



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

Name of designated centre:	Cork City North 8
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 September 2018
Centre ID:	OSV-0003307
Fieldwork ID:	MON-0024999

About the designated centre

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

Cork City North 8 is a single storey building within the COPE Foundation services on the northside of Cork city. It is a residential service providing 24 hour nursing care to 15 adult males and females who have multiple and complex healthcare needs with a severe / profound degree of intellectual disability. It comprises a visitors room, 2 dayrooms, a shared living space, 7 bedrooms - 3 single and 4 shared. 2 bedrooms have an ensuite shower and there is also a bathroom suite and an additional shower room. The centre has a kitchen / dining area, small veranda rooms classified as a music room, a scales room, a medical device storage, a laundry room and storage rooms which are accessed through resident's bedrooms. There is also a staff toilet and kitchenette.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
------------------------------------------------	----

How we inspect

To prepare for this inspection the inspector or 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
27 September 2018	10:00hrs to 18:30hrs	Michael O'Sullivan	Lead
27 September 2018	10:00hrs to 18:30hrs	Christopher Regan-Rushe	Support

Views of people who use the service

The inspection team met with all residents, many of whom were non verbal. Staff interaction with residents was observed to be gentle, respectful and unhurried. There was no evidence of resident or family surveys or questionnaires available to the inspection team.

Capacity and capability

The governance and management arrangements in this centre were not ensuring that residents were being kept safe at all times from the risk of infection, primarily due to the poor level of cleanliness in the premises. In addition, the delivery of care to residents was observed to be task orientated and not person centred. Care was observed to be determined by institutional practices. Staff work schedules were centered around staff break times which was evidenced by residents taking daytime naps and structured bedtimes. On many occasions residents were observed to be left alone during the day, without positive interaction. Inspectors also observed that a corridor within the main centre thorough fair was being used for activities, which afforded little dignity or privacy to residents, despite there being a number of large day rooms available and not being used.

Activation of residents has been limited in the centre over the last eighteen month period, due to an extended period of leave of the activation staff member. This meant that residents were not always being actively engaged in meaningful activities inside or outside of the centre. Inspectors noted the residents' activity schedules (for those not attending day services) centred around a centred based activity such as ball play, where residents would sit in a circle and throw a ball to each other. There was no evidence that this activity was assessed for all residents and that the effects and the residents' enjoyment of this activity was being reviewed to ensure it was a suitable activity of choice. The roster on the day of inspection reflected the staff on duty. However, there were three unfilled nursing posts at the time of inspection, some of which had been temporarily filled by health care assistants. As a result, inspectors found that many activities undertaken by staff were functional in nature in order to address activities of daily living such as eating, dressing and bathing.

A six monthly review had been undertaken by the provider in February 2018. While there was an action plan in place, it was found to be ambiguous and did not have time frames for completion. It was also unclear how the actions were being monitored, reviewed or overseen by senior management. The annual review completed in 2017 was not supported by an action plan. The registered provider

failed to have a management system in place to ensure a safe service, appropriate to residents' needs that were consistent and effectively monitored. There was no indication that annual reviews provided for consultation with residents and their representatives. Inspectors found that this failure to address actions arising from provider reviews meant that there was no current plan in place to address any deficits in the standard of care and support. In addition, many of the findings made by inspectors on the day of inspection had not been identified by the provider, including the standard of cleanliness of the centre, the significant dilapidation in the premises and the use of corridors as activity spaces. In addition the statement of purpose and floor plans issued on 31st August 2018 did not reflect the service being offered to residents, and did not accurately identified the current residents' needs, the number of residents and the staffing complement outlined.

The provider had appointed a person in charge with the necessary experience, skills and qualifications to fulfill the role. The person in charge understood the needs of the residents and spoke positively about future plans for some residents to transition from the service into a more individualised service. Information and documents in respect of staff, currently and previously employed at the designated centre were reviewed. Two staff files were inspected and it was noted that one staff member's file did not have a copy of their nursing qualification or evidence of current registration.

