



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

## Issued by the Chief Inspector

Name of designated centre:	North County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	27 July 2021
Centre ID:	OSV-0003306
Fieldwork ID:	MON-0026719

## About the designated centre

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

The designated centre is located in a large rural town. This centre provides services to residents with an intellectual disability. The service can accommodate both male and female residents from the age of 18 upwards and has a capacity for 10 residents. The centre operates seven days a week. Residents are supported and facilitated to attend leisure, education and social activities. The staff team consists of volunteers, care assistants, staff nurses, a clinical nurse manager and the person in charge. A multidisciplinary team is employed by the provider to support residents. The designated centre consists of a single-storey wing which is linked to a two-storey Georgian house. The bedrooms are located in the single-storey wing. Residents do not have access to the second floor of the two-storey building and this floor is not part of the footprint of the designated centre. The ground floor of the house has a large dining room, sitting room, activation room, kitchen and a staff office. There are picturesque gardens to the front and rear of the property that are very well maintained. On the day of the inspection nine residents lived at this centre and there was one vacancy.

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

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 27 July 2021	9:00 am to 5:00 pm	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector met nine residents on the day of inspection and spoke with four members of staff. The inspector reviewed pre-requested information. Social distancing was observed in well ventilated areas and the inspector wore a face mask and attended to hand hygiene. Interaction with residents was confined to periods of less than 15 minutes at a time. All staff wore face masks and all residents and staff had received vaccinations for COVID-19 and were well on the day of inspection.

The designated centre was bright, clean and homely. Contractors had undertaken remedial works, repairs and painting since the previous inspection and new furnishings had been purchased. At the start of the inspection, some residents were already up and dressed and had finished breakfast. Table top activities were planned and supported by an activities coordinator. Some residents were dressing with staff support and others were lying on. These residents were supported to dress in due course and attended the dining room at their own pace where a choice of breakfast was offered.

Further additions to the designated centre offered a more person centred focus. Notice boards and displays had easy to read formats, photographs and pictures to assist residents understanding. Activities for the day were clearly outlined. Residents knew staff by name and what shifts they were working. Interactions were observed to be unhurried, gentle and respectful. Residents identified staff that they wished to receive specific support from and some residents knew who their keyworker was.

The kitchen and dining area were a focal point for residents to gather. Some residents had free access to the kitchen once there was a staff member present. One resident enjoyed working in the kitchen doing chores and assisting staff. They took this role very seriously. Another resident also liked to sit in the kitchen supervising the work being done. Residents had the opportunity to bake and make food and were happy to show the inspector photographs of cakes and breads they had made with staff support. One residents family identified that having direct access to the kitchen to make a sandwich, was something that their family member enjoyed and it also contributed to a social role that they identified with.

Since the pandemic, the registered provider had ceased offering a respite service. This meant that a permanent resident did not have to share their bedroom. This was welcomed by the resident involved. This resident identified more readily that the bedroom was theirs. They enjoyed watching television in the bedroom.

An activities coordinator was employed to support and provide activities in the absence of day services. Many of the activities that the residents took part in were divided equally across individual and group activities. One resident was supported to attend mass in the local church on the day of inspection and this was something they enjoyed doing and was something that they had missed over the last year. Some residents walked to the local garage for coffee while others went for a spin in

the minibus. Residents were well known in the community and some businesses had supported the celebration of one residents birthday which involved an outdoor celebration that featured in the local newspaper. Residents referred the inspector to the photographs and media clippings of the event. Visits to the designated centre or to residents family homes were subject to risk assessment. Outdoor and indoor visitors were facilitated during the pandemic. Reintroduction to community based activities had been slow and cautious, however, as all residents and staff were fully vaccinated, local management were committed to accelerating this process.

One resident had access to the internet and used their own laptop. This facilitated and replicated the activities that the resident used to access in day services prior to their admission as a full-time resident. This resident had completed a quality of life questionnaire with staff support. This resident stated that they were happy living in the designated centre and with the one to one staff supports they received. This resident did not mind sharing a bedroom but their preference was to return home to live with their mother. Records reflected that this resident was meeting with a community transition facilitator on a regular basis to advance an alternative option of living nearer their mother and assisting access to day services.

The registered provider had purchased a smart television to assist residents access online activities and courses during the pandemic. Staff used their own mobile phones to assist residents with internet activity. The registered provider had a plan in place to extent internet access to all residents in line with its organisational plan.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

Overall, the inspector found that the service was very well managed. Three different persons in charge had responsibility for the service in the 12 months since the previous inspection. An experienced staff member had taken on the position of clinical nurse manager and was being proposed by the registered provider as the full-time person in charge. On the day of inspection, this staff member was committed to consolidating the leadership and governance role and to increase levels of direct staff supervision, additional performance reviews and monitoring of the staff team. Residents had adequate staff resources to provide one to one levels of direct support which afforded residents choice of activities of preference.

