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 19
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	21 March 2023
Centre ID:	OSV-0005629
Fieldwork ID:	MON-0030370

About the designated centre

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

Cork City North 19 is located on a campus grounds on the outskirts of a city and can provide a full-time residential service for a maximum of 10 residents (at the time of this inspection the provider was in the process of reducing the capacity of the centre to eight). The centre can accommodate both male and female residents from the age of 18 upwards with intellectual disabilities. The designated centre consists of a large bungalow which has seven resident bedrooms along with a dining room, a kitchen, two sitting rooms, a utility room and bathroom facilities. The staff team consists of the person in charge, a clinical nurse manager 1, nurses, care assistants, an activation staff and a housekeeper.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
Tuesday 21 March 2023	09:10hrs to 19:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents appeared content and were well dressed while the inspector was present. Staff engaged pleasantly and respectfully with residents. Very positive feedback on the centre was provided by family members, either through questionnaires or during discussions with the inspector. Records reviewed suggested that there had been times when activities away from the centre were limited.

This centre was based on a campus ground and on arrival at the campus the inspector was met by the person in charge. While an area has been set up elsewhere on the campus for the inspector to review documentation, at the inspector's request he entered the designated centre with the person in charge to do an initial walk through of the centre. Upon entering, one resident was met by the inspector as they were preparing to leave the centre with a staff member. The inspector greeted the resident but they appeared very keen to leave the centre and was seen pointing at the entrance before leaving.

Shortly after entering the centre the inspector overheard another resident asking to see the inspector. This resident was met soon after in one of the centre's sitting rooms. The resident greeted the inspector and the person in charge and appeared happy while showing the inspector a toolkit that they had. The resident indicated they wanted to accompany the inspector and the person in charge on the initial walk through of the centre and that they also wanted to show the inspector their bedroom. The resident was welcomed by the inspector to join in on the walk through with the person in charge supporting the resident to mobilise in their wheelchair.

During this walk through three other residents were seen to be supported by staff members in communal areas but the inspector did not interact with any of these residents at this time. The inspector was shown some residents' bedrooms during this time which were observed to be brightly decorated, personalised and equipped with storage facilities. The bedroom of the resident who was present during this walkthrough was also seen to be of a similar makeup. The resident indicated to the inspector that they liked their bedroom. It was highlighted that the resident had previously shared this bedroom with a former resident but that this was no longer the case.

When this centre had been last inspected in December 2021, there had been ten residents living in the centre which had seven bedrooms. As such at that time three bedrooms were each shared by two residents with only four residents having individual bedrooms. However, since then there had been a reduction in resident numbers and at the time of the current inspection, eight residents were living in the centre. This meant that six residents now had their own individual bedrooms while two residents remained sharing a bedroom. It was indicated that the two residents who shared this bedroom had done so for a number of years and were happy with

this.

After completing the initial walkthrough of the centre, the inspector went to another building on the campus to speak with management of the centre and to review documentation. Among this documentation was questionnaires that had been issued to the centre by the Health Information and Quality Authority (HIQA) in advance of this announced inspection. Six questionnaires had been completed by the relatives of residents. These questionnaires gave positive feedback to all areas questioned such as care and supports, general happiness, food and mealtimes, staffing, activities and bedrooms.

Aside from these questionnaires the inspector also spoke with family members of two residents via telephone on the day of inspection who spoke positively of the centre. One family member outlined how they visited regularly and were able to do so in private if they wished. They also praised the staff and management of the centre and indicated that their relative was provided with "wonderful care". The other family member also made similar positive comments describing the staff as "amazing" but did highlight that staff could sometimes be out which could limit activities. However, this family member did conclude their discussion with the inspector by saying "I couldn't ask for a better place".

During the afternoon of the inspection, the inspector returned to the centre to meet more residents, to observe staff and residents' interactions and to conduct a more thorough walkthrough of the centre. In general the centre was observed to be presented in a clean, homelike and well-furnished manner. Two sitting rooms were available for residents' use and the larger one of these was equipped with projector and screen for residents to avail of. A multisensory room had also been installed in the centre which some residents were seen to use while the inspector was present.

