Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0003697
Fieldwork ID:	MON-0041073

About the designated centre

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

The designated centre was purpose built to provide a home to 20 adult residents with complex care needs, behaviours that challenge and mental health difficulties. The centre comprises of three purpose-built inter-linked units (bungalows) on a campus style setting on the outskirts of a city. These units have a shared paved area to the rear, garden and ground area to the front and was located adjacent to a dedicated day centre / day service for residents. The units each have a kitchen and dining area, a sitting room, single bedrooms accommodating each resident and bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 November 2023	09:40hrs to 17:30hrs	Deirdre Duggan	Lead
Thursday 9 November 2023	09:40hrs to 17:30hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

From what inspectors observed, the day-to-day care needs of residents in this centre were being met at the time of this inspection but residents lived experiences continued to be impacted by ongoing issues in the centre. Although improvements were noted since the previous inspection these issues, including incompatibility within resident cohorts, and some staffing and resource issues had not been fully addressed at the time of this inspection. This meant that the provider was not ensuring that a safe and effective service was being provided for all residents living in this centre. Inspectors saw that there was evidence of improvements in relation to consultation with some residents and family members about the things that were important to them.

The centre was made up of three purpose built interconnected single-storey units located in a gated campus setting on the same grounds as a day services building. There were 18 residents living in the centre at time of this inspection. One resident was on holidays with their family and was not present in the centre during the inspection. Residents all had their own bedrooms and shared bathroom and kitchen facilities with the other residents they lived with. Inspectors had an opportunity to spend time in all three houses during the inspection and to speak with staff and residents in all houses. Inspectors met with 15 residents on the day of the inspection.

On commencing this inspection, both inspectors went to separate units and met with staff and residents, reviewed documentation and observed interactions and practices in each unit. Some residents had departed for day services, others were preparing to leave and others were in bed and were observed attending to their morning routine when they got up. A staff member in one unit told an inspector that residents were supported to get up at a time of their own choosing and could depart for day services when they wished or choose to remain in the house if they preferred.

Some residents remembered the inspectors from their previous visit and requested to meet with them again. One resident asked an inspector some questions, such as how long the inspector would be in the unit. Another resident offered an inspector a cup of coffee and sat and chatted with them for a period in the kitchen of their home. Residents were met together and some residents were also met individually where possible. Some residents chose not to interact at length with inspectors and this wish was respected. Inspectors also spent some time in an office located in the day services building reviewing documentation and speaking with members of the management team of the centre.

Most residents' spoken with told the inspectors that they were happy living in the centre and liked their homes. One resident told an inspector that they would prefer to live in a smaller community based setting with one or two others. Residents told inspectors that the staff that supported them were good to them and some

residents spoke about how their key-workers supported them to meet specific goals. Residents told inspectors about how they spent their days, the activities they enjoyed and some spoke about their families and friends and staff members that were important to them.

Some residents discussed a recent sponsored run they had participated in and a number of residents showed inspector's medals received following this. Some residents showed the inspector their rooms. One resident showed the inspector photographs of themselves participating in horse riding and visiting a bird of prey centre and another spoke about their plans to hold an art exhibition and display their own artwork in the local library. Two residents showed an inspector their new runners. One of these had received their runners as a present for their recent birthday and told the inspector about their party. They also spoke about and showed the inspector photographs of a resident in the centre that had recently died.

A resident also showed an inspector their personal plan. This was seen to contain pictures of members of management of the centre. This resident was able to identify some of these managers but not all. Throughout the day some residents attended the on-site day services, others attended external day services and some residents chose to remain in their homes. Most residents returned to their respective houses for lunch. Midday hot meals were provided from the providers' central kitchen located external to this campus and other meals were prepared on site by staff or residents themselves if they chose. Residents generally expressed satisfaction with the meals provided and were observed to enjoy meals, drinks and snacks during the inspection.

While all of the residents were observed to leave one house to go to day services, in the other two houses, some residents remained at home as was their choice. However, from what inspectors observed, there were limited activities offered to residents if they chose to remain in their own homes. In one house an inspector saw that one resident appeared to spend the vast majority of the day in their bedroom. Two other residents in this house spent some time with the inspector in the staff office, and asked the inspector a number of questions. One of these residents spoke with the inspector at various times but at other times appeared unengaged and spent much of their time during the initial hours of the inspection watching TV. One of these residents left the centre later in the day to go on a one-to-one outing with a staff member where they met a family member.

There were similar observations in another centre visited by the other inspector. Residents who chose to remain at home were observed watching TV in the sitting room or spent time in their rooms. This did appear to be in line with their own preferences on the day of the inspection and one of these residents told an inspector that they were getting out for coffee a bit more often since the previous inspection which they enjoyed. Other residents, particularly residents who had good mobility and were independent, reported getting out and about in the local community on a regular basis. Two residents told inspectors about attending a cookery course on the morning of the inspection and how much they had enjoyed this. In the afternoon, an inspector was told that the residents in one house were

going on a trip to the cinema following their return from day services.

