents in one part of the congregated setting and trying to prevent the spread of infection to a population of vulnerable residents that were dependent on staff. The registered providers overall response to an outbreak of COVID-19 was not consistent with its intended contingency plan where staffing resources and the isolation of residents was not subject to a review of effectiveness.

The person in charge was suitably qualified and experienced and had transferred to the designated centre in the current year. This person in charge reported directly to a senior manager that had recently returned from extended leave. The person in charge was supported by a clinical nurse manager that was presently on extended leave. Written records reflected a deteriorating staff complement over the course of the previous six months. The roster was heavily reliant on relief and agency staffing. There were records of emails to the staff allocations officer, some on a daily basis requesting staff and assistance to support the unit maintain adequate staffing levels. Three staff had left the service in August 2021, two staff remained on maternity leave and three staff members were on long term sick leave. Two of these staff were to resume work in the coming weeks. One staff member remained employed on weekdays to work in the kitchen and support the provision of food and special diets. This role continued to remain unfilled at weekends which meant that a staff member allocated to direct resident care had to be allocated from the existing complement at weekends. A staff member employed specifically for laundry duty was only employed on weekdays and not weekends. The activities coordinator that had been employed to plan and provide meaningful activities to residents had been reallocated to attend to direct resident care. If a resident wished to attend day services or any external activity, it was dependent on the direct support of the staff

allocated to the designated centre. As a consequence no activity was available to residents outside of watching television up until the afternoon. Staff were observed in the late afternoon making time to provide what was termed butterfly moments to individual residents but these interventions were very short and limited. All staff were observed to be kind and gentle with residents. The focus of care was predominantly on activities of daily living – the provision of intimate care and feeding. The registered providers previous commitment was to expand activation services by increasing staff resources to two staff in recognition of the residents assessed needs and lack of meaningful activities. Staff indicated that they were exhausted at work and were upset that they were unable to deliver the support to residents that they had previously given. Contract cleaning staff were employed for three hours a day on weekdays in each bungalow, were not employed at weekends and no additional cleaning was in place during the pandemic nor the current COVID-19 outbreak.

The person in charge was actively engaged in working with residents and staff. Records reflected that they worked flexibly and provided additional unrostered hours to the service, filling gaps in the staff roster. The person in charge was committed to training new staff, supporting newly qualified staff and inducting agency and relief staff. This took a significant amount of time as there were up to 53 different staff members listed on the staff roster. The management support structure had gaps above and below the person in charge. An out of hours management support structure was available off site to staff but this was mainly utilised for the purposes of seeking advice or notifying adverse events. Requests for additional staff were made directly to an allocations officer within the organisation. There was no evidence to determine whether such requests were advanced to the organisations senior management team. The registered providers general manager had also recently left the organisation. The person in charge and staff acknowledged that staff meetings were irregular, but staffing issues and shortages were discussed. Records of staff meetings were not available on the day of inspection.

The registered provider had undertaken six monthly reviews of the safety and quality of the services in May 2021 as well as an annual review in September 2021. Areas of non regulatory compliance were highlighted in all reports. No follow up actions were taken to address the areas identified. A recent review undertaken by the same assessors had been conducted the previous week to this inspection. The assessors had not yet furnished the report at the time of inspection. In conversation with the inspector, the auditors stated that they had serious concerns regarding the deterioration of the quality of services provided to residents. This matter had been referred verbally to their line manager. The inspector was not able to ascertain whether these concerns were relayed to the senior management team or whether there was a defined mechanism within the registered providers overall governance to ensure effective and meaningful communication.

Staff training records reflected that over 50% of staff required refresher training in manual handling, 77% required refresher training in managing behaviours that challenge, 23% in safeguarding vulnerable adults and 60% in fire and safety training. The inspector noted that face to face training for manual handling was planned by the person in charge and the clinical nurse manager who were trained

manual handling instructors. This was not possible with the current staffing shortages impacting the service. All staff had undertaken infection prevention control training and had been reminded by the person in charge to undertake refresher training. Records reflected that hand hygiene assessments were facilitated from within the team and three named staff were dedicated to this role. These assessments had been undertaken fortnightly and had moved to quarterly until the outbreak of infection had occurred. Assessments were again taking place fortnightly.

There had been two recorded complaints since the previous inspection that were made in July and September 2021. The complaints remained unresolved and impacted by the recent outbreak of COVID-19 which prevented family members visiting the designated centre. The complaints remained open at the time of inspection. The complainant had not received any formal response which was not in keeping with the registered providers own complaints policy.

The person in charge had recently updated the statement of purpose, however, one resident was temporarily accommodated in a sitting room and this was not reflected in the statement of purpose.