While the designated centre was large it was reasonably maintained overall. It was observed that some flooring appeared of an older style than other flooring although it was evident that the older flooring had been recently clean which improved its appearance. The centre also had a kitchen area and an adjoining utility room which had facilities to store food and drinks including a large fridge and various presses. The kitchen was seen by the inspector to be noticeably clean and at one point a staff member was seen using the kitchen to prepare some soup.

It was noted that the door between the kitchen and dining was intended to be a fire door. Such doors are important in preventing the spread of fire and smoke in the event of a fire occurring. Despite this, the inspector noted that he also able to feel a clear draft coming from the kitchen when standing in the dining room even though the door between these rooms was shut. This suggested that this door would not provide effective fire containment if required. No defects were noted in the other fire safety systems present in the centre including a fire alarm and fire extinguishers.

Fire evacuations procedures were also seen to be on display in the centre along with other signs or posters. These included copies of a 'Nice to meet you' document provided to the centre in advance of this inspection which was intended to explain the residents who the inspector was and why he was in their home. Information

about the complaints procedure was also on display with records reviewed indicating that residents were supported to make complaints and, where necessary, staff members made complaints on behalf of the residents. The complaints records reviewed also highlighted follow up action that was taken in response to the complaints made, and if residents were satisfied with the outcome or not.

Aside from supporting residents to complain, it was noted that efforts were being made to consult with residents and to determine their choice on matters. Records were available of weekly resident forum meetings although the records provided suggested these weekly forums were not carried out consistently. However, the inspector did see copies of programs that had been completed for two residents by a communications nurse which gave information on how to communicate with the residents and how to interpret their body language. It was indicated that these programs were being developed for all residents of this centre and were informed by a periods of observations of residents and specific resident meetings that were completed with individual residents, staff and the communications nurse.

While the inspector was present in the centre such a meeting took place for one resident. It was observed and overheard that staff present supported residents in a respectful manner. Residents were also seen to appear comfortable in the presence of the staff supporting them. For example, one resident was seen to hug a staff member while other residents were observed to be supported by staff with their meals or to have a drink in an unhurried and pleasant manner. In total on the day of inspection the inspector met six residents although most did not interact verbally with the inspector. In general the atmosphere in the centre was calm and residents were seen to be content overall while also being well dressed and well presented.

Some of these residents were seen to leave the centre to go bowling before returning to the centre before the end of inspection. The inspector was also informed that residents had gone out for coffee earlier in the day. However, the inspector reviewed a sample of activity records for the centre which indicated that in recent months there had been times when residents had rarely engaged in external activities away from the centre and campus. For example, for one resident between 1 November 2020 and 24 January 2023, they were only recorded as participating in three external activities which were two trips to a swimming pool and one spin in a vehicle.

It was suggested to the inspector that such activities had improved in the time leading up to this announced HIQA inspection and records reviewed did suggest that there had been more recorded external activities from February 2023 onwards such as going to shows. Internal activities were taking place such as beauty sessions and arts and crafts. However, there were had some recent days where residents were not recorded as participating in any internal or external activity while some of the external activities listed were activities that happened on the campus grounds.

In summary, while some activities were happening, the sample of records reviewed did not provide assurance that residents were consistently supported to participate in activities away from this centre and campus. Residents were seen to be supported appropriately by staff members on the day of inspection. The support to

residents by staff was commented on very positively by residents' family members.

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

The centre had a statement of purpose with staffing generally provided in line with this. However, assigned activation staff for this centre would be used to fill other staff shifts. While monitoring systems were in operation, these required some improvement.