The atmosphere in the centre was generally calm and relaxed and staff interactions with residents were observed to be respectful. A cat was observed lying on a bed in the entrance doorway of one house and an inspector was told that one resident in particular enjoyed their presence. Residents were observed to be encouraged to participate in the day-to-day chores their homes in line with their capacities. For example, a resident in one house was encouraged by staff to assist with emptying the dishwasher and in another some residents were observed preparing and cleaning up after meals and snacks. Staff were observed to be caring towards residents and aware of residents communication styles and preferences. A resident was observed to be offered pain relief when they required it and residents were observed to be supported appropriately with eating and drinking if required. One resident told the inspector about how they had a recent choking incident. They spoke about how staff had supported them through this at the time and told the inspector that they had an appointment that day with the speech and language therapist as a follow up to this.

However, some negative interactions were observed between residents by both inspectors. For example, in one house, when a resident was preparing to go for a drive with a staff member, another resident was overheard to make a comment about this in an angry tone. Two other residents were then heard to become involved in this exchange. This situation calmed quickly after the first resident had gone for their drive with staff. The inspector was informed that there could be jealousy amongst residents in the house particularly around activities. It was also apparent that there was safeguarding concerns in this house relating to the resident group and this will be discussed further in the quality and safety section of this report.

In a second house, an inspector saw that although residents generally got along well and were supportive of one another, at times, some resident interactions indicated that some residents did not always enjoy the company of their peers. In the remaining house, the staff there told the inspector about the impact that one resident had on the other residents living there at times. They spoke about the improvements for residents when adequate staffing was in place to support all residents. For example, one resident was now receiving one-to-one supports during the day. However, in the evenings staffing in the house was reduced to one dedicated staff member and one staff member who also supported other areas. This presented challenges for staff, particularly when one resident required support with responsive behaviours.

Inspectors saw that some areas of the centre were well maintained, clean, bright and homely, and efforts had been made to personalise residents' bedrooms and communal areas in line with residents' preferences. For example, one resident told an inspector that he liked football and his room was decorated to reflect that preference. However, a number of issues were observed by inspectors during the walk around of the centre. Some of these had been observed on previous inspections also. A shower and toilet room in one house was not in use due to it not being fit for purpose and requiring significant remedial works. Some tiles were seen

to be absent from a sink pedestal in another house and the bedroom flooring in most bedrooms was damaged and required review.

Inspectors viewed profile sheets for individual residents displayed in entrance hallways of the houses. Given their location and that these contained personal information about residents, these were later highlighted to management of the centre. Management were unsure of the rationale for these profiles and these were removed from their original location before the end of the inspection. An inspector also noted that personal information about residents was kept on a clipboard in the kitchen of one unit.

Overall, this inspection found that although improvements were evident since the previous inspection in January 2023, significant ongoing non-compliance with the regulations concerning the care and support of residents remained and that this meant that residents were still not at all times being afforded safe and person centred services that met their assessed needs. 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

Inspectors found on the day of this inspection that the governance and management systems in place were not ensuring that the services provided within the centre were safe, consistent, and appropriate to residents' needs. This inspection found that despite significant improvements in some areas, local management in the centre remained unable to provide all residents with an appropriate and safe service, in part due to ongoing resource issues. As identified in the previous inspection of this centre, some issues had been repeatedly highlighted and escalated to the provider by the local management team in the centre over a long period, and although definite improvements had occurred in relation to staffing levels and personal plans in the centre, there continued to be an ongoing impact on residents due to resident compatibility and staffing.

This designated centre was registered until March 2024 with no restrictive conditions. It been last inspected by the Chief Inspector of Social Services in January 2023 as part of a targeted inspection programme in the provider's centres at that time. Five regulations were considered during that inspection and all were found to be non-compliant. This included the overall governance of the centre. Following that inspection the provider had submitted a compliance plan response outlining the actions that they would take to come back into compliance along with time-frames for achieving this. A compliance plan update was requested and submitted in August 2023. Since then the provider had applied to the Chief Inspector to renew the registration of the centre for a further three years. The current inspection was intended to inform a decision on whether to grant this

application or not. In conducting this inspection, specific areas of focus were on the supports provided to residents and the areas of non-compliance identified previously.

There was a clear governance structure in place in the centre and some management changes were occurring at the time of the inspection. The person in charge was now supported by one Clinical Nurse Manager 1 (CNM1) and both of these individuals were based in the centre. The person in charge reported to a person participating in the management of the centre, a regional manager. The provider had indicated at the time of the inspection that the remit of the person in charge was planned to reduce to having oversight of this centre only. Since the previous inspection, the provider had reduced the footprint of the centre, removing one separate vacant semi-detached premises and this had reduced the capacity of the centre from 22 to 20.

