



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

## Issued by the Chief Inspector

Name of designated centre:	West County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0003288
Fieldwork ID:	MON-0031057

## About the designated centre

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

This centre is located in West Cork. It is in a location with access to local shops, transport and amenities. The service is managed by COPE Foundation Ltd and comprises of a purpose-built 13 bedded ground floor house. This centre was set up to provide a specialist service for persons with an intellectual disability who required nursing care, in particular dementia care. The centre supports residents to live a meaningful everyday life. Each individual is assessed, and a plan to support them is put in place. The assisted living model provided in this home, is a flexible response to residents' changing needs and declining cognitive ability. As their needs change over time, the resident's plan of care is adapted and appropriate supports provided by staff. The emphasis is on independent living in so far as practicable, community integration and appropriate support provided including end of life care. The ethos in the centre is to provide a welcoming, homelike and friendly environment which affords comfort and safety to residents, staff and significant others.

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

Number of residents on the date of inspection:	13
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 18 November 2020	10:40hrs to 17:15hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector was able to meet each of the 13 residents living in this designated centre throughout the day of the inspection. In an effort to minimise movement as a result of the COVID- 19 pandemic, the inspector was located in an administration office at one end of the designated centre during the inspection. Throughout the inspection, the inspector was able to hear and observe interactions between residents and staff which highlighted the person centred approach and the familiarity of staff with the individual residents they were supporting.

The person in charge was very knowledgeable of the individual preferences and routines for residents and informed the inspector of these as residents were introduced to the inspector. One resident was being supported by a staff member to go to the dining room to have their breakfast when introduced to the inspector. They proudly displayed their array of jewellery which they really liked and had nail varnish that matched the colour of their jumper. The resident smiled when this was remarked on. Another resident was observed rolling a plastic ball along the hallway. The inspector was later informed this resident had an all-Ireland medal for road bowling and had attended competitions in 2019. In addition, the resident had recently celebrated a birthday and received a personal message from a well-known Irish singer whom they really like listening too. This resident was supported along with a peer to go out for a spin during the morning, while other residents enjoyed time in the sensory room. The inspector met some of the residents in the large sitting room where one resident was listening to the jukebox and other residents were observed to be walking independently to engage in different activities of their choice while personal safety measures were observed to be in place for one of these residents. These measures assisted the resident to maintain their independence while mobilising safely around the designated centre. Another two residents were introduced to the inspector in a bright room nearby and the person in charge spoke of how relatives had come to the designated centre recently to include one of these residents in a family event while adhering to public health guidelines. One resident had chosen to remain in bed at the time the inspector was introduced to them with their bedroom door open as per their preference. The person in charge outlined the interests and activities the resident liked to do with staff support. There was a large picture over the resident's bed which showed a glass of a well-known traditional Irish drink being enjoyed by the resident. The inspector later observed staff supporting the resident to go into the dining room.

Another resident who communicated without words, joined the inspector in the office a few times during the day to observe what was going on. The inspector did speak with a relative of this resident during the inspection on the phone and the inspector had been informed during that call that the resident would be wondering what was going on. The family representative also spoke of the high quality care and support the staff team gave to their relative for over 10 years. They spoke of how staff had supported them to meet with their relative in open outdoor spaces such as picnic areas while adhering to public health guidelines in recent months.

Prior to the pandemic restrictions the resident would have enjoyed weekly visits from their relatives and would have enjoyed staff supporting them to go out into the local town regularly. The inspector was informed that the resident would find video calls confusing but the staff team kept the family very well informed with regular phone calls.

The inspector also spoke with two other family representatives of a resident who had only moved into the designated centre at the start of 2020 just prior to the restrictions. This resident's family representatives outlined how they would have enjoyed having the resident home every few weeks prior to the COVID-19 restrictions. The staff team had supported the resident to go home in recent months for a number of weeks which everyone was delighted with. The family representatives reported the resident appeared happy and spoke positively about their new room and how it was decorated in the designated centre. The staff team also supported the resident to engage in regular video calls with their family during the restrictions. The family representative spoke of how the resident enjoyed music and had their favourite songs which they listened to on their earphones in the centre. In addition, the family were very happy with the support and care given to their relative.

On a third call with a family representative for another resident, the inspector was informed the family had been apprehensive prior to the resident's move from another designated centre to this centre approximately two years ago. However, the family have observed their relative to be content and happy. They have found the staff team to be very supportive and spoke of activities the resident was participating in such as day trips and using the swing seat out in the garden. The family had also been facilitated to visit their relative on the grounds of the designated centre during the fine weather and to speak with them through the windows on a number of occasions.