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Rights, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps that the provider will take to improve compliance in the provider's registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

The inspection took place in response to an application by the provider to renew its registration beyond its current registration end date of September 2023. While the centre was currently registered for a maximum of ten residents, as part of the current renewal application, the provider was only seeking to renew the centre for a maximum of eight residents. This was in response to a reduction in residents living in the centre and a reduction in the use of shared bedrooms. As part of the registration application the provider submitted various documents including a statement of purpose for the centre. This is an important governance document which should set out the services to be provided in a centre and which must contain specific information as required by the regulations. The inspector reviewed the statement of purpose provided and noted that it contained much of the required information such as details of the arrangements for reviewing resident's personal plans.

It was noted though that in one section of this statement of purpose, it referenced the centre still having ten beds. In addition, details of consultation with residents was limited while some of the information provided regarding complaints was different to the contents of the residents' guide (another required document for the centre). The statement of purpose did include details of the staffing arrangements

for the centre and while this was generally accurate, one section of the statement of purpose indicated the centre had one activation staff (dedicated staff to facilitate activities for residents) while another section referenced there being two activation staff. A sample of staff rosters reviewed indicated that staffing provided in this centre was generally in accordance with the statement of purpose.

However, it was noted that some the staff rosters did not indicate what hours the activation staff were actually working nor clearly indicate if the activation staff were actually working in this centre. The inspector was also informed that there could be times when activation could be required to fill other staff shifts. As mentioned elsewhere in this report, there were indications that at times limited activities had been recorded as taking place for residents and the use of activation staff to fill other staff shifts would lessen the range of activities that could be pursued. Aside from this, it was also indicated to the inspector that at night a nurse was to be on duty in this centre. A review of rosters and discussions with staff indicated that this was always the case but it was highlighted that, while this nurse would be based in this centre, they would be needed to cover another centre on the campus to support in areas such as medicines administration.

Records provided indicted that staff employed by the provider had undergone training in various areas but three agency staff (staff employed by an agency externally to the provider) did not have any evidence of having completed fire safety training. Training was an area that was considered as part of annual performance appraisals that were completed with the provider's staff and documentation provided indicated that such appraisals had been completed in 2023. Staff team meetings were also taking place which were attended by the person in charge. The person in charge was responsible for a total of two designated centres, both of which were located on the same campus. This remit was not found to negatively impact the running of the current centre. It was noted that a specific management structure was in place for the campus and as part of this a management team met regularly on the campus which included the person in charge and other members of the management team for this designated centre.

Members of the centre's management was involved in the monitoring systems that were in operation for the centre such as carrying out audits in specific areas, conducting unannounced visits to the centre on behalf of the provider and completing annual reviews. Despite this, improvement was needed for such monitoring systems. In keeping with the regulations, provider unannounced visits to a centre must be completed every six months. While the most recent such visits had been completed in November 2022, this was the first provider unannounced visit that had taken place for the centre since January 2022. The annual review most recently done in November 2022 also did not comply with the regulations as it did not assess the centre against relevant national standards. In terms of the audit completed in the centre it was seen that audits had been completed in various area recently such as fire safety and medicines.

However, conducting regular audits in a systematic way is important to assess, evaluate and improve the provision of services but the frequency of some of audits completed in this centre was irregular. For example, three audits on hand hygiene

had been completed between January 2022 and June 2022 but then no further such audit was completed until the day of inspection. In addition, while the inspector was provided with a document entitled "Audit Schedule 2022/2023" it was seen that it did not reference any audit as being scheduled for the remainder of 2023. It was also notable that despite the monitoring systems in operation, there was an increase in the amount of regulatory actions found on this current HIQA inspection compared to previous HIQA inspections completed in March 2020 and December 2021.

Regulation 14: Persons in charge

A suitable person in charge was in place. Their remit over two centres was not found to negatively impact the running of the current designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staff rosters did not always indicate what hours the activation staff were actually working nor clearly indicate if the activation staff were actually working in this centre. The inspector was also informed that there could be times when activation could be required to fill other staff shifts.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed performance appraisals and staff team meetings were taking place. Training was provided to staff employed by the provider.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was being maintained that contained all of the required information such as residents' dates of admission to the centre and details of their next of kin.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were provided for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The frequency of some of audits completed in this centre was irregular. The audit schedule for 2023 did not reference any audit as being scheduled for the remainder of 2023. There had been a gap of 10 months between the two most recent provider unannounced visits to the centre. The most recent annual review completed did not assess the centre against relevant national standards. There was an increase in the amount of regulatory actions found on this current HIQA inspection compared to previous HIQA inspections completed in March 2020 and December 2021.