The person in charge was on leave and not present in the centre on the day of this unannounced inspection. The CNM1 and the regional manager, who was the outgoing person participating in management of this centre were present in the centre on the day of the inspection and met with inspectors. There was a new incoming person participating in management to this centre and this individual met with the inspectors briefly also during the inspection. Another CNM1 who had held a role in the centre up until recently also attended during the inspection. The providers' annual review for this centre had not been completed in over a year at the time of this inspection. It is acknowledged that the provider had identified this issue, which had occurred due to unplanned circumstances and inspectors were told that this was being prepared at the time of the inspection and would likely be available in the month following the inspection.

There were ongoing issues in relation to staffing and the adequate resourcing of this centre. During the January 2023 inspection it had been identified that the provider had not ensured that staffing levels were appropriate to meet the needs of residents and the continuity of staff support for residents also needed improvement. This inspection found that, while there were still some staffing vacancies in the centre, overall staffing levels had improved in recent times. This was also reflected in rosters reviewed. Nursing care was available to residents if required. A regular core staff team worked in the centre providing some continuity of care to residents and there was ongoing recruitment to fill any identified vacancies. A planned and actual staff rota was maintained in the centre. The core staff team was sometimes supplemented by unfamiliar relief and agency staff.

However, while staffing levels had improved significantly since the previous inspection, at times staffing was below the numbers as set out in the statement of purpose and one resident who was assessed as requiring one-to-one staff support 24 hours a day did not have access to this resource at all times. The inspector was told that improvements had been made in the month or so prior to this inspection and that one-to-one staffing was now available to this resident for 12 hours or more per day. However, staff working in the centre highlighted specific instances when this resident did not have one-to-one supports and spoke about the challenges this presented. This including challenges in ensuring that the resident was adequately

supervised during periods when it had been identified that they could require additional supports, such as in the evenings. Also the Chief Inspector had been informed of a recent alleged serious safeguarding concern in the month previous that had occurred when staffing levels for this resident were not as per their assessed needs.

Some staff spoken with also highlighted the challenges that were encountered in unfamiliar staff working the centre and these staff not knowing residents' routines and preferences. In addition, at one point in one house an inspector observed a 15 minute period where no staff were present in the house with two residents present. This was later highlighted to a member of management who indicated that this should not have happened as one resident had epilepsy.

It was acknowledged that there was a general staffing crisis affecting the health and social care sector and the provider was making ongoing recruitment efforts. In the compliance response for the January 2023 inspection it was indicated that that a skill mix review was being carried out and if it was identified that residents' needs were not being with resources provided for the centre, additional resources would be sought. During the current inspection it was indicated that additional resources had been sought for the centre but it was unclear what these were for. Following the inspection it was confirmed by the provider that significant additional staff resources were being sought from the funder for this centre.

There were also ongoing issues in relation to transport for residents. While residents had access to a wheelchair adapted bus and two cars, not all residents could access this transport, as had been identified in the previous inspection report. Inspectors were told that the bus hoist was broken and that this restricted some residents from using it. Inspectors were told that these residents could access vehicles from other areas under the management of this provider by prior arrangement, and that reliable access to wheelchair taxis had improved since the previous inspection. However, the information provided to the inspectors on the day of the inspection indicated that a resident who could not access the dedicated centre transport still spent significant periods of time when they did not leave the centre grounds. Similarly there were ongoing issues in relation to the premises that had not been fully addressed by the provider and this will be discussed further in the next section.

The January 2023 inspection also identified that all staff working in the centre required refresher training in de-escalation and intervention. Such training was highlighted as being required to support the needs of residents and to mitigate some risks in the centre. In the original compliance plan response for the January 2023 the provider had indicated that dates had been secured for this refresher training for staff and that the provider would be in compliance with Regulation 16 Training and staff development by 30 June 2023. A compliance plan update received then indicated that this regulation would not be fully compliant until later in the year. Some staff had completed this training in recent times and inspectors were informed that further training dates were scheduled for the months following this inspection. However, at the time of this inspection, the majority of staff continued to require refresher training in de-escalation and intervention.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an application to renew the registration of the centre, including payment of the relevant fee.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number 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. The registered provider had made significant efforts to recruit staff and some improvements were noted in the continuity of care being provided to residents. Staffing levels at times were not in line with the statement of purpose and did not ensure that the assessed needs of all residents could be met at all times. For example, one resident did not have one-to-one support at all times as per their assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training, including refresher training. Training records indicated that for the most part, staff were provided with access to appropriate training in the centre and that there was oversight over this training. However, a significant number of staff in the centre continued to require refresher training in de-escalation and intervention.