Staff training deficits, as identified by the previous inspection and the providers annual review, remained unaddressed, particularly in the area of residents individual care planning and activation. The provider was committed to mandatory staff training and it was noted that fire and safety training was being held on the day of inspection. Safeguarding training for all staff had been undertaken but 75% of staff required training in managing behaviours that challenge and 41% required training in fire safety.

All written policies and procedures required were in place and subject to review. Policies due for updating had a scheduled time frame for completion. The directory of residents was well-maintained and included all information as required by regulation. Documentation was clear, easy to read and navigate.

There were records of three complaints made against the service since the last inspection. Records maintained reflected that all three complaints were resolved with clear outcomes. Two complaints did not record whether the complainant was satisfied with the outcome. In addition, the provider had failed to ensure that the complainant had been provided with, or informed of, the appeals process or that a written letter of response had been provided to their complaint.

A copy of all notifications to the Authority and National Incident Management System reports were maintained in the service. Also evident was a reflective learning log which maintained and summarised key learning points.

Registration Regulation 8 (1)

The provider had submitted an application to vary the conditions and use of the premises. This application was reviewed as part of this inspection. The inspectors identified that the provider had intended to use part of the centre as a day service and had not considered using this space to alleviate the overcrowding in the residents bedrooms which was a factor identified on previous inspection. The provider subsequently withdrew this variation.

In addition, the centre was due to close by 31 December 2018 and the provider had applied to extend this time frame due to delays in the transitioning of residents to more suitable accommodation.

All documentation was submitted in a timely manner in support of this application.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in a full time capacity. The person had the necessary skills, experience and qualifications in intellectual disability nursing and management.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number, qualifications and skill mix of staff was appropriate to the numbers and assessed needs of the residents and the statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had appropriate training particularly in the area of residents individual care planning. Mandatory training for some staff was out of date.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents that included information specified in Schedule 3.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that some of the information and documents required for staff under Schedule 2 of the regulations were maintained. However, records in relation to staff qualifications and registration were not available in all files.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider failed to have a management system in place to ensure a safe service, appropriate to residents' needs that were consistent and effectively monitored. There was no indication that annual reviews provided for consultation with residents and their representatives and that actions arising from these were being developed or resolved.

In addition, there was no current plan in place to address any concerns regarding the standard of care and support provided or the quality of the environment as a result of the identified delay in transitioning residents into their new homes.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose of August 2018 did not reflect accurately the providers intentions of service provision and was at variance with the providers request to vary conditions of registration, which included the number of residents to be accommodated.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had provided the Chief Inspector with all notifications in writing of incidents arising in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place. However, complainants were not informed of the outcome of their complaints in writing or the appeals process.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had written policies and procedures in place as set out in Schedule 1, which were subject to ongoing review and updating.

Judgment: Compliant

Quality and safety

While the standard of healthcare in the centre was generally good, the overall quality of the service being provided was poor. The provider did not demonstrate an understanding of the level of need within the designated centre to inform the effective planning and allocation of resources that ensured the provision of a person centred, safe and effective service to all residents. Appropriate action was not taken to comply with the conditions of registration and to meet the actions of a compliance plan to address previously identified regulatory breaches.

Many residents had recorded activities which were short in duration and singular for the day in question e.g. rested on the couch, went for a walk or had a foot massage. Many residents were observed to spend long periods of time sitting in

chairs or wheelchairs, in groups, unsupervised. Residents were also observed to spend lengthy periods of time in their bedrooms, unsupervised and unobserved. There was little staff interaction or engagement evident unless staff were engaged in task led activities. There was little evidence that any improvement had been made since the last inspection. Ten of the fifteen residents did not have access to day or activation services to meet their individual needs.