Regulation 14: Persons in charge

The registered provider ensured that the person in charge was employed in a full-time capacity and had the required experience and expertise to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider failed to ensure that the number of staff was appropriate to the assessed need of residents and the statement of purpose. Continuity of care and support was not provided to all residents who were dependent on staff interventions.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge was unable to ensure that all staff had appropriate training, including refresher training. Staff were not appropriately supervised across the working weeks as they were significant gaps in the management roster across the

working week both by day and night.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was effectively resourced and this impacted directly on the supports available to residents. Contingency plans to support staffing issues and effectively address an active outbreak of COVID-19 were not evidenced on the day to be an effective measure. Management posts above and below the person in charge were vacant for periods of time impacting on the overall governance of the service and its ability to respond to adverse situations. Shortcomings and regulatory non compliance identified by the providers own audit had not been actioned by the registered provider. Correspondence regarding governance and management concerns showed little evidence of reply from the provider. Communication between functional managers and the senior management team regarding issues of concern were unknown to the staff working on the ground.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had recently been updated but did not reflect the registered providers use of a sitting room room as a residents bedroom.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place, however, the response to complaints was not in line or within the time frames specified within the registered providers policy.

Judgment: Substantially compliant

Quality and safety

Overall the inspector found that the registered provider was not meeting the assessed needs of individual residents. Each resident had a recent assessment of need that outlined a total dependence on staff and the need for direct staff support. The direct care provided by staff was observed to meet the needs of residents in relation to general healthcare, hygiene and dietary requirements. The focus of care was task oriented and not person centred due to limited staffing numbers and an active COVID-19 outbreak which had a direct impact on residents rights and general welfare. Continuity of care was not assured and residents had little or no access to day services, recreational activities nor the opportunity to participate in activities of choice. This had been noted on a previous inspection but significant deterioration had since occurred. The registered provider had no risk assessment in place for the staff issues identified within the designated centre and subsequently no action plan. The registered providers COVID-19 contingency plan was not subject to review reflecting the changed circumstances where the isolation of some residents impacted directly on the rights and privacy of other residents.

The designated centre was in the midst of an active COVID-19 outbreak. Three residents in total were isolated in individual bedrooms. All residents displayed minor symptoms and staff were very focused on infection prevention. Staff were observed to be using full personal protective equipment PPE appropriately and attention to hand hygiene was good. Staff and residents temperatures were accurately recorded, as were those of visitors to the designated centre. Staff also had separate donning and doffing areas for changing. Residents were being barrier nursed and staff disposed of used PPE inside each infected bedroom. Contaminated laundry was placed in alginate bags. The unit was well ventilated. All residents who had recently tested negative were awaiting a second COVID-19 test. Residents in both bungalows were maintained in two separate isolation pods and staff crossover between the two bungalows was limited. Staff were observed performing additional cleaning of frequently touched areas and equipment. No increase had been made in contracted cleaning hours.

One resident who had tested positive had been sharing a bedroom with a resident who on the day of inspection had tested negative. To safeguard the negative resident, staff had relocated them to a sitting room that was currently used as their bedroom. Staff had taken this decision in the best interests of the resident who was vulnerable, confined to a wheelchair and visually impaired. The decision had also been made to reduce the risk of infection to one bungalow where all residents initial COVID-19 test had been negative. The registered provider had one isolation centre available for all of its services but the premises and service could not meet the physical and nursing needs of this cohort of residents. The registered provider failed to make adequate provision for such an eventuality. Other residents did not have access to this sitting room.

Four residents were observed sitting in the main foyer of one of the bungalows. These residents appeared to enjoy the movement and activity of staff who were attending to work in the vicinity of the staff office, kitchen and dining area. Staff engagement were observed to be kind and gentle. Staff attempted to provide meaningful interaction with residents but the main interaction was that of feeding

and personal hygiene. Staff were observed rushing between residents for the purposes of supporting feeding. This had also been an observation of the registered providers auditors on recent review. Of the nine other residents, three were confined to bedroom isolation and six were observed sleeping in their bedroom or sitting in their wheelchair in front of their television for long periods of the inspection. Residents had no choice or control in regard to activities that they may wish to be involved in. Residents could only access a nearby day service if a member of staff was available to leave the designated centre to directly support them throughout their stay. There was no evidence that residents were supported to attend day services. Visiting restrictions had not been relinquished in line with current public health guidelines and as a consequence all visits were happening outdoors or in a separate building on site.

The registered provider had a risk management procedure in place for the designated centre. A risk register included the risk of COVID-19 but no additional evaluation had taken place of the risk of staffing issues and numbers that was impacting the lived experience for residents.

