



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 22
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 January 2024
Centre ID:	OSV-0007986
Fieldwork ID:	MON-0041536

About the designated centre

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

This designated centre is located on the north side of a large city. It is home to two female residents. The services provided are full-time residential care for people with intellectual disability and autism. Each resident has a single bedroom and a separate living room. The centre also comprises of a hallway, bathroom, kitchen dining area, a staff office and staff water closet. There is a front and rear garden with a ramp to assist access. The staff team comprises of a person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 January 2024	10:30hrs to 17:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, the two residents living in this centre were seen to be content and well cared for with some improvements noted since the previous inspection. Some issues in relation to the documentation around medication, fire evacuation drills, staffing and training were identified but overall these were not seen to be impacting in a significant manner on residents at the time of this inspection.

This centre was comprised of a single-story house located in a residential area of a large city that was home to two young adults. In keeping with the findings of the previous inspection of the centre, the centre was seen to be bright, airy and clean throughout. Both residents had their own bedrooms and they also each had a separate living space to relax and spend time in. The residents shared kitchen and bathroom facilities. Residents' bedrooms and living areas were personalised according to their preferences and there were numerous photographs of residents enjoying activities and of important events in residents' lives on display.

The inspector was able to meet with both residents during this inspection. One resident was present when the inspector arrived and interacted with the inspector throughout the day. The second resident was in day services and returned to the centre in the afternoon. This resident did not interact with the inspector but the inspector had an opportunity to observe them in their living area and observe staff interactions with this resident.

The person in charge was in the centre on the day of the inspection and made themselves available to the inspector. The area manager, a person participating in the management (PPIM) of this centre also visited the centre and spoke with the inspector.

The resident who was present in the centre when the inspector arrived at the building, showed the inspector around and chatted with the inspector. They told the inspector about their life in the centre, what they enjoyed to do and were positive about the staff and management of the centre and the supports offered to them. They confirmed that they were happy in their home, felt safe in the centre and liked the staff that worked in the centre. When asked what they liked best about their home, this resident replied "everything". They told the inspector that they went to bed and got up when they chose and that they chose their own food in the centre. This resident showed the inspector her bedroom, which was personalised to her own tastes.

This resident was observed eating their breakfast, tidying the kitchen, leaving and returning to the centre for a planned shopping trip, watching a movie of their choice, attending to their own personal care, preparing meals with some staff assistance and making plans for the weekend with the staff on duty. This resident was heard to interact in a positive manner with the staff on duty and with the

person in charge during the inspection. On one occasion, when the resident became concerned that the inspector might trigger the fire alarm, which she did not like, staff were heard to immediately reassure the resident that this would not happen. Staff were seen to react in a supportive and reassuring manner and it was evident that they were very familiar with the resident and their likes and dislikes.

The second resident spent the morning and afternoon in day services and spent some time in their own living area on their return. This resident was observed to be content in this space and staff were observed to interact regularly with them. She enjoyed music and staff were seen to put on music for this resident and to encourage the resident to use a keyboard that was in the room. Staff were seen to offer personal care to the resident in a respectful way and were jovial in their interactions with her. This residents' living area had been designed to cater for their needs and the person in charge told the inspector about plans to further enhance this area for the resident following consultation with an allied health professional. Both residents were observed to move about their home freely and staff were seen to support both residents in line with their assessed needs.

In keeping with the findings of the previous inspection, the general care and support of residents was seen to be good on the day of this inspection. While there was some non compliance with the regulations found on this inspection, the inspector saw that there had been improvements since the previous inspection. Overall, the findings on this inspection indicated that that residents were 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.

Capacity and capability

Management systems in place in this centre were ensuring that the service being provided to residents was safe and appropriate to their needs. This centre is run by COPE Foundation. The previous inspection of this centre in January 2023 was a risk based inspection that had been completed during a targeted inspection programme in the provider's registered centres with a focus on specific regulations. That inspection found that overall residents were happy and well cared for in their home, with some issues identified in relation to one resident's access to the community and also that fire drills were not being completed in the centre. The provider had submitted a compliance plan following that inspection.

This unannounced inspection was carried out to assess the provider's progress with that plan and to inform the decision relating to the renewal of the registration of this centre. This inspection found that appropriate action had been taken to address the issues identified during the previous inspection, although some further action was

required in some areas. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame.

There was a clear management structure present in this centre and the systems in place were ensuring that overall residents were being provided with a good quality service in the centre. The person in charge was present on the day of this inspection. The PPIM of this centre was also available on the day of the inspection. Staff had the support of an on-call member of senior management at night and at times when a member of the centre's local management team was unavailable.