The designated centre had a poor standard of hygiene, the maintenance of the physical environment was poor with many areas of the centre in need of repair and decoration. Many areas of the centre had evidence of dirt, dust, stains and cobwebs on the day of inspection. While personal mobility and seating equipment used by residents had evidence of cleaning schedules in place, many were observed by the inspectors to be dirty. All overhead skylights had layers of cobwebs, evidence of leaking, rusted and flaked metal and paint work. Radiators were congested with debris, clinical gloves, cobwebs and residents' personal effects. Redundant and broken fixtures and fittings remained in place. Some plastered finishes were not painted. Curtains were drawn during the day in bedrooms. Some rooms also had internal windows that looked directly into other residents' bedrooms. Access to the beauty room, music room and scales / storage room was through residents' bedrooms. The scales room where residents were weighed had no curtains or occlusion on the windows which was overlooked by another unit. The overall living environment was not structured to promote independence nor was it stimulating to residents.

Infection control measures were observed to be poor. Staff were not carrying out their work in a manner which constituted or reflected good infection control procedures. Many of the residents had specialised equipment for tube feeding or to manage chronic respiratory conditions. Inspectors found poor infection control measures were in place for the management of this equipment with evidence of open packets of medical supplies for use with these interventions left on dirty surfaces or in some cases with the tubing trailing on the floor.

The provider failed to demonstrate when asked by inspectors that residents with communicable infections were subject to universal separation and precautions with the necessary safeguards in place. This posed a serious risk to both staff and residents in the centre. In addition, an on site protocol in relation to blood borne viruses was not available on the day of inspection despite this being an action identified during a previous inspection.

There was evidence that personal plans were not assessed in an effective manner. Changes in circumstances and new developments for residents were not taken into account or reflected in resident plans. Goals and outcomes were only recorded in some resident's plans. Staff members were not named as key workers or responsible persons within the planning process. Areas of improvement had not been actioned or addressed since the previous care plan review. Some individual care plans were unsigned and undated. Goals recorded as attained by one resident did not reflect the goals set.

There was evidence that some residents had a number of assessed health needs

documented in relation to oral hygiene and dental issues; however, there was no documentary evidence of actions taken or plans formulated to address the identified issues.

A higher standard of assessment planning, which was multidisciplinary in nature, was evident for residents who were transitioning to a new designated centre before the year end. Plans reviewed for two male residents were current, had an in-depth assessment of need, recorded an agreed schedule of integration to the new setting as well as a record of attendance and gradual exposure. A current risk assessment for each of the two residents was in place.

The designated centre had fire and safety management systems in place and all essential equipment was subject to annual inspection by a registered contractor. On the day of inspection, a gap between fire doors in the main corridor required immediate repair by the maintenance department. This matter was addressed prior to completion of the inspection. A number of fire escapes were obstructed by equipment and curtains, while fire alarm activation points were also obscured. Emergency exits had keys located in break glass units that were not always located at an accessible height. Signage at emergency exits did not indicate where evacuees were to go to. Some emergency signs were occluded by redundant ceiling tracks. There was good documentary evidence of fire drills conducted during periods of minimum and maximum staffing levels. All residents had a personal emergency evacuation plan.

The person in charge ensured that safeguarding measures were in place and that staff provided intimate care to residents in line with the residents' personal plan. Staff had been in receipt of safeguarding training and one member of staff was booked to take part in refresher training. Notices were in place on the walls of the centre, which included easy to read formats on the definition of abuse and how to make a complaint or raise a concern. Staff had initiated proximity checks to increase resident safety and any concerns arising were communicated and handed over to staff at a weekly meeting that was documented.

Residents had a comprehensive positive behaviour plan in place that was subject to audit and outcomes evaluated. Restrictive practices in place in the centre had been notified to the Chief Inspector and were recorded in a restrictive practice log.

The designated centre had risk management procedures in place and a number of hazards identified. No additional controls were documented for many risks. There was no named person responsible for any of the identified risks. Controls and measures stated in the risk register were not observed by the inspectors in practice. For example, an oxygen cylinder was unsecured and standing freely in the day room. Hazardous and corrosive solutions and cleaning products were stored in unlocked cupboards next to residents' feeds and drinks in a day room, bedrooms and bathrooms. In some instances, inspectors found cleaning fluids had been decanted into unlabelled containers and were freely accessible in the centre.