Judgment: Not compliant

Regulation 3: Statement of purpose

While the statement of purpose in place had been recently reviewed, it referenced the centre still having ten beds. In addition, details of consultation with residents was limited while some of the information provided regarding complaints was different to the contents of the residents' guide. One section of the statement of purpose indicated the centre had one activation staff (dedicated staff to facilitate activities for residents) while another section referenced there being two activation staff.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Some environmental restrictions in operation in the centre had not been notified to the Chief Inspector on a quarterly basis as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

Information about complaints was on display in the centre. Records were kept of complaints made which included details and evidence of follow-up action taken and whether the complainants were satisfied with the outcome.

Judgment: Compliant

Quality and safety

Arrangements were in operation around residents' finances but some of these needed improvement. Residents' health needs were being supported but some complaints had been made around the quality of food delivered to the centre.

Under the regulations, residents should have access to and retain control of their personal property and possessions while being supported to manage their financial affairs. On the current inspection it was noted that detailed logs of residents' personal possessions were being maintained, something which the inspector was informed had been recently put in place. Records were also being kept around the expenditure of residents' personal money. The inspector reviewed a sample of these records and noted some good practices relating to the records presented. These included receipts being maintained, balances being recorded and transactions being dated and doubled signed by staff. The recorded balances for the records reviewed by the inspector were seen to match. However, when reviewing such records the inspector noted that some transactions were not entered in sequence which suggested that some stated balances could not have been correct on the dates they were indicated as being signed for.

For example, one resident had a recorded balance of €192.61 on 23 February 2023 but after this a further three transactions were entered from before this date from earlier in 2023. These indicated that the resident would only have had €112.31 on 23 February 2023 and not the higher balance that staff had signed for. It was also indicated to the inspector that residents in this centre did not have bank accounts in their own name with such residents' money was held in a nominal account that was managed by COPE Foundation. This nominal account also held money from other residents in other designated centres operated by the provider. If residents wanted to access their funds from this account, a requisition form would need to be completed and then submitted centrally for approval, a process which was indicated could take up to three days.

The inspector was informed that the provider was in the process of reviewing this

area and it was acknowledged that this was a longstanding arrangement and that the safeguarding of residents' finances was considered in this arrangement. It was also acknowledged that the residents living in this centre did have particular needs but the inspector did query if these residents had consented to or had been consulted about the bank account arrangements for their money. It was initially indicated to the inspector that there was not any evidence of this but during the feedback meeting for the inspection it was suggested that there might be. As such the inspector afforded additional time to the provider to submit any relevant information. However, in the days following this inspector no further information on this matter was submitted to the inspector for review.

Residents not having direct access to their own money was included in the centre's rights restrictions log which had been recently reviewed. This log also included some restrictive practices including bedrails and lapbelts. Any restrictive practices in use in a centre must be notified to the Chief Inspector on a quarterly basis but when walking through the premises the inspector observed that doors to some rooms in the centre were locked. These amounted to environmental restrictions that were not included on the centre's rights restrictions log nor had been notified to the Chief Inspector. The inspector was informed that one of these rooms was always kept locked because of the chemicals that were kept inside the room. Despite this the inspector did observe that some of the same chemicals were kept in an unlocked press in the centre's kitchen.