The inspector reviewed six residents files on the day of inspection. Individual care plans had not been updated in the previous 12 months and in some instances, care plans had not been updated in 24 months. The front of each residents folder clearly stated that the resident was fully dependent on staff for all of their care needs. Goals did not take into account the impact of COVID-19 and there was no evidence that these goals were subject to a review. Activation assessments and social profiles had been updated with little to no action or follow through. Personal and intimate care for residents was observed to be good. Records and staff confirmed that residents were in receipt of daily bed baths, trolley baths or showers. Additional showers were offered at weekends if staff numbers allowed for it.

Healthcare records were accurate and well maintained. On the previous inspection, one resident had been awaiting an occupational therapy assessment for eight months for the purposes of securing a new wheelchair. Despite the registered providers commitment to introduce a streamlined assessment system to eliminate such waiting times, the resident waited another eight months for the required occupational therapy assessment. The registered provider had stated in their previous compliance plan return that this matter would be addressed by January of 2021. The internal assessment was finally completed in June 2021. The resident was now awaiting approval of funding for the required wheelchair with no indication from the primary funder as to when this would happen.

The fire and safety systems in place were to a good standard. All fire equipment, detection systems and emergency lighting had been recently serviced. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. Staff acknowledged that the maintenance department were quick to respond to any issues or concerns. Not all staff had up-to-date fire and safety training as previously described under Regulation 16. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were clearly recorded for drills that had occurred and staff were able to demonstrate how horizontal evacuation of residents

through specific zones and compartments were conducted. Residents beds could be moved easily through bedroom doors. A planned fire evacuation with minimum staffing levels had been deferred as a result of the COVID-19 outbreak to preserve residents isolation pods. The registered provider had allocated four staff on night duty but did not at the time of inspection have evidence that all residents could be evacuated safely in the event of fire at a time of minimum staffing. The person participating in management and the person in charge were requested to provide HIQA with written assurance from a fire competent person that such a drill was successfully and safely carried out as soon as the infection outbreak had resolved.

The registered provide had introduced internet access to the designated centre in recent weeks and this meant that some residents could access programmes and television of choice.

Regulation 13: General welfare and development

While residents were provided with appropriate care by the registered provider, there was no evidence that residents were in receipt of supports in regard to the nature and extent of residents disabilities, their assessed needs and their wishes. Most residents required the direct support of one or two staff at a time for their general care needs. Staffing levels did not allow for residents to take part in activities of their choosing. Recreation activities were limited to watching television and listening to music. Resident activities were confined to the designated centre and did not involve community access.

Judgment: Not compliant

Regulation 18: Food and nutrition

All residents required some support if not full support when eating. The number of staff available impacted on the provision of appropriate support making it not person centred. The registered providers auditors had communicated that mealtimes for residents were rushed and hurried due to staff shortages. This was also observed on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider failed to ensure that the system in place for the assessment and management of ongoing risk, pertaining particularly to staffing resources and an

infection outbreak, were effective.

Judgment: Substantially compliant

Regulation 27: Protection against infection

While the general practices employed by staff in the prevention and control of infection was good, the registered provider failed to provide an effective response to residents residing in a congregated setting with shared bedrooms. Additionally, there was no increase in contracted cleaning services which was limited to three hours a day on week days.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had adequate fire safety systems in place, however, the arrangements for the safe evacuation of residents at times of minimum staffing could not be confirmed on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans had not been subject to review, did not reflect the impact of COVID-19 and the pandemic, and were not modified to take into account the non attendance at day services. Personal plans were not assessed in relation to their effectiveness.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did ensure that appropriate healthcare was in place for residents, however, a proposed streamlined and prioritisation system to reduce residents waiting times for the services of allied health professionals, remained a lengthy process. The registered provider had not reviewed the effectiveness of this revised system which still maintained lengthy waiting times for equipment essential

to residents wellbeing.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider failed to ensure that the designated centre was operated in a manner that respected the disability of each resident. Residents did not have the freedom to exercise choice and control of their daily life. Residents privacy and dignity were impacted by the the accommodation of one resident in a sitting room. This also limited other residents access to the sitting room.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City South 2 OSV-0003295