The management and control of stocks of topical creams and medical supplies in the centre was poor. There was significant evidence of out of date preparations,

ointments, solutions and swabs in use and circulation throughout the designated centre. Opened products did not contain the date of opening, how long the product was in use and what resident it was in use for.

Residents' rights were promoted through the resident's forum; however, there was no evidence of a residents' meeting occurring since April 2017. A graduate student had made a presentation to staff in relation to the "Involve Me" course and further training was planned. Two staff members were undertaking an accredited post graduate course entitled "Self Supported Living", in Athlone Institute of Technology.

The registered provider had addressed issues in relation to resident's personal finances since the last inspection and monies were deposited in the residents' name with the HSE in Tullamore. Residents' finances held locally were properly recorded and accounted for with signing and counter signatures / receipts in place that were subject to audit. Inspectors did observe that there inadequate storage facilities within the centre and residents' clothing was stored in other residents' bedrooms.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had the necessary support to manage their finances; however, residents did not have adequate storage for personal clothing and possessions.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider failed to provide each resident with appropriate care and support having regard to the nature and extent of the resident's disability and assessed needs. The registered provider also failed to provide access to facilities for occupation and recreation. There were limited opportunities to partake in activities.

Judgment: Not compliant

Regulation 17: Premises

The registered provider failed to ensure that the designated centre was laid out to meet the needs of the residents, was of sound construction and kept in good repair.

The designated centre was not suitably cleaned or decorated.
Judgment: Not compliant
Regulation 25: Temporary absence, transition and discharge of residents
The person in charge had assured that residents transiting to a new designated centre in the community had the necessary supports available.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider had a risk management policy in place; however, had failed to ensure that all risks were appropriately assessed and that measures and actions were in place to control risks and documented on the centre's risk register. In addition, these risks were not being subjected to regular review.
Judgment: Not compliant
Regulation 27: Protection against infection
The registered provider failed to ensure that residents at risk of healthcare infection were protected by adopting standards for the prevention and control of healthcare infections.
Judgment: Not compliant
Regulation 28: Fire precautions
The registered provider failed to take adequate precautions to maintain means of escape in the event of fire. The registered provider did not ensure that all staff had suitable training in fire and safety.
Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The registered provider did not have arrangements in place to meet the needs of each resident as recorded in their individual care plans. Personal plans were not subject to regular review and did not take into account changes in circumstance.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did provide appropriate healthcare to all residents, however, some residents did not have an action plan to address health issues identified.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours that challenge, however a significant number of staff required training in the management of behaviours that challenge..

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had safeguarding measures in place to ensure that staff provided personal and intimate care in line with resident personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and the person in charge had taken some actions to promote residents' rights, however, residents were not always consulted regarding care and support decisions or had the freedom to exercise choice and control on

their daily life.

In addition, many areas of the centre used for therapies could only be accessed via a resident's bedroom, which meant that there was a risk to the privacy and safety of residents using these bedrooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 8 OSV-0003307

Inspection ID: MON-0024999

Date of inspection: 27/09/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will review the skill mix, qualifications and number of staff allocated to the centre. This review will include consultation with the PIC, PPIM, DON and HR manager taking into consideration the residents needs and quality of life. Following this review the PIC and the registered provider will update statement of purpose to reflect staffing numbers and skill mix.</p> <p>The PIC has met with the activation co-ordinator who has returned to work (29/10/18). The activation co-ordinator has updated all residents PALS assessments to support welfare & development plans. The Activation co-ordinator has recommenced daily activities schedules for residents and has planned outings/activities which will support residents to achieve their goals as set out in the personal support plans. The activation co-ordinator will support the inclusion for the residents in community activities. The activation co-ordinator will support front line staff in completing documentation and supporting residents to participate in activities they have interest in.</p> <p>A copy of the staff nurse registration was send to HR department for filing to ensure compliance with schedule 2.</p>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