During the inspection staff spoken to discussed the supports and activities that residents had been engaged in during the pandemic restrictions which included bingo, karaoke, spins to local beaches and amenity sites. The inspector observed a number of interactions between staff members and the residents which were respectful in nature. It was evident residents were familiar with the staff supporting them.

## Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in April 2018 had been completed and to review the ongoing compliance with the regulations. The provider had addressed the actions of the previous inspection. The inspector found the designated centre was effectively managed. There was evidence of a competent service and workforce that

responded to the identified needs of the residents. The person in charge and staff team had documented changing and increased assessed needs of some residents in recent months and had escalated this to management as per the provider's policy and procedures.

The provider had ensured the person in charge of the designated centre had the required skills and qualifications to carry out the role in this designated centre. This person clearly demonstrated their oversight of the centre during the inspection. Throughout the inspection discussions with the person in charge evidenced that they had a good knowledge of the support needs of residents living in the designated centre. In addition, their interaction with the residents during the inspection was observed to be respectful and reflective of a supportive role. This person worked full time and had remit of one other designated centre and they were in the role since May 2019. They had previously worked in this designated centre as a member of the staff team. The person in charge described the role in both centres as demanding and welcomed the provider's recent appointment of a Clinical Nurse Manager CNM1 to the centre. While the successful candidate had not commenced their new role at the time of the inspection, the person in charge viewed this appointment as being of great assistance to them to facilitate continued oversight and management of the centre.

The inspector was informed during the feedback meeting by the person participating in management that the new CNM1 role was a full time role. The person taking up the role already worked in the designated centre as a staff nurse on a part time basis and was very familiar with the residents in the centre. In addition, the provider plans on filling the vacated part time staff nurse position. The person in charge had escalated another issue of night time staffing levels to management in July 2020. The changing needs of residents and the increase support required by some residents had been identified as a risk. The person in charge had met with the allocations officer and regional manager to discuss staffing levels in the designated centre which included dedicated staff to enhance the support to individual residents to progress their goals and education requirements. While the staff team were actively supporting residents, the availability of core staff to provide individualised activities for some residents had been impacted. The person in charge had also reviewed the centre's contingency staffing plan in October and November which included contracted cleaning hours and redeployment of staff from other designated centres. At the time of the inspection there were two regular relief staff supporting the core staff team. The inspector also reviewed notes taken from regular staff meetings which discussed topics such as safeguarding, fire evacuation and infection control measures to ensure the safety of residents.

The inspector was aware that training of staff had been impacted by the pandemic restrictions. The person in charge had identified and scheduled staff who required refresher training in areas such as fire safety and managing behaviours that challenge. All staff had completed safeguarding and infection prevention and control courses as per the provider's guidelines. The inspector was provided on the day of the inspection with a comprehensive matrix of staff training; detailing those with courses completed to date and scheduled training either face to face or on-line by year end. There were gaps in the training for the staff team, for example 48% of

staff required refresher training in fire safety, and 24% in managing behaviours that challenge. The person in charge had documented evidence that they had been in contact prior to this inspection with the trainers of courses in positive behaviour support and fire safety with scheduled training dates and plans in progress to support the staff team to complete training in these areas.

The inspector was informed there was one open unresolved complaint in the designated centre at the time of this inspection. Following review of the complaints log it was evident the open complaint was referring to a situation that was also the subject of four other complaints. A resident and their family representative had complained about the impact the behaviour of another resident was having on the resident including disturbing their sleep. A multi-disciplinary team, MDT meeting had taken place on 16/07/2019 with a support plan developed to reduce the noise exposure to other residents. While actions and supports had been taken the behaviour continued to impact this resident with the most recent complaint made on 3 June 2020. The resident had been disturbed by the loud vocalisations of the other resident late at night resulting in the resident asking the staff to stop the noise. A further MDT meeting took place on 6 August 2020 with an action for the MDT to link with the regional manager regarding issues of concern. The inspector was informed this had not yet taken place at the time of the inspection. The person in charge outlined how the staff team continue to work with communication strategies for the resident concerned, the progress of an intensive interaction programme for the resident had been interrupted due to the pandemic restrictions. While awaiting resolution of the current open complaint staff continue to support the complainant. The inspector did meet both residents involved in this complaint during the inspection and also heard the vocalisations referred to in the complaints at different times during the inspection. This will be further discussed in the next section of the report regarding residents' rights.

#### Regulation 14: Persons in charge

The registered provider had in place a person in charge that was full time and had the necessary skills and experience to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota with a core staff team and regular relief staff available to support residents. However, further review of staffing levels was required a result of the changing assessed needs of the



residents.
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
The person in charge had a training matrix in place for the inspector to review however, there were gaps in the mandatory training for some staff at the time of the inspection.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The registered provider had prepared an annual review and written reports on the quality and safety of care of residents. However, the registered provider shall ensure that systems are in place to ensure the service provided is safe and appropriate to residents needs.
Judgment: Substantially compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
The registered provider had an admissions policy in place and the person in charge ensured each resident had a contract for the provision of services.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.
Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events and at the end of each quarter as required by the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider had ensured that all received complaints were recorded and investigated. However, measures required for improvement in response to complaints were not in place.