Inspection ID: MON-0034428

Date of inspection: 05/10/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC and PPIM met with the Provider on 03/11/2021 to discuss the skill mix and numbers of staff being appropriate to meet the assessed needs of residents in the designated Centre. It was highlighted by the PIC that on-going monitoring of the complex assessed needs is essential to ensure adequate staffing levels. The Provider is committed to ensuring adequate staffing levels and has liaised with human resources and finance departments to examine ways to ensure that staffing levels in the Centre are appropriate to provide all residents who were dependent on staff interventions with continuity of care and support. The PIC and PPIM will meet the Allocations Officer on 22/11/2021 to further discuss staffing levels.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>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. 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 29/11/2021, continuing on a weekly basis to ensure that all staff are updated. Places have been booked on all upcoming Fire Training and Positive Behavioural Support training. All staff have been requested and committed to complete online safeguarding vulnerable adults training.</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 PIC who is supported by a CNM1 and the PPIM are in place working across seven days, the on call support system is available out of hours and at night. Shortcomings and regulatory non-compliance identified by the providers audit is being actioned by the registered provider. The PIC and PPIM met with the Provider on 03/11/2021, the PPIM has committed to maintaining daily contact with the PIC via email/phone and on a weekly basis face to face. The Pic and PPIM have scheduled weekly meetings to ensure oversight and monitoring of the Centre. 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 the provider. 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 the Centre are appropriate to support all residents</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated to reflect the registered providers proposal to reallocate use of a small sitting room to a designated isolation bedroom, to ensure privacy for residents who share bedrooms</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Going forward the PIC will ensure that all complaints are dealt with in accordance with the registered providers complaints policy. All complaints had been reviewed and closed out in a timely manner to the satisfaction of the complainant</p>	
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: The PIC and PPIM met with the Provider on 03/11/2021 to discuss the skill mix and numbers of staff being appropriate to meet the assessed needs of residents in the designated Centre. The PIC assigned a second activation staff to ensure that residents can engage in meaningful activities of their choosing within the designated centre and in the community. The day services manager has agreed that residents return to day services on a phased/reduced basis commencing 15/11/2021</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The PIC and PPIM met with the Provider on 03/11/2021 to discuss the skill mix and numbers of staff being appropriate to meet the assessed needs of residents in the</p>	

designated Centre. The PIC and PPIM will meet the Allocations Officer on 10/22/2021 to further discuss staffing levels to ensure adequate staffing levels so that the provision of appropriate support is person Centred	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk register is being updated by the PIC and CMN1 to reflect ongoing risk in relation to staffing resources and infection prevention control.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider's proposal to reallocate use of a small sitting room to a designated isolation bedroom, to ensure privacy for residents who share bedrooms will ensure that there is an effective response to residents residing in a congregated setting with shared bedrooms around prevention and control of infection. The registered provider has committed to allocating extra contracted cleaning services to the designated centre, the PIC and PPIM will meet the maintenance manager to action this commitment.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC and CNM1 will document the arrangements for the safe evacuation of residents at times of minimum staffing following a simulated fire evacuation drill under the guidance of the Safety Officer and Maintenance Manager.	
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: Personal plans are being reviewed and updated; these will reflect the impact of COVID-19 and the pandemic. A schedule is in place for the updating of all personal plans, this had been on hold due to Covid pandemic, recommenced on the 01/11/2021 led by the PIC and CNM1. The day services manager has agreed that residents return to day services on a phased/reduced basis commencing 15/11/2021, personal plans will include reduced day service access. Personal plans will be audited in relation to their effectiveness on a 3 monthly basis.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider will review the effectiveness of the revised streamlined and	

prioritisation system to reduce residents waiting times for the services of allied health professionals

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider's proposal to reallocate use of a small sitting room to a designated isolation bedroom, will ensure that residents privacy and dignity is maintained and to ensure that all residents have access to the sitting room. The PIC assigned a second activation staff to ensure that residents can engage in meaningful activities of their choosing within the designated centre and in the community. The day services manager has agreed that residents return to day services on a phased/reduced basis commencing 15/11/2021

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	15/11/2021
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	15/11/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Orange	15/11/2021

	accordance with their interests, capacities and developmental needs.			
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	Orange	15/12/2021
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.	Not Compliant	Orange	31/01/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/11/2021
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are	Substantially Compliant	Yellow	15/12/2021

	served to offer assistance in an appropriate manner.			
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	Orange	30/12/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	29/11/2021
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.	Not Compliant	Orange	01/11/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective	Not Compliant	Orange	31/01/2022

	arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
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.	Not Compliant	Orange	01/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	15/12/2021

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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.	Substantially Compliant	Yellow	15/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/11/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	01/11/2021
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	08/11/2021
Regulation 34(2)(e)	The registered provider shall	Substantially Compliant	Yellow	15/11/2021

	ensure that any measures required for improvement in response to a complaint are put in place.			
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 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 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.	Not Compliant	Orange	31/03/2022
Regulation 05(6)(c)	The person in charge shall ensure that the	Not Compliant	Orange	15/11/2021

	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.			
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.	Not Compliant	Orange	15/11/2021
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	28/01/2022
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age,	Not Compliant	Orange	01/11/2021

	gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			
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	15/12/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	15/12/2021