The registered provider had in place a team of care staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and was also the person in charge for two other designated centres as well

as fulfilling a substantive role as regional manager. This person was the third person in charge for the designated centre in a 12 month period. The registered provider had completed a recruitment process and employed an experienced staff member in the role of clinical nurse manager. This person was to be proposed as the new person in charge. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services with specific activities coordinators employed on site. Residents said that they felt safe and well supported by staff in general and during the pandemic. Residents did not have access to day services in an neighbouring town as the registered provider focused on the provision of day services to service users who were residing at home with their families.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 19 staff were reviewed. 10% of staff required refresher training in fire and safety. 20% of staff needed current training in the management and prevention of aggression while 35% of staff required retraining in relation to safeguarding vulnerable adults. These figures were an improvement since the previous inspection. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training and staff were also subject to a hand hygiene assessment every three months. Staff had also undertaken additional training to meet the assessed needs of the residents. This training included fire and safety training and health and safety training.

Six monthly unannounced audits had been conducted by the registered provider. The annual review of the service was undertaken by the registered provider in December 2020. Areas for improvement were clearly identified. The annual review was comprehensive and actions arising included the review of safeguarding plans and the review of rights restrictions within the designated centre. These areas were to be completed by the person in charge, however no time frame was attached to some actions. The inspector reviewed records of staff meetings and family meetings. Staff meetings reflected a comprehensive agenda of items for discussion. These related to the current pandemic and residents safety as well as the review of care planning for residents. The scheduling of meetings was adhoc and irregular and impacted by the changing of persons in charge.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated and resubmitted to support the registered providers application to renew registration. The directory of residents was well maintained and all relevant information was current. The registered provider also provided proof of comprehensive insurance cover.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy-to-read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. All complaints had the satisfaction of the

complainant noted.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. The inspector had identified some notifications for specific scrutiny and follow up on inspection. Appropriate investigations had been undertaken by the registered provider and any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed.

The registered provider had made application to renew the registration of the designated centre within six months of the registration end date. At the time of application, the statement of purpose contained contradictory information and prescribed information was not included. There was an omission of information in the residents guide and the application form was incorrect. This was addressed by the registered provider in due course.

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

The registered provider had not ensured that the application to renew registration was correct and contained all prescribed information required by regulation at the time of application.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The registered provider had employed a person in charge in a full-time capacity who was suitably qualified and experienced for the role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant



## Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training, however some regulatory required refresher training was required by some staff members.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The registered provider maintained an up-to-date directory of residents with the regulatory prescribed information.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider ensured that there was a current contract of insurance in place covering injury to residents and loss or damage to property.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose, however, the supervision, support and development of staff awaited the appointment of a dedicated person in charge specific to the designated centre.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

## Quality and safety

Overall, the inspector found evidence of a good quality service. The provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The proposed person in charge was committed to continuous improvements in the delivery of service and the safe reintroduction of residents to the community.

The registered provider ensured there was access for residents to avail of recreation and activities of choice. There was evidence of inclusion with the wider community and residents spoke about these activities and their engagement with the community prior to COVID-19. Many of these activities had been curtailed due to the COVID-19 pandemic, however, residents were tentatively starting to access community activities with the support of staff. Residents' participation in activities was recorded. The recent outdoor celebration of a residents significant birthday had been reported in the local newspaper.

Health care plans were reviewed by the inspector and were noted to be current and accurately reflected each resident's health status. Each resident had a current OK Healthcheck in place. All relevant information was consistent with that communicated in the residents' hospital passports. Health records also clearly documented the residents COVID-19 vaccination status and tests undertaken. Residents were subject to the supports and review of a psychiatrist on a quarterly

basis or as required.

Personal care plans were in place and reflected clear information about each resident. Goals identified in the plans were meaningful and had been identified with the resident and their family. The personal care plans reviewed reflected the residents' goals, personal development and wishes. Some goals and activities had been amended to reflect the impact of the pandemic. Each care plan had an identified key worker. Each resident had a communication passport and up-to-date intimate care plan. Residents were offered access to an independent advocacy service. In some instances, residents elected for named key workers to advocate on their behalf.

Residents positive behavioural support plans were reviewed. Files reviewed had an updated behavioural support plan in place. There was written evidence of the resident and staff actively working to the same behaviour reduction plan. Staff adopted a consistent approach that was clearly documented. Where possible, residents had signed consent forms relating to restrictive practices in place that impacted on them. Family member were written to by the registered provider outlining restrictive practices in place and seeking their approval. All practices in place had not been stated in some of these communications such as the use of bed rails and the use of as required medicines.

Residents had both choice and variety in the food they ate, which was all freshly prepared within the designated centre and included a range of fruit and vegetables. The menu offered changed weekly on a three week cycle. Residents had access to the kitchen and dining area with staff supervision and some residents liked to work in or spend time in the kitchen. The food storage areas were well maintained however, the freezer unit was quite small. Staff indicated that a larger freezer had been requested. Cooked food was maintained in a heating press and residents could eat at times of their own choosing.