The PIC has developed a schedule for mandatory training and refresher workshops. The PIC has liaised with relevant staff to inform them of dates. The registered provider has planned information sessions for newly qualified staff within the organization and

these sessions will include support plan development, goal setting, risk assessment and these sessions will be delivered by the quality team. The Advocacy officer will present workshops to staff on advocacy.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The PIC has forwarded onto the HR department evidence of specific staff nurse registration. The PIC has reiterated to all staff that evidence of their qualifications and professional registration must be sent to HR department for same to be held within their personal files for compliance with schedule 2.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

An annual review had been carried out by the quality team two days prior to the unannounced inspection. At the time of inspection the centre had not received the report. The registered provider forwarded a copy of this report to the authority on 1/10/18 however the action plan for this annual review was not completed on 1/10/18.

The PIC and the registered provider have reviewed the annual review and developed an appropriate action plan with identified time frames, this action plan will be shared with staff within the centre to ensure completion of actions and that all staff are aware of areas of improvement to ensure effective service is being delivered to meet resident's needs.

The PIC had posted family survey prior to the annual review; returned surveys will be collated into report. Feedback from family representatives will be used when planning and developing services for residents. The next family forum is planned for 08 /12/2018.

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider and PIC will update the statement of purpose to reflect the service and the actual purpose of each room/location within the centre. The number of residents residing within the centre will be reviewed and updated as resident's transition to new homes. The number and skill mix of staff will also be reviewed and updated as per residents needs and as resident's transition to new homes.</p> <p>The facilities manager will update floor plan as per layout and function; these updated plans will be submitted to registration department in HIQA.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC has contacted the two complainants to inform them of the outcome of their complaints. Written evidence of actions taken to resolve complaints is maintained in record log with the complaint in the event the complainant is not satisfied with the action taken to resolve the matter the PIC will ensure the complainant is aware of the appeals process.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The PIC has assessed storage space to ensure each resident has adequate space to store and maintain their clothing and personal possessions. In incidence where it was identified that residents lacked storage facilities the PIC will purchase such items e.g bedside lockers and or chest drawers.</p>	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Activation co-ordinator has returned. The Activation co-ordinator will support key workers to complete assessment framework (PALS & social outing profiles) and use Person centred plans to assess and identify the residents interests and supports required to support them to access community opportunities.</p> <p>Resident & family forum activities and events will be planned taking into consideration the individual's capabilities, interests & wishes and supports required to enable the individual to participate and maintain relationships within their wider community.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will schedule a MDT meeting to discuss the layout of the centre to ensure the premises is used to its maximum to meet resident's needs. In the event of change of use to any part of the centre this will be reflected in the SOP and resubmitted to registration.</p> <p>The registered provider has arranged for deep cleaning of the centre, this involved stripping and polishing of flooring, overhead skylights cleaned and removing of radiators from walls to remove items lodged in them and refitting of radiators to walls. (completed on 3/10/18).The facilities manager and the registered provider have carried out a walk through the centre to identify repair and upgrading works, the facilities manager will provide the PIC with a schedule for these works which will include painting, rehangng of curtains, repairs to plastered finishes and replacement of flooring in some areas, repairs to bathrooms/shower rooms.</p> <p>The registered provider will ensure the premises are kept in a good state of repair by report ing repairs via internal maintenance system or resource planning forum in future.</p> <p>The Facilities manager met with the external cleaning provider manager to discuss cleaning duty responsibilities and improvements in standard of delivering service.</p> <p>The PIC will arrange for the removal of unused equipment from the centre. The PIC has reiterated the importance of maintaining resident's equipment in clean good working order. PIC will carry out spot checks to ensure resident's mobility and seating equipment are maintained and cleaning schedules reflect same.</p>	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider will ensure the PIC will review the risk register to ensure each identified risk has a named person responsible, all controls are documented and on-going review system is in place. The PIC will ensure all staff are familiar with identified hazard control measures and any adverse impact on the residents. The governance structure within the center will ensure day to day practices are in keeping with control measures documented.</p> <p>The PIC will forward onto the registered provider, minutes of their on-site safety meeting and inform the registered provider of learning from incident reports so that the registered provider can escalate concerns to the quality and Safety Steering Group meeting which are held quarterly.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider has arranged for deep cleaning of the centre and sought improvements in standard of cleanliness from the cleaning contractors and maintenance facilities department have committed to repairing worn/torn surfaces , painting of flaked and metal works. The PIC will liaise with external laundry service to schedule cleaning of curtains throughout the center. The PIC will ensure cleaning schedules are in place and cleaning routines are carried out to a high standard.</p> <p>The PIC will ensure medical equipment is stored and maintained in an appropriate manner.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