As part of restructuring by the provider to reduce the remit of the management teams in designated centres ran by this provider, a new person in charge and person participating in management had been appointed in the period prior to this inspection. Both of these individuals were experienced in their roles. There was evidence that these individuals had familiarised themselves with the running of the centre and the needs of the residents who lived in the centre. The previous statement of purpose set out that a CNM1 would also provide support to the person in charge in the management of this centre. The person appointed to this role was on long-term leave at the time of the last inspection and the inspector had been told that the provider was in the process of recruiting an individual for this vacancy. Since the reconfiguration of the management structures the provider had deemed that this role was no longer required and this had been removed from the statement of purpose that was to be put forward as part of the application to renew the registration of the centre.

The newly appointed person in charge of this centre had remit over two small designated centres. This meant that the person in charge could now spend time in the centre regularly and this individual was seen to have the capacity to ensure full oversight of this designated centre. There was clear evidence that this individual had spent time in the centre and had updated the documentation present in the centre to reflect these changes in management. Overall, it was seen that the documentation in the centre was well managed and maintained and that good efforts had been made since the previous inspection to ensure that documentation was kept up-to-date and relevant to the centre and the residents living there.

The person appointed to participate in the management of this centre (PPIM), an area manager, had also changed since the previous inspection. The remit of the role of the PPIM for this centre had also significantly reduced since the previous inspection, and this allowed for greater input and greater capacity to maintain oversight in the centre by the person appointed to this role.

The inspector viewed staff rotas in place in the centre and saw that there was an experienced, core staff team in place and that this meant that residents were afforded continuity of care. While there were two vacancies in the centre and these were covered by relief and agency staff, efforts had been made to reduce the impact of this on residents. Where possible, if unfamiliar staff were rostered to work in the centre, efforts were being made to roster them during periods of reduced need, such as at night, and a sample of rosters viewed showed that usually, at least

one familiar staff was on duty in the centre.

The previous inspection had identified that while staffing levels were maintained that would ensure the overall welfare and safety of both residents if they remained in the centre, staffing arrangements were not in place to facilitate regular community access and regular opportunities to leave the centre for one resident. Following that inspection, the provider had put in place additional staff in the evenings, meaning that most evenings three staff were available to provide supports to the two residents. This meant that both residents were now able to leave the house in the evenings and be supported safely.

One resident usually went home to their family at the weekends and some evenings, but there were arrangements and plans in place for appropriate numbers of staff to be available to this resident in the event that they stayed in the centre. This inspection found that although there were usually at least two staff on duty when both residents were in the centre, on some occasions, due to staff shortages, unplanned leave or redeployment of staff, this was reduced to one staff member. This was set out in the statement of purpose of the centre and the inspector saw that consideration had been given to the risks attached to this in a risk assessment. For example, a successful fire evacuation drill had been carried out to ensure that residents could be safely evacuated in the event that staffing levels were reduced.

The inspector was provided with the reports on the provider's six monthly unannounced visits to the centre. It was seen that issues were being identified and acted upon. A team meeting and health and safety meeting had taken place since the change in management team had occurred and records indicated that staff were provided with information relevant to their roles and that important information, such as changes that had occurred and learning from incidents, was being disseminated to the staff team. The incoming person in charge had put in place a schedule for staff appraisals following their appointment to the centre.

Overall, adverse incidents were appropriately recorded. One incident report that had been completed in respect of a drug error did not provide any information about how the incident had occurred or any learning that was identified that could prevent reoccurrence and this was discussed with the person in charge during the inspection.

A complaints log was viewed in the centre. Easy-to-read information was available to residents about the complaints procedures and there was a complaints policy in place. No complaints had been recorded in this centre since it had opened.

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.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to have the capacity to maintain oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

Overall, staffing arrangements in place were appropriate to the number and assessed needs of the residents in this centre. Since the previous inspection, additional staff had been provided to afford both residents opportunities to leave the centre and partake in preferred activities external to the centre. Nursing care was available to residents if required. A regular core staff team worked in the centre providing continuity of care to residents and there was ongoing recruitment to fill any identified vacancies.