The provider had up-to-date risk assessments and a risk register. The assessments related to all areas highlighted in Regulation 26 and ensured that residents were protected from harm. The designated centre had a vehicle specifically for the residents use that appeared roadworthy.

It was evident that residents and staff were familiar with infection prevention strategies to reduce the risk of infection. There was a nominated lead worker and the registered provider had a contingency plan in place, had undertaken a COVID-19 preparedness plan and completed a self assessment tool. Staff hand hygiene practices and the use of personal protective equipment was observed to be of a good standard. The designated centre was clean and staff demonstrated a regular routine and record log of additional cleaning applied to regularly touched areas. All staff had undertaken training in areas of hand hygiene, breaking the chain of infection and the use of PPE. Staff recorded their temperatures at the commencement and completion of their shift and visitors were subject to a questionnaire and temperature check. While COVID-19 risk assessments had been completed by a previous person in charge, they were not dated. Additionally, the Health Protection and Surveillance Centre guidelines in use were not the most

recent. The risk assessments in relation to COVID-19 did not reflect that the residents and staff had been vaccinated.

Each resident was supported by staff to take medicines as they were prescribed. Medicines were dispensed in blister packs. Each resident had been subject to an assessment to determine if they could safely engage in the self administration of medicines. On the day of inspection, all residents required support in managing their medicines. Residents who had been prescribed as needed medicines had alternative protocols in place that staff adhered to before considering the use of medicines.

As part of the fire action plan for the service, a staff member was the daily designated fire marshal. A recent publication relating to fire and safety from the Health Information and Quality Authority was known to staff. The local fire chief had been invited to review and assess the service in recent weeks and had committed to return with the local fire service to promote familiarity. Effective fire safety arrangements were in place in the centre with all equipment being regularly serviced to ensure it was in full working order. A registered contractor had serviced all fire equipment in the current year. Residents participated in monthly fire drills which ensured they could be effectively evacuated from the centre. Each resident had a personal emergency evacuation plan in place.

The premises was clean and homely. There were communal spaces to accommodate residents as well as individualised private areas and gardens. Each room was furnished with comfortable furnishings and residents had inputted to the personalisation of their own bedroom. The premises overall was in a good state of repair and the external gardens were well maintained. Residents had adequate storage for their personal possessions and residents were encouraged to use the laundry facilities on site.

Residents could communicate with their family by phone and also had access to the Internet through a new television that the registered provider had purchased. The provision of wifi access across the entire service was part of the registered providers communication strategy. Notices in the designated centre were in an easy-to-read format and staff on duty were represented by photographs on the notice boards.

## Regulation 10: Communication

The registered provider ensured that residents were assisted and supported to communicate based on the residents assessed needs.

Judgment: Compliant

## Regulation 11: Visits

Staff facilitated each resident to receive visits, attend their home place and meet with friends in line with current public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in recreation activities of their choosing through structured day services and direct staff supports within their home.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that all residents were protected from the risk of healthcare and COVID-19 infection, however, the current risk assessment was over 6 months old and the guidelines from the Health Protection and Surveillance Centre were not the most recent.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had in place appropriate and suitable practices relating to the ordering, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were involved in. This care plan was subject to regular review and goals and outcomes were person centred and their effectiveness was assessed in terms of the impact of the pandemic on their achievement.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place and residents current healthcare conditions and requirements were well known to staff.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time, however, consent sought from family members did not always state the complete suite of restrictive practices in use.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for North County Cork 1 OSV-0003306

Inspection ID: MON-0026719

Date of inspection: 27/07/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The registered provider administrator has corrected the omission of information which was made in the initial application. Completed on 28/7/2021.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• The PIC has a training matrix in place for all staff training and will schedule training accordingly to ensure all staff have the necessary skills to support the residents. To be updated by 30/9/2021</li><li>• The training matrix will be discussed at the PIC/PPIM's 1:1 meeting to ensure that the provider is meeting its obligations in the provision of mandatory and other training.</li></ul>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider has appointed a PIC following an interview process for the designated centre to ensure supervision, support and development of staff. The appointed person is currently supporting PPIM in the position until paper work is complete. To be completed by 30/9/2021</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC will update the risk register to include an updated risk of healthcare and COVID -19 infection. To be completed by 30/4/2021</p> <p>The PIC has provided the most up to date guidelines from the Health Protection and Surveillance Centre for the COVID -19 information folder. Future guidelines will be provided as they change. 29/7/2021</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The PIC will review each residents' therapeutic interventions where they have been implemented and ensure each therapeutic intervention is documented within the resident's care plan and family have been informed. To be completed by 30/9/2021</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021

Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/09/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or	Substantially Compliant	Yellow	30/09/2021

	her representative, and are reviewed as part of the personal planning process.			
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