Judgment: Not compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

Despite some improvements, this inspection found significant ongoing non compliance with the regulations. The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of service in accordance with the statement of purpose. There was a clearly defined management structure in the designated centre. However, management systems in place did not ensure that service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The provider had monitoring systems in place that continued to identify specific issues, however some of these issues had not been responded to sufficiently to minimise the impact on residents.

The service provided did not at all times meet the assessed needs of all residents. For example, staffing levels were not maintained in line with the assessed needs of some residents and issues in relation to access to appropriate transport, resident compatibility, and the premises, were ongoing. Also, the annual review had not been completed at the time of this inspection as required.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Under the regulations the Chief Inspector most be notified within three working days of specific events which have the potential to negatively impact residents. While notifications from this centre were generally submitted in a timely manner, during this inspection it was highlighted that a recent safeguarding incident in one house had not been notified. In addition, when reviewing incident records in the centre, it was noted that one a resident was seen returning to the centre having left the

centre without staff's knowledge and this had also not been notified.

Judgment: Not compliant

Quality and safety

Inspectors looked at the quality and safety of the service provided to residents living in this centre. Although inspectors were satisfied that the day-to-day care and support for residents was overall good, non compliance remained in relation to the regulations and some ongoing improvements were required. For example, evidence of resident incompatibility had been previously identified in this centre, and while there was some evidence to show that efforts had been made to reduce the impact of this, these had not been sufficient to fully ensure the ongoing wellbeing and welfare of all residents.

As had been identified in the previous inspection of this centre, the core staff working in the centre were seen to be committed in their roles and regular staff were knowledgeable about residents and their support needs. Staff and management spoken to during the inspection were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. Staff had taken part in appropriate training in this area. Staff were seen to have an awareness of safeguarding and positive behaviour support plans in place for some residents. Staff members told an inspector that staffing had improved in the centre in recent times and this was having a positive impact on residents' lived experiences. However, some staff also spoke about some challenges that remained, such as staff that were unfamiliar supporting residents and staffing levels that were at times still insufficient to fully safeguard some residents from all identified risks.

Staff spoke about the impact that some residents could at times have on other residents. For example, some residents on occasion presented with responsive behaviours that was directed towards, or directly impacted the residents that they shared a home with. Some residents also told inspectors that they did not like sharing a home with all of the people that they lived with. Since the previous inspection 24 suspected or confirmed allegations of abuse had been reported in respect of this centre to the chief inspector.

It was acknowledged by management of the centre that there were concerns around meeting the needs of residents in some areas of the centre. Staff spoken with also raised concerns in this regard particularly highlighting how the presentation of specific residents and the responses given to these residents could take away from the supports that other residents received. An impact assessment for one of the houses conducted in February 2023 highlighted that while some residents in this house liked living with others, some other residents preferred a quieter environment. One staff member highlighted how one of these residents might refuse to certain activities as they did not want to travel with other residents

they lived it. It was indicated to inspectors that in response to such concerns, the centre was intended to be prioritized for decongregation. However a specific plan for this was not in place at the time of the inspection. It was also indicated that the provider was committed to not admitting any new resident to the centre.

Behaviour support plans were in place for residents that required them to support staff to assist residents manage responsive behaviours appropriately. For most residents, these were comprehensive and overall provided clear guidance for staff working in the centre. As covered under Regulation 16: training and staff development, a significant number of staff were overdue refresher training in the management of actual and potential aggression (MAPA). Although this training had been booked, this was ongoing since the previous inspection. Given the complex assessed needs of some residents, and the incompatibility present within some units of the centre, this training was important to ensure that safe and appropriate practices were in place to provide for staff to support residents to manage their behaviours. Also, one resident, who had very specific assessed needs, did not have an up-to-date behaviour support plan in place. The behaviour support plan available in the centre dated from 2021 and was specific to a previous placement. It is acknowledged that some efforts had been made in the previous months to review this plan and that this process was nearly complete at the time of this inspection.

As referenced earlier in this report, residents spoke about some of the activities that they took part in. Records reviewed by inspectors showed that some residents accessed external activities very regularly, including but not limited to, trips out, bus drives, walks, coffee shops, meals out, going to a circus, horse riding, basketball, swimming and golf. For some residents however, it was documented that for long periods of time they did not leave the gated campus and that their on-site activities consisted mostly of attending the adjoining day service or watching TV. For example, in September 2023 one resident was not recorded as having participated in any activity away from the centre in eight days. It is acknowledged that some activities were not being documented and this made it difficult for inspectors to ascertain all of the activities residents were being offered or took part in. For example, the inspector was told that one resident had been shopping the previous weekend but their daily activity records or daily notes did not contain any reference to this activity and indicated they had not left the centre at all in the week prior to the inspection.