A staff rota was maintained in the centre and this showed that, overall, residents were supported by two or three staff during the day and two staff at night. This showed that staffing levels had improved since the previous inspection. However, two vacancies remained unfilled at the time of this inspection and the inspector identified that there were some occasions where staffing was reduced due to staff shortages, unanticipated absence or redeployment of staff. While this had been appropriately considered and was provided for in the statement of purpose, there was some indications that this did continue to impact on the residents on occasion.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records viewed showed that regular staff working in this centre had access to appropriate training, including refresher training and there was evidence of oversight of the training needs of the regular staff team working in the centre.

However, the person in charge did not have oversight of the training of agency staff that worked in the centre at the time of the inspection. The person in charge was new to the role and was in the process of rectifying this at the time of the inspection. One staff member working part time in the centre at the time of the inspection had not taken part in organisational training and although they did have some training completed in the area of safeguarding, they did not have the appropriate training in the safeguarding of vulnerable adults. This was addressed in the days following the inspection.

Judgment: Substantially 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

There was evidence that local management systems in place were providing good oversight in this centre. The registered provider had ensured the centre was adequately resourced to provide for the effective delivery of care and support. An annual review had been completed and the provider's six monthly unannounced visits were occurring as appropriate. There was evidence that residents and family members had been consulted as part of these reviews. There had been a significant reduction in the remit of the local management team for this centre since the previous inspection. As part of restructuring by the provider to reduce the remit of the management teams in designated centres ran by this provider, a new person in charge and person participating in management had been appointed in the period prior to this inspection. Both of these individuals were experienced in their roles. There was evidence that these individuals had familiarised themselves with the running of the centre and the needs of the residents who lived in the centre. There was an appropriate auditing system in place that identified areas for improvement. Identified issues were acted upon and addressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. Some amendments were required to ensure that this accurately reflected the services provided in the centre. These were completed during the inspection and an updated statement of purpose was shown to the inspector on the day of the inspection.

Judgment: Compliant

Quality and safety

The previous inspection found that the well-being and welfare of residents was overall maintained by a good standard of evidence-based care and support. On the day of this inspection, it was seen that overall safe and good quality supports continued to be provided to the residents that lived in this centre by a committed staff team. Action had been taken to respond to issues identified in relation to staffing impacting on residents' rights since the previous inspection. Some issues were identified in relation to the documentation around medications and fire safety in the centre.

Residents were seen to be supported in line with their assessed needs and the management and staff team were seen to promote a strong person centred culture in the centre. As mentioned in the previous section of this report, the provider had put in place additional staff in the evenings and this meant that both residents were now being afforded opportunities to leave the house on a regular basis.

Residents had good access to leisure and community facilities. One resident in this centre was seen to be supported to take part in activities of their choosing during the day of the inspection. This resident was accessing the community on a regular basis as desired. The inspector was told about renewed efforts to introduce this resident to some day service activities and there were plans for this to take into account the resident's expressed wishes and preferences. The second resident attended day services and enjoyed going home to their family regularly. This resident was now being supported with additional staff to partake in activities outside of the centre.

Residents had the opportunity to take part in regular resident forums or meetings and topics discussed included menus, activities and how to access the complaints process. A staff member spoken to was positive about the service provided to residents in the centre and about the management team that supported them. They were familiar with the safeguarding procedures in place in the centre and reported that concerns were responded to promptly if raised. This staff member spoke about how residents' care was self-directed where possible and that residents were afforded choice in the centre.

Personal plans were viewed by the inspector. These were seen to be person-centred and were presented in a clear and easy-to-read format. There was evidence that residents had involvement in their own plans if desired. The person in charge was in the process of reviewing and updating the personal plans at the time of this inspection. However, the inspector had sight of the plans that had been put in place since the previous inspection and saw that overall, residents were being supported to set and achieve goals. Although it was unclear if some goals were meaningful to residents, the person in charge was committed to reviewing and updating these to reflect residents' current wishes and interests. A staff member also spoke about how staff supported and encouraged residents to identify and try out new activities to

determine their preferences and provide them with opportunities to try new things.

Health Action Plans were also viewed in residents' files along with records of healthcare appointments that residents had been facilitated to attend. Overall, the information viewed showed that residents were supported to access healthcare services as required. The residents living in this centre did not require daily nursing input or care. Nursing input was available from on-call nursing staff employed by the provider if required, and there was a community nurse assigned to this centre to oversee health plans and facilitate appointments if required.

The storage of medications required some review to ensure that medications for each resident were stored separately. This would reduce the potential for drug errors and ensure that staff working in the centre could easily locate required medications as and when needed.