As referenced earlier in his report facilities were provided within the kitchen and the adjoining utility room for food to be stored in. The inspector was informed that the majority of meals were prepared within the centre with a meal seen to be prepared during this inspection. It was indicated though that on a Monday to Friday basis, dinners were delivered to the centre from a kitchen operated by the provider in another part of the city where this centre was operated. Efforts were made to provide residents with choices for such meals. However, from speaking with the person in charge and reviewing complaints records, it was noted that staff members had made complaints on behalf of the residents relating to these delivered meals. Follow-up action had been taken by the person in charge in response to these complaints but it was noted that on the day of inspection staff spoken with described the meals being delivered to the centre as being "hit or miss".

Guidance for residents who required specific diets was contained within residents' individualised personal plans. The inspector read a sample of these and noted that they contained further information on supporting residents with their assessed health needs while also being supported to avail of health or social care professionals such as general practitioners and speech and language therapists. Records contained with residents' personal plans also indicated that their health needs were regularly monitored. For example, there were records of residents having monthly weight and blood pressure checks in 2023. When reviewing residents' personal plans it was seen how these plans were subject to an annual multidisciplinary review as required by the regulations. It was also required by the regulations that personal plans be available for residents in an accessible format. On this inspection it was found that five residents had accessible personal plans but

three did not.

Regulation 11: Visits

Residents could have visitors in the centre with private areas available to receive visitors in private if needed.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bank accounts were not in their own name and no evidence was provided that this been consented to by residents. When reviewing financial records the inspector noted that some transactions were not entered in sequence which suggested that some stated balances could not have been correct on the dates they were indicated as being signed for.

Judgment: Not compliant

Regulation 13: General welfare and development

The inspector reviewed a sample of activity records for the centre which indicated that in recent months there had been times when residents had rarely engaged in external activities away from the centre and campus. There were had some days where residents were not recorded as participating in any internal or external activity while some of the external activities listed were activities that happened on the campus ground.

Judgment: Not compliant

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean and well-presented with efforts having been made to make it homelike.

Judgment: Compliant

Regulation 18: Food and nutrition

Some complaints had been made around the quality of meals delivered to the centre while on the day of inspection staff spoken with described the meals being delivered to the centre as being "hit or miss".

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide in place contained different information about complaints as was contained in the centre's statement of purpose. While the centre was registered for a capacity of 10 at the time of inspection and the provider intended to reduce this capacity to eight, the residents' guide described the centre as providing residential accommodation to 17 adults.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Hand sanitisers were present in the centre. Staff were observed to wear face masks throughout the inspection. A self-assessment on infection prevention and control had been recently completed. Records provided indicated that staff had completed relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

The fire door between the centre's kitchen and dining area needed review to ensure that it operated as intended. Three agency staff who worked in this centre did not have any evidence of having completed fire safety training.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While a sample of medicines' documentation reviewed were generally found to be in good order, it was noted that completed protocols were not in place for all PRN medicines (medicines only taken as the need arises). A press under a sink in the staff office was used to store medicines but it was observed that some of the presses contents were stored right beside a hot pipe which could increase the storage temperature for such contents above what was recommended.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Not all residents had their personal plans available in an accessible format.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health needs were monitored and guidance on supporting residents with their health needs was contained within their personal plans. Residents were supported to access health and social care professionals.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were found during this inspection. Staff had completed relevant safeguarding training. Guidance was available in residents' personal plans on supporting them with intimate personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Some restrictions in place were not contained within the centre's rights restrictions

log. Records were available of weekly resident forum meetings although the records provided suggests these weekly forums were not carried out consistently.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 19 OSV-0005629