In addition, during the initial hours of the inspection, an inspector observed that a resident spent much of the time watching television or staying with the inspector to see what he was doing. Risk assessments reviewed related to this resident listed as a control measure that the resident should continuously be offered varying choices of activities during the day. While the resident did leave the centre to go for a drive later in the day, during the initial hours of the inspection, the resident was not observed nor overheard to be offered any activities. A manager spoken with indicated that the resident could refuse activities and that a balance had to be struck with the resident in terms of the activities offered given their needs.

There was evidence that efforts were being made to support residents' personal and social needs. Since the previous inspection there was evidence that residents had

been supported to participate in person-centred planning meetings where short-term and long-term goals for residents to achieve were identified. A sample of personal plans were viewed. Inspectors saw that improvements had been made to the documentation around plans for residents and, of the sample viewed, all residents had up-to-date personal plans in place. Annual multi disciplinary reviews had been completed for residents.

Some residents spoke about some of the goals they had set as part of the personal planning process. Goals were generally seen to be meaningful to residents and there was evidence of ongoing progression of some goals. However, there was little evidence to demonstrate that some long term goals that had been set for some residents had been achieved or were being considered on an ongoing basis. For example, some residents had set goals to go on an overnight break and there was no evidence that these goals had been progressed in a meaningful way.

Appropriate supports were being provided to help residents with their assessed health needs. Aside from the guidance within residents' personal plans around health needs, recent health assessments had also been completed for the residents. Residents were facilitated to attend various health and social care professionals such as general practitioners, opticians, dentists, psychiatrists and chiropodists. Residents were also supported to access specific interventions, including vaccines, if they wished. One resident told an inspector that they would prefer access to a female psychiatrist if possible. This was brought to the attention of staff on the day of the inspection with the consent of the resident.

The premises was seen to be overall clean and appropriate to residents' needs. Colour coded cleaning equipment was in use and residents had access to laundry facilities in each house. Communal areas were spacious and laid out to meet the needs of the resident groups that lived in each house. New overhead hoists had recently been fitted in one house to support a resident living there. In another location, it had been identified that better hoisting facilities were required due to the changing needs of a resident but these were not yet in place at the time of the inspection.

Some premises issues were identified during the walk-around of the centre by inspectors. A number of these were noted to be ongoing since the previous inspection. In one house, a bathroom was no longer available for the use of residents as it required significant upgrading. There were numerous areas identified throughout the centre that required attention. A number of other bathrooms in the centre also required upgrading to ensure that they were appropriate for use by residents and that infection prevention and control measures would be effective. Tiling was absent from the base of a sink unit, rusting was evident on a number of bathroom fittings and fixtures and an external gutter was observed to require repair to ensure that excess water did not pool close to the front door of one house.

Regulation 12: Personal possessions

Residents had facilities in their bedrooms to store their personal belonging. Money management assessments were carried out for residents. It was indicated that most residents' finances were managed by the provider. This involved a requisition form being filled out and submitted centrally for approval by the provider before residents could access their money. Some residents' finances were managed by their families and it was indicated that progress was being made to provide residents with better access to and control of their own finances.

Judgment: Substantially compliant

Regulation 13: General welfare and development

There was evidence that residents were offered opportunities and supported to participate in further development if this was an identified goal. Some residents were regularly offered and took part in opportunities to leave the centre for planned activities, personal development and leisure. Some residents spoke about opportunities to take part in community based activities and become involved in their local communities. Residents were supported to maintain relationships with friends and family. However, some improvements were required to ensure that all residents were consistently and regularly provided with adequate opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Substantially compliant

Regulation 17: Premises

Parts of all three houses were seen to be clean, well-furnished and homely in places. For example, residents' bedrooms were seen to be personalised while some communal areas such as living rooms were nicely furnished. However, in all three units some wear and tear was evident. This included a couch having a broken arm rest, tiles being missing in bathroom and some kitchen presses being marked. It was also noted that the flooring in the three houses varied in its general appearance. Aside from this it was also highlighted that there was an escalated risk in place relating to the facilities provided. This covered maintenance issues but also bathrooms in two houses needing to be modified to better suit residents and a hoisting systems being needed for one resident in one house.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had prepared a guide in respect of the designated centre for residents. This did not contain information for residents about how to access inspection reports as required by the regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not inspected in full. During the inspection it was observed that one fire door to a staff office was wedged open throughout an inspector's time in one house. This prevented the door from operating as intended to prevent the spread of fire and smoke.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for residents and these contained good guidance for staff. Improvements were identified in residents involvement in the personal planning process and there were ongoing efforts to ensure that these were meaningful to residents. For example, inspectors were told that advocacy supports had been requested to assist some residents to identify suitable goals. There was evidence that residents were being supported to set and achieve some of the goals they had in place.

However, as identified in the previous inspection, the registered provider had not ensured that arrangements were in place to meet the assessed needs of each resident. For example, One resident was not receiving one-to-one supports as per their assessed needs. Also incompatibility of residents in some units was continuing to impact on the ability of management and staff to meet the assessed needs of these residents and contributing to increased safeguarding risks.