A sample of medication records was viewed in the centre. Drug prescription and administration records required review to ensure that the medicine which is prescribed is administered as prescribed to residents. Some errors were noted on the prescription records for residents. For example, a drug prescribed for one resident was identified by staff and also by the manufacturer as being administered orally. However, this was recorded on the prescription record as for administration rectally. There was no evidence to suggest that this drug had been administered incorrectly and staff in the centre confirmed that they would administer this drug orally. However, this prescribing error had not been identified prior to this inspection. Also, a medication that was prescribed as a PRN (as required) medication was seen to have a PRN protocol in place that was not in line with the prescription record for this individual.

There were fire safety systems in place in the centre. Fire doors, emergency lighting and an appropriate alarm system were all in place and were tested regularly also. There was appropriate fire-fighting equipment and this had been regularly serviced. A fire blanket was seen to be located directly above some bins in the centre and this might present a hazard should this equipment be required if a fire broke out in or near the bins. When the inspector drew this to the attention of the person in charge, the bins were moved immediately. Daily, weekly and monthly fire safety checks were occurring as per the providers' policy. Some gaps were noted in these checks.

In summary, residents in this centre were being provided with a person centred service that was in line with their assessed needs and their own preferences. Residents were seen to receive good care and support during the inspection and staff and management met by the inspector presented as committed to ensuring that residents' were supported in a respectful and fair manner. Some improvements were required in relation to the management of medication and fire safety in the centre to ensure that the service provided to residents was safe and effective at all times.

Regulation 13: General welfare and development

Overall, the registered provider was ensuring that each resident was provided with appropriate care and support, having regard to their assessed needs and wishes. Residents were supported to maintain personal relationships. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Since the previous inspection, additional staff when both residents were present in the centre meant that residents had increased opportunities for community access. There was evidence residents were supported to take overnight breaks if desired.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable to meet the needs of the two residents that lived in this centre and was decorated in a manner that reflected the individual preferences of residents. The centre was observed to be overall clean and maintained to a good standard. Some maintenance works were required. For example, some paintwork was peeling and there was some damaged plasterwork in the main bathroom. Also some of the fitted units in the kitchen were peeling and had some damage evident. This detracted from the homeliness of the centre and also meant that it would be difficult to effectively clean all surfaces and did not effectively protect residents from potential harm from infections.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Individualised personal emergency evacuation plans were in place for residents and there was evidence to show that all staff were aware of these. Fire-fighting equipment was regularly serviced and there was a fire alarm system and emergency

lighting was in place. Fire doors were present throughout the centre.

Fire drills had been completed in the centre, including a drill that simulated reduced staffing levels and simulated night time fire drills. However, a review of the fire drills completed in the centre showed that three regular staff members had never participated in a drill and that agency staff also did not participate in fire drills. Also, fire safety checks were being completed in the centre but there were some gaps in these.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Drug prescription and administration records required review to ensure that medicine which is prescribed is administered as prescribed to residents. Some errors were noted on the prescription records for residents, such as an oral drug being recorded as for administration rectally. Also the storage of medications required some review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had taken action since the previous inspection to ensure that both residents' assessed needs were being met in the designated centre. Individualised plans were in place for all residents that reflected their assessed needs. Overall, these were being appropriately reviewed and updated to reflect changing circumstances and support needs. There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. At the time of the inspection, the person in charge was in the process of updating and reviewing residents' personal plans.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access appropriate healthcare. Residents were supported to make and attend healthcare appointments as required and where a healthcare need was identified, there were appropriate support plans in place to

provide guidance to staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights' were considered in this centre. Staff were seen to be respectful in how they spoke to and about residents. Staff had completed human rights training. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities of their own choosing and preferences. Staff were familiar with the communication styles of residents and took this into consideration when making efforts to determine consent from a resident prior to assisting them with personal care. Staffing levels in the centre had increased since the previous inspection and this was affording one resident additional opportunities to access the community and ordinary places.

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 (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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 22 OSV-0007986

Inspection ID: MON-0041536

Date of inspection: 23/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. A risk assessment has been completed around night time staff, with has reduced the numbers.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. A training schedule is in place and all current staff are up to-date with the required training. Person in charge will ensure that any agency staff will provide their training records.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

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. Person in charge has requested works to be completed, this process has begun and currently being supported by the facilities manager.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. The person in charge has developed a schedule to ensure that all staff will have participation in fire drill.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. The PIC in collaboration with the community nurse has reviewed all processes and procedures around supporting the residents with their medication.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2024
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	30/07/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/05/2024

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2024
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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/06/2024