



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	09 December 2020
Centre ID:	OSV-0003289
Fieldwork ID:	MON-0031375

About the designated centre

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

West County Cork 1, is located in a town and consists of two adjoining 2-storey houses which provide a home for up to 13 residents. The centre is comprised of eight single bedrooms, three twin bedrooms, two living rooms, two kitchens, two conservatories, staff rooms and bathroom facilities. The centre provides 7-day, 52 week a year residential accommodation. Weekend short breaks are provided to a number of people when a resident goes home for a weekend. The centre caters for adults with an intellectual disability who may have additional multiple and complex needs. The centre is managed by a Clinical Nurse Manger and staff support is provided by care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 9 December 2020	10:50hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all of the residents who were being supported in the designated centre on 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 office in an adjacent building while reviewing documentation during the inspection. The inspector walked through the communal areas of both houses with the person in charge to get to the office location and it was during this time that the inspector got to meet and talk with the residents.

On arrival at the first house in the designated centre, the inspector was greeted warmly by six residents. All residents were very happy to engage and talk with the inspector. Some residents were enjoying refreshments at the kitchen table. Residents spoke of how happy they were and how they enjoyed the support of the staff including the staff that had been redeployed from the day service. Residents proudly showed the inspector art and craft work that they had completed which included crochet blankets. Two residents spoke of the pride they had being active participants recently in a webinar which was facilitated by Trinity College Dublin and they had framed certificates ready to show the inspector. Other residents spoke of how they had helped staff to make a Christmas cake and the plans to decorate this cake later in the day. Before the inspector left the centre at the end of the inspection, the residents were seen to be engaged in this activity with staff, choosing the colour and type of decorations to be used on the cake.

Another resident had celebrated a birthday in the days prior to the inspection and showed the inspector the fresh bouquet of flowers and the large number of birthday cards they received from friends and family. This resident also spoke of how happy they had been to go home to visit an elderly relative recently. One resident explained how they had helped staff to make soup the previous day and was looking forward to going for a planned spin in the days after the inspection to see the Christmas lights in the locality and in the nearby city.

In the second house the inspector met four residents. One resident was sitting playing cards when they were introduced to the inspector and greeted the inspector with an elbow tap and a big smile. Another resident was enjoying a hand massage being given by a staff member and indicated to staff that they were ready for their preferred hot drink. Another resident proudly showed off their team jersey when they met the inspector and spoke of how well the team were performing in recent games. The inspector was introduced to another resident in the house who showed the inspector their collection of DVDs. Just before leaving the designated centre in the evening the inspector again met this resident who was ready to go out with a peer and staff to see a Christmas light display that had been erected for charity in the locality. The staff had prepared hot drinks and treats for the activity.

The inspector also spoke with family representatives of two residents on the phone during the inspection. The support and care shown to their relatives by the staff

team was praised by the representatives. One resident who has been unable to return home due to the pandemic restrictions told their relatives that they are very happy in the designated centre. When their family representatives had visited the designated centre while adhering to public health guidelines they stated that had seen the resident smiling and enjoying the company of their peers. The other resident enjoyed showing their family the hair colour that staff had supported them to get done recently. Both families reported that they could speak with the staff in the designated centre if they had any concerns and planned to discuss arrangements for Christmas that will be suitable for the residents and their families.

The inspector was informed that four residents who had been in receipt of shared care prior to the pandemic were being supported at home since March 2020. Prior to the pandemic these residents were in receipt of residential services every Monday to Thursday in the designated centre. While some family representatives had spoken with the person in charge regarding their relatives returning to the designated centre it has not been possible to facilitate this to date. These residents have been supported to attend day services since these had been re-opened by the provider. However, their attendance to these services has also had to be reduced to facilitate the large number of people who require access to the day service in the local area. Three residents in the designated centre at the time of the inspection were being supported there since March 2020 due to circumstances relating to the current pandemic and family circumstances being such that they were unable to support the residents at home. These residents were in receipt of respite support in the designated centre prior to the COVID-19 pandemic.

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. Staff were also aware of the individual preferences and routines of each of the residents.

Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in September 2018 had been completed and to review the ongoing compliance with the regulations. Some actions from the previous inspection findings had been addressed by the provider with evidence of ongoing review. However, as a result of findings during this inspection, the inspector found the staffing levels and skill mix in the designated centre impacted on the residents in the designated centre.