Inspection ID: MON-0030370

Date of inspection: 21/03/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The PIC has reviewed staff rosters to include activation staff on duty and exact hours which they work and location which they work in. Completed on 18/04/2023. • Staffing will be review by the PIC, PPIM and HR Manager to ensure staffing is within the guidelines set out in the SOP. To be completed by 31.5.2023	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A schedule of audits will be reviewed by the PIC and set out in a timely manner over the year. To be completed by 8/05/2023 • The schedule of unannounced visits to the centre will be reviewed and scheduled in a timely manner to include two six monthly audits and an annual review which will include action plans. The annual review will take into account national standards when accessing the designated centre. To be completed by 21/11/2023	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The SOP will be reviewed and updated to reflect one designated activation staff to the designated centre. Completed on 18.04.2023
• The SOP will be reviewed and updated to reflect the exact number of beds in the designated centre. Completed on 18.04.2023
• The SOP and residents guide will be reviewed and updated to reflect the complaints procedure in the designated centre. Completed on 18.04.2023
• The PIC will (at a team meeting on Friday 05/05/2023) address consultation recording with residents. Staff will record weekly meetings with residents which will be scheduled by the PIC in the residence diary. PIC will audit documentation monthly. To be completed by 05/05/2023

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• At end of each quarter the PIC will submit any occasion on which a restrictive procedure including physical, chemical or environmental restraint is used. To be completed by 30.04.2023

Regulation 12: Personal possessions	Not 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 card in their own name for easier access to personal finances. To be completed by 15.01.2024.
• Residents will be supported through easy read documentation to consent to their own financial matters. To be completed by 15.01.2024
• The PIC will review review personal records to ensure they are in line with local policy. PIC will audit records monthly in the designated centre. To be completed by 30.05.2023

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• PIC in conjunction with activation staff and the staff team will review resident's participation in activities of choice and participation within their local community. Staff will be supported with documenting residents' personal choice making with regards participation in activities. PIC will monthly audit activities and communicate at staff meetings. To be completed by 30/05/2022

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• A meeting was arranged on 19.04.2023 with the Catering Manager and PIC to discuss meals provided to the designated centre. Quality of food was discussed and Catering manager assured me that they are in the process of changing meat supplier. PIC was assured that the food was cooked to highest standards when leaving main kitchen and complies with HACCP regulations. Residents have choice of meals to choose from everyday. Completed on 19.04.2023.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
• The resident's guide will be reviewed and updated to reflect actual number of resident's residing in the designated centre. Completed on 18.04.2023
• The residents guide will be reviewed and updated to reflect the current complaints procedure within the designated centre. Completed on 18.04.2023.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• PIC has submitted a request to review the fire door in the kitchen. To be seen by carpenter on Friday 21.04.2023 and completed by 25.04.2023
• PIC has followed up fire training for three agency staff. The agency has forwarded records of fire training completion. Completed on 20.04.23

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• PRN protocols were not in place for all medications as organization policy was in the process of being reviewed by the clinical team. Policy has been reviewed and updated. All medications which require protocols are in place. Completed on 12/04/2023
• PIC has reviewed the storage area for medications and clear signage is in place for medication storage. Completed on 18/04/2023.Medications are no longer stored in press under sink.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• PIC has a schedule in place to ensure each resident has an easy read format of their personal plan. To be completed by 30.06.2023

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• PIC will review the restrictive practice log to include a IT server room in the designated centre which is not accessible to residents. This room supports IT for the designated

centre. To be completed by 30/04/2023
• The PIC has created a schedule of weekly forums which will give residents the opportunity to participate in decisions in accordance with his or her wishes, age and the nature of her disability. The PIC will audit forums monthly to ensure consistency. To be completed by 30/05/2023.

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.	Not Compliant	Orange	15/01/2024
Regulation 12(4)(a)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the consent of the person has been obtained.	Substantially Compliant	Yellow	15/01/2024
Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff	Substantially Compliant	Yellow	15/01/2024

	member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.			
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.	Not Compliant	Orange	30/05/2023
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/05/2023
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	Substantially Compliant	Yellow	18/04/2023

	the designated centre.			
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	19/04/2023
Regulation 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	19/04/2023
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	18/04/2023
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	18/04/2023
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	Not Compliant	Orange	08/05/2023

	and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	20/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/04/2023
Regulation 28(4)(a)	The registered provider shall make	Substantially Compliant	Yellow	25/04/2023

	arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	18/04/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that	Substantially Compliant	Yellow	19/04/2023

	medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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	05/05/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/04/2023
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/06/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	30/05/2023

	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.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/05/2023