Judgment: Substantially compliant

## Quality and safety

Overall. The inspector found evidence of a good quality service. The person in charge and staff team were committed to continuous improvements in the delivery of services to residents. However, further improvements were required to ensure all residents were provided with the necessary supports in all areas relating to residents rights.

The staff team had supported residents to engage in activities while remaining safe in line with public health guidelines. These included on-line church services, takeaway coffees while the restaurants were closed, drives to local beaches and other local amenities. Staff had also supported residents to remain in contact with family through the use of mobile phones and tablet devices. In addition, regular resident forum meetings discussed issues which included, staying safe during the current lockdown restrictions, travel and the wearing of personal protective equipment, PPE. However, while one resident expressed themselves through loud vocalisations at times in communal areas where the resident liked to spend time, this was impacting on other residents. Disturbed sleep and the resulting noise was negatively impacting on some residents who were able to vocalise this to the staff team. Other residents in the designated centre required support for dementia and as a result staff were advised to remove mirrors from communal areas to support these residents in their ongoing care. However, the inspector observed another resident looking at themselves in the glass of an internal door while the sun was shining on them. The inspector was informed that this person liked to look at their reflection. The glass door was the only source available to the resident for them to do this

activity.

While the inspector did not walk around the entire centre during this inspection, there were some items that required repair and maintenance which included an outdoor swing that was discussed during the feedback at the end of the inspection. The inspector was informed that funding was available to develop a sensory garden on the grounds of the centre which would further enhance activities for the residents. The day of the inspection was a bright sunny day and the light flooded into the centre; residents were observed to enjoy sitting in the sunshine while participating in activities. In addition, the colour coding of doors to identify bedrooms and bathrooms helped residents to distinguish which doors led to the different rooms.

Throughout the inspection staff demonstrated a good understanding of residents' individual communication styles and preferences. However, as previously mentioned one resident uses loud vocalisations, while staff were continuing to use communication strategies with the resident; the inspector was informed the progress of the intensive interaction required had been affected by the social distancing guidelines in place during the pandemic. The inspector also observed staff to have a good understanding of residents' nutritional needs especially where they were assessed as requiring a modified diet.

Personal care plans were in place and reflected clear information about residents. The person in charge was progressing an action from the last provider led audit to ensure all care plans were updated to the same format. The plans reviewed by the inspector showed evidence that the goals identified were meaningful and had been developed in consultation with the resident and their family. There was evidence of regular multi-disciplinary review and regular updates to reflect residents' changing needs and circumstances. Some goals could not be achieved due to the lockdown restrictions, such as partaking in special olympic training or to stay in a hotel with a peer. However, there was documented evidence of goals being re-adjusted and reviewed in light of the current situation; for example, one resident was supported by their key worker to continue to receive magazines regularly while they were unable to go shopping for them during the pandemic restrictions. Residents had been supported by staff to engage in activities such as going to local beaches. Prior to the inspection, the inspector had been aware of the great excitement and enjoyment residents had experienced when staff had organised an movie night during the summer, in the middle of the initial national lockdown period. This movie night involved the use of a projector out in the garden and residents were able to watch from the large windows as the daylight faded. Residents got dressed up and enjoyed cinema type treats, it was enjoyed by all.

Residents healthcare needs were well met in the designated centre. Residents had regular access to a general practitioner and were supported to attend allied health care professionals and specialists as required. For example, the person in charge had ensured that one resident was able to return to the designated centre from an acute hospital setting when they were determined to require end of life care earlier this year. All the necessary supports including infection control protocols were in place in advance and during the transition of the resident back to the designated

centre. A cohort of staff supported the resident on their return to the centre. The resident responded well to their familiar surroundings and has made good progress since their return. They are no longer in receipt of support from the palliative care team as a result of this progress and the staff team continue to ensure the resident's assessed needs are being met. The inspector did meet this resident briefly during the inspection while they were in their wheelchair in the communal sitting room. The staff team were delighted to be able to support the resident in the designated centre. One family representative had mentioned to the inspector that their relative required regular chiropody appointments and would usually attend with their family representatives. The person in charge had been made aware of this matter on the morning of the inspection and was going to link with the resident's representatives to review how to progress with this service while adhering to current public health guideline