Judgment: Not compliant

Regulation 6: Health care

Healthcare plans were in place that provided good guidance for staff to support residents with their healthcare needs. There was evidence that residents were supported to access appropriate healthcare, including allied health services and

mental health supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Most residents had behaviour support plans if required and these provided good guidance to staff. Staff were knowledgeable about the supports outlined in residents behaviour support plans and there was evidence that residents were consulted with about specific restrictions that were in place. One resident did not have an up-to-date behaviour support plan in place at the time of the inspection. The behaviour support plan available in the centre to guide staff in supporting this resident dated from 2021 and was specific to a previous placement. Efforts had been made in the previous months to review this plan and that this process was nearly complete at the time of this inspection. A large number of staff also required up-to-date training in behaviour escalation and intervention-this has been covered under Regulation 16: Staff training and development

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider was not fully protecting residents from all forms of abuse. Incompatibility of residents in some units was continuing to contribute to safeguarding risks present in the centre. Some significant safeguarding incidents had occurred in the centre in the previous months. While there was evidence that the provider responded to these incidents, safeguarding plans that were in place at the time of the inspection were not effective in protecting residents at all times from abuse. For example, there were ongoing and regular peer-to-peer safeguarding incidents between specific residents and the safeguarding plans in place were not successfully mitigating against the re-occurrence of these incidents. Some safeguarding plans in place were not being fully adhered to. For example, one safeguarding plan was viewed that indicated that a resident required specific staff supports to protect another resident but this was not always provided.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence that residents had access to advocacy services and some

evidence was viewed that residents' consent was obtained prior to interventions. Staff were observed to speak and interact in a respectful manner with residents and residents were supported to make choices about their daily lives, such as when they got up and the activities they took part in. While improvements had been made in relation to community access, residents' were not always regularly provided with access to community facilities and activities. Some of this is attributed to issues with transport and staffing resources that remained. Residents had little control over the people they lived with and this was impacting on their lived experiences. Resident's personal information was not always kept secure.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 3 OSV-0003697

Inspection ID: MON-0041073

Date of inspection: 09/11/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered provider has ensured that all current staffing levels were reviewed with the PIC, PPIM and HR. An ongoing recruitment campaign is in place to actively fill staff vacancies. There is presently no funding assigned to resident, assessed as requiring 1:1 support. However, the provider is delivering this support on an ongoing basis. The PIC has assigned regular staff on a daily basis that are familiar with the resident, this includes familiar agency and relief staff. This is now reflected clearly on the weekly Rota. In addition, since 15.01.2024 staff members have returned from long term leave. This has reduced the requirement for unfamiliar agency staff and allows for further continuity of care for all residents. The PIC has a contingency plan in relation to staffing, in the event of staff holidays or unexpected absence of a staff, to ensure appropriate levels of support to meet the assessed needs of residents is maintained at all times. An ongoing recruitment campaign is in place to actively fill staff vacancies within the designated centre. The registered provider will ensure the right number of staff and skill mix is in place to meet the assessed needs of all residents in this centre, as outlined in the SOP by 30.06.2025. **The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations**	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A staff training matrix is available in the centre with monthly review from management to ensure that staff are up to date with their training. Staff are notified by management to complete training in a timely manner and face to face training booked for staff as required.

Refresher training in Safety Intervention (de-escalation and intervention) has been booked for all staff to attend. 15 staff completed in December 2023 and further dates have been booked for Jan 17th and 18th with a further 18 staff members booked on to this. All staff will have completed their refresher training by 30.04.2024

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
An ongoing recruitment campaign is in place to actively fill staff vacancies within the designated centre. The registered provider will ensure the right number of staff and skill mix is in place to meet the assessed needs of all residents in this centre, as outlined in the SOP by 30.06.2025.

The PIC has escalated the risk surrounding requirement of appropriate transport to meet the needs of all residents within the designated centre. The provider has prioritized this designated centre for new transport in the coming year. To be completed by 31.12.2024.

The provider acknowledges compatibility issues within the designated centre. Following a review from the HSE National Office on the Decongregation Programme in September 2023, this designated centre has been identified as a priority area for decongregation. The PIC is liaising with the social worker and they have commenced supporting people to apply to go on the social housing list. Further business cases to the HSE disability services to support this will be submitted if appropriate community housing can be obtained. Applications for residents to access external advocates have been submitted. The discovery process for all residents regarding their will and preference on where they would like to live will commence in the first quarter of 2024 and will be ongoing throughout the process.

The PIC has a schedule of audits to be completed monthly by designated staff and management. The PIC has developed a process for schedule and overview of all audits within the designated centre and will communicate this with all staff at staff meetings. 31.01.2024

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 and PPIM. To be completed by 30.04.2024. Registered Provider intent is to have addressed all outstanding works by 31.12.2026

The annual review for the centre has been completed 28.12.2023.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
As per regulations, the PIC is aware that notifications are required within a specific time frame and always endeavours to achieve this.