The maintenance department have adjusted the height of break glass units to ensure these units are positioned at an accessible height (28/10/18). The Facilities manager has arranged for appropriate emergency exit signage.

The daily fire checks will ensure fire escape routes are obstruction free and checks are recorded daily in the fire register log. The PIC will enforce this practice within the centre. The PIC has a fire training schedule in place.

Regulation 5: Individual assessment and personal plan	Not Compliant
-------------------------------------------------------	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC has developed a schedule to review and update all residents support plans. The PIC will ensure health action plans are updated to reflect changes in circumstances for residents. The registered provider has requested a multidisciplinary review for residents within the centre to assess and develop individual plans which will reflect residents changing needs and capture their interests and wishes. This is scheduled for 22nd November 2018.

The PIC will ensure all support plans are signed and dated and each resident has a named key worker.

Regulation 6: Health care	Substantially Compliant
---------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC will ensure individual health action plans are reflective of issues identified in health assessments.

Regulation 7: Positive behavioural support	Substantially Compliant
--------------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The PIC has identified staff that have training deficits in Positive behavior supports. The PIC has liaised with the positive behavior team to develop a training schedule for MAPA training. Frontline staff have been informed of these dates.

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider and PIC will ensure residents are consulted regarding their care and choices in their daily life and the running of the centre, via residents forums and the use of alternative communication methods. During the MDT meeting for the layout of the centre , the residents needs will be discussed /use of areas/practices to promote residents privacy ,safety and quality of life will be high importance in decisions that will be made.

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(3)(a)	The person in charge shall ensure that each resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	23/11/2018
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	30/11/2018
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs	Not Compliant	Orange	31/12/2018

	and his or her wishes.			
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	30/11/2018
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	30/11/2018
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	30/11/2018
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	Not Compliant	Orange	01/12/2018

	centre.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/09/2018
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	31/01/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	01/12/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	14/12/2018
Regulation 17(1)(c)	The registered provider shall ensure the	Not Compliant	Red	31/10/2018

	premises of the designated centre are clean and suitably decorated.			
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	28/09/2018
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/11/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide	Not Compliant	Orange	08/12/2018

	for consultation with residents and their representatives.			
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.	Not Compliant	Orange	07/11/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	23/11/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Not Compliant	Orange	23/11/2018

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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.	Not Compliant	Orange	14/12/2018
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	14/12/2018
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points	Substantially Compliant	Yellow	31/12/2018

	and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	01/12/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	30/11/2018
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	10/10/2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2018
Regulation	The person in	Not Compliant	Orange	31/12/2018

05(6)(a)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	31/12/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Not Compliant	Orange	31/12/2018

	circumstances, which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	31/12/2018
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Not Compliant	Orange	22/11/2018
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Not Compliant	Orange	22/11/2018
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to	Not Compliant	Orange	22/11/2018

	paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/12/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/12/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging	Substantially Compliant	Yellow	31/01/2019

	including de-escalation and intervention techniques.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/12/2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	23/11/2018
Regulation 09(2)(c)	The registered provider shall 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.	Substantially Compliant	Yellow	23/11/2018
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	30/11/2018

	accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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	23/11/2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	14/12/2018