The inspector reviewed the measures in place to reduce the risk of fire in the designated centre. The provider had checklists which included daily, weekly, monthly and annual checks. On review of these checklists they had been documented as being completed regularly, however, checks had not been documented as being done twice daily as required by the provider's procedure guidelines on 4/11/20, 05/11/20 or 6/11/2020. Emergency lighting and a fire alarm system were in place and checked regularly. All residents had a personal emergency egress plan, PEEP, which had been subject to regular review and updated as required. Information including the supports necessary for safe evacuation were documented. This included the need for wheelchairs and staff support to assist residents with anxiety during the evacuation. Of the five PEEPs reviewed during this inspection, four residents required support using a wheel chair/ evacuation sheet during emergency situations. The fifth resident could not be left unsupported by staff due to anxiety and poor vision. The staff team had discussed the ability of staff to safely evacuate the residents at night on 11/10/2020 and 24-25/10/2020, this was documented in meeting notes reviewed by the inspector. Currently the minimal staffing at night is one nurse and one care staff after 22:00 hrs. While regular fire drills had been completed, no minimal fire drill record was available for review on the day of the inspection. In addition, some residents did not co-operate during some drills and this is an additional issue for staff to deal with in an emergency situation. Fire safety was discussed with residents in their forum meetings, easy-to-read fire evacuation procedures were on display and the provider had protocols in place for dryers not to be used during the night to reduce the risk of fire. As previously mentioned not all staff had up-to-date refresher training in fire safety, this will be actioned under regulation 16: Staff training

## Regulation 10: Communication

Staff were observed to have a good awareness of residents' individual

communication styles.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to visit their families in accordance with their wishes while adhering to public health guidelines. Residents were also supported to receive visitors with revised protocols in place which ensured the safety of all residents in the designated centre.

Judgment: Compliant

### Regulation 17: Premises

The premises was clean and designed to meet the aims and objectives of the service. However, some areas both internally & externally required maintenance

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured all residents were supported as per their assessed needs and assisted with eating and drinking

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a resident's guide which was available for all residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19 and a process for escalating risk where required. Detailed individual and centre wide risk assessments were in place with evidence of regular review.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the health protection and surveillance centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured arrangements were in place for the detection, containment and extinguishing of fires. However, no minimal staffing fire drill had been completed in the designated centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of residents was carried out.

Judgment: Compliant

### Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how

to support them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and to promote positive behaviour amongst residents. This ensured consistency in the care and support given to residents.

Judgment: Compliant

### Regulation 9: Residents' rights

All residents were not supported to ensure their privacy and dignity was respected at all times regarding their personal space and communications.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for West County Cork 2 OSV-0003288

Inspection ID: MON-0031057

Date of inspection: 18/11/2020

## 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:            A Review of staffing is underway with the PPIM, PIC and Allocations Manager.            In response to the review of staff levels, if additional staff are required addition to the current staff allocation a business case will be prepared and submitted to the HSE for further resources to support the changing needs of the residents.</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 will schedule all necessary staff training and ensure that staff participates in this training by 31/03/2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            It was identified that a CNM1 new post would be beneficial to support the residents and</p>	

the Person in Charge. This post has been filled and the CNM1 started on 14/12/2020 to support the PIC and to ensure the service provided is safe and appropriate to resident's needs.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A meeting with PIC, MDT and (PPIM) took place on 16th December to discuss specific unresolved complaints and to explore options that may provide a solution in line with all resident's rights.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

A review of facilities is underway with the facility manager PPIM and PIC. In response to the review a maintenance schedule will be developed to complete outstanding works.

Furthermore, GM, PPIMs and facility manager meet on a monthly basis to identify, prioritise and agree together a plan of works in relation to larger works that also may need to be completed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A minimal 2 staff fire drill evacuation was completed on 5/12/2020 and furthermore, these will be completed within every six-month period- date set for next one is 28/05/2021

The Person in Charge will schedule refresher fire safety training for members of staff, that will be completed by 31/03/2021

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  A meeting with PIC, MDT and Regional Manager (PPIM) took place on 16th December to discuss communication strategies that were in place to support a resident's communication style.</p> <p>Furthermore, options were explored that may provide a solution in line with all resident's rights.</p> <ul style="list-style-type: none"> <li>• Look at creative ways in how the intensive interactive programme can be re-commenced with a resident by 29th January 2021.</li> <li>• Facility manager to complete a full review of the residence and explore what options may be available that would support and ensure that the resident's privacy and dignity was respected regarding their personal space and communication.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/04/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/03/2021

	are of sound construction and kept in a good state of repair externally and internally.			
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.	Substantially Compliant	Yellow	14/12/2020
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/04/2021
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	31/03/2021
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a	Substantially Compliant	Yellow	30/04/2021

	complaint are put in place.			
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.	Not Compliant	Orange	26/02/2021