Staff will receive training from the Designated Officer in relation to safeguarding to ensure all staff understand what is required to be notified. In addition, a copy of all notifiable incidents and the governance process are available to all staff working within the designated centre. To be completed by 31.07.2024

The PIC will continue to liaise with the DO and PPIM in relation to any incidents that may occur to ensure that potential safeguarding is identified, dealt with and notified in a timely manner. A review of safeguarding within the centre will be completed during the 1:1 PPIM and PIC meetings. Additional 1:1 meetings with the PIC and DO will be scheduled bimonthly to review safeguarding. To be completed by 31.03.2024

In relation to resident leaving the centre, this resident has the capacity and right to come and go from the centre as per their will and preference. However, it is acknowledged that the appropriate positive risk assessments for this were not in place at the time of inspection. These positive risk assessments are now in place and the PIC has requested that the resident inform staff when they leave and return as part of the control measures. Completed on 28.12.2023

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
To ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights, the provider

is currently creating a process for residents who have their personal money in a nominee account to be issued with a bank card for easier access to personal finances. In addition, all residents are being supported to open bank accounts in their own name. All residents will have access to their own bank cards by 31.12.2024.
Residents who are supported by family members to manage their finances will be supported through easy read documentation to give formal consent for this process if they so wish. This consent will be documented in their personal plan. 31.03.2024

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Residents are offered activities in line with their choice and individual preferences. Gaps in activation records are discussed with staff in the centre during staff meetings. The PIC and local management team will ensure that staff continue to complete documentation for each resident appropriately.

The Residents' forum captures residents' choices with regards to community participation.

To be completed by 31.01.2024

Regulation 17: Premises	Not 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 and PPIM. To be completed by 30.04.2024.

All outstanding issues have been resubmitted on the PEMAC system, the organization maintenance system. 31.12.2023.

An order to replace couches has been submitted to local furniture shop and awaiting delivery.

Replacement of flooring in communal areas has commenced as December 2023 with

works ongoing.

Registered Provider intent is to have addressed all outstanding works by 31.12.2026

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The PIC will ensure that the Residents Guide is updated with relevant information regarding HIQA, the inspection process and where they can access the reports.

This will be circulated around the designated centre and discussed at the resident's forum. To be completed by 31.01.2024.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All staff are aware of Regulation 28 and have completed the mandatory fire training.

PIC has verbally discussed the issue of holding fire doors open with furniture and reiterated the purpose of the fire doors and the importance of compliance in this area.

Fire Safety will be regularly discussed during the health and safety meetings to ensure continued compliance in this regulation.

To be completed 31.01.2024

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:
There is presently no funding assigned to resident, assessed as requiring 1:1 support.

However, the provider is delivering this support on an ongoing basis. The PIC has assigned regular staff on a daily basis that are familiar with the resident, this includes familiar agency and relief staff. This is now reflected clearly on the weekly Rota. In addition, since 15.01.2024 staff members have returned from long term leave. This has reduced the requirement for unfamiliar agency staff and allows for further continuity of care for all residents. The PIC has a contingency plan in relation to staffing, in the event of staff holidays or unexpected absence of a staff, to ensure appropriate levels of support to meet the assessed needs of residents is maintained at all times.
An ongoing recruitment campaign is in place to actively fill staff vacancies within the designated centre.
The registered provider will ensure the right number of staff and skill mix is in place to meet the assessed needs of all residents in this centre, as outlined in the SOP by 30.06.2025.

The provider acknowledges compatibility issues within the designated centre. Following a review from the HSE National Office on the Decongregation Programme in September 2023, this designated centre has been identified as a priority area for decongregation. The PIC is liaising with the social worker and they have commenced supporting people to apply to go on the social housing list. Further business cases to the HSE disability services to support this will be submitted if appropriate community housing can be obtained. Applications for residents to access external advocates have been submitted. The discovery process for all residents regarding their will and preference on where they would like to live will commence in the first quarter of 2024 and will be ongoing throughout the process.

The PIC will continue to liaise with the DO and PPIM in relation to any incidents that may occur to ensure that potential safeguarding is identified, dealt with and notified in a timely manner. A review of safeguarding within the centre will be completed during the 1:1 PPIM and PIC meetings. Additional 1:1 meetings with the PIC and DO will be scheduled bimonthly to review safeguarding. To be completed by 31.03.2024

All PCP goals will be reviewed by the keyworker in conjunction with the resident, to ensure personal goals are considered with the residents choice and supports required to maximise the resident's personal development in accordance with his or her wishes. 30.06.2024

PIC has developed a schedule of annual review for PCPs. PIC has developed their own schedule for auditing and monitoring care plans to ensure effective oversight. Management team will audit all care plans by 31.12.2024.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Residents behavior support plan have been reviewed and updated on 30.11.2023. This will be reviewed annually or sooner if required in order to continue to meet the needs of the residents.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The provider acknowledges compatibility issues within the designated centre. Following a review from the HSE National Office on the Decongregation Programme in September 2023, this designated centre has been identified as a priority area for decongregation. The PIC is liaising with the social worker and they have commenced supporting people to apply to go on the social housing list. Further business cases to the HSE disability services to support this will be submitted if appropriate community housing can be obtained. Applications for residents to access external advocates have been submitted. The discovery process for all residents regarding their will and preference on where they would like to live will commence in the first quarter of 2024 and will be ongoing throughout the process. A review by the quality and safety committee was completed in November 2023. Throughout this review, there was no trend in which residents were involved and the type of safeguarding's being highlighted. However, The PIC will continue to liaise with the DO and PPIM in relation to any incidents that may occur to ensure that potential safeguarding is identified, dealt with and notified in a timely manner. A review of safeguarding within the centre will be completed during the 1:1 PPIM and PIC meetings. Additional 1:1 meeting with the PIC and DO will be scheduled bimonthly to review safeguarding plans and their effectiveness. Further MDT involvement will be requested as required. To be completed by 31.03.2024 There is presently no funding assigned to resident, assessed as requiring 1:1 support. However, the provider is delivering this support on an ongoing basis. The PIC has assigned regular staff on a daily basis that are familiar with the resident, this includes familiar agency and relief staff. This is now reflected clearly on the weekly Rota. In addition, since 15.01.2024 staff members have returned from long term leave. This has reduced the requirement for unfamiliar agency staff and allows for further continuity of care for all residents. The PIC has a contingency plan in relation to staffing, in the event of staff holidays or unexpected absence of a staff, to ensure appropriate levels of support to meet the assessed needs of residents is maintained at all times and ensure the adherence of safeguarding plans. An ongoing recruitment campaign is in place to actively fill staff vacancies within the designated centre. The registered provider will ensure the right number of staff and skill mix is in place to meet the assessed needs of all residents in this centre, as outlined in	

the SOP by 30.06.2025.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents are offered activities in line with their choice and individual preferences. Gaps in activation records are discussed with staff in the centre during staff meetings. The PIC and local management team will ensure that staff continue to complete documentation for each resident appropriately. The Residents' forum captures residents' choices with regards to community participation.

To be completed by 31.01.2024

The PIC has escalated the risk surrounding requirement of appropriate transport to meet the needs of all residents within the designated centre. The provider has prioritized this designated centre for new transport in the coming year. To be completed by 31.12.2024.

The provider acknowledges compatibility issues within the designated centre. Following a review from the HSE National Office on the Decongregation Programme in September 2023, this designated centre has been identified as a priority area for decongregation. The PIC is liaising with the social worker and they have commenced supporting people to apply to go on the social housing list. Further business cases to the HSE disability services to support this will be submitted if appropriate community housing can be obtained. Applications for residents to access external advocates have been submitted. The discovery process for all residents regarding their will and preference on where they would like to live will commence in the first quarter of 2024 and will be ongoing throughout the process.

All Personal Information is now stored securely and not on display in communal areas within the designated centre. PIC has addressed this with staff verbally and will address it during the scheduled staff meetings. 31.01.2024

The PIC has assigned regular staff on a daily basis that are familiar with the residents, which include familiar agency and relief staff. In addition, since 15.01.2024 staff members have returned from long term leave. This has reduced the requirement for unfamiliar agency staff and allows for further continuity of care for all residents. The PIC has a contingency plan in relation to staffing, in the event of staff holidays or unexpected absence of a staff, to ensure appropriate levels of support to meet the assessed needs of residents is maintained at all times.
An ongoing recruitment campaign is in place to actively fill staff vacancies within the designated centre. The registered provider will ensure the right number of staff and skill mix is in place to meet the assessed needs of all residents in this centre, as outlined in

the SOP by 30.06.2025.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2024
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/01/2024
Regulation 15(1)	The registered provider shall ensure that the number,	Not Compliant	Orange	30/06/2025

	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.			
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	30/04/2024
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.	Not Compliant	Orange	31/12/2026
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any	Not Compliant	Orange	31/12/2026

	repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	31/01/2024
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	30/06/2025
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	31/01/2024
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	Not Compliant	Orange	28/12/2023

	and that such care and support is in accordance with standards.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2024
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	28/12/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/03/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as	Not Compliant	Orange	30/06/2025

	assessed in accordance with paragraph (1).			
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.	Substantially Compliant	Yellow	31/12/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/03/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2025
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.	Substantially Compliant	Yellow	31/12/2024

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.	Substantially Compliant	Yellow	31/01/2024