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 was available by phone and present in the designated centre at least two days every week. The person in charge worked full time and had remit over one other designated centre; they were in the role since May 2019. 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. Residents were very familiar with the person in charge and were seen to enjoy relaxed conversations on a number of different matters throughout the inspection. The person in charge described the centre as being very busy while supporting individual residents' needs and welcomed the provider's recent appointment of a clinical nurse manager grade 1 (CNM1) to assist them with their oversight of the centre. This CNM1's remit was also over the same two designated centres as the person in charge. The inspector was informed during the inspection that this role was scheduled to commence on the week after this inspection.

At the time of this inspection residents were supported with a social model of care. The provider had redeployed day service staff to the designated centre during the pandemic restrictions which had assisted in supporting the residents over the last number of months. Staff supported residents to engage in activities in the houses which included cards, crafts and baking. Residents spoke excitedly to the inspector about how they enjoyed completing these activities with staff support. In addition, staff were supporting residents to become more involved in mealtimes and the preparation of food, which was a recent finding in the six monthly provider led audit. However, there was a limited number of regular core staff available to support residents and while there were relief staff available, there had been an increase in the number of peer-to-peer incidents within the centre. There was access to nursing staff during the week from the provider's day service which was located nearby. The inspector was informed that residents' medical needs outside of day service opening hours were supported by local on-call general practitioner services. In addition, the nursing staff provided support to over 60 individuals who attend the day services on a regular basis. The person in charge outlined how the assessed needs of the residents in receipt of services in the designated centre had increased since the last inspection. This included the increased supports required by residents at night.

The supervision of residents at night in the two adjoined houses consisted of one night waking staff and one staff on a sleepover shift at the time of the inspection. However, there is one resident located in the house where the sleepover staff is located that requires assistance from two staff, another resident has kept peers awake on occasion during the night with loud vocalisations. In addition, both houses have stairs that some residents find difficult to navigate and require staff to monitor them while they use the stairs to reduce the risk of falls. Also, seven of the residents require ongoing support with known medical conditions which include epilepsy and diabetes. The person in charge had raised their concerns with their regional manager and during the provider led audits that were conducted in the designated centre over the past 12 months, which had identified gaps in staffing. The provider's allocation officer was aware of the situation and had attended a meeting in October 2020 and the outcome of this meeting was awaited at the time of the inspection.

The person in charge was aware of gaps in the training requirements of staff which included 45% of staff requiring refresher training in managing behaviours that challenge. The person in charge had scheduled staff for other refresher training

courses in December that were considered necessary to support the specific needs of residents in the designated centre and were being facilitated by the provider such as the management of epilepsy.

The provider had ensured regular audits and an annual review were completed. There was evidence that actions were completed or in the process of being completed in the most recent provider led audit that took place on 26 November 2020. In addition, staff were monitoring the number of incidents that were taking place in the designated centre relating to the vocalisations of one resident that was impacting on others in the house. Also, the provider was supporting residents in shared care arrangements to access day services while they remained at home due to the public health guidelines and government restrictions. In response to findings in the most recent annual review relating to gaps in governance oversight the provider had appointed a CNM1. However, as already referred to in this report this role in conjunction with the role of the person in charge the provider planned that the role had remit over two designated centres. The residents in this designated centre have been identified as having high care needs and consistent staffing has been identified as an integral part of some residents' behaviour support plans.

The inspector reviewed the complaints log which showed evidence of residents being supported to make a complaint. The log included a complaint made by a resident on 8 December 2020 regarding the impact a peer's shouting was having on them. This complaint remained unresolved at the time of the inspection however, actions were in progress to seek a resolution. Another resident had also made a similar complaint in September 2020, this had been documented as resolved as the complainant was able to go back to sleep. Other complaints were resolved to the satisfaction of complainants including the replacement of tablecloths in the designated centre and the re-location of one resident to a downstairs bedroom after a family representative was concerned about their relative using the stairs in the designated centre. However, a complaint made by staff on 17 September 2020 regarding the night time supervision of residents in the centre, remained unresolved. The provider had identified in the annual report of October 2020 that procedural guidelines had not been followed and a response had not been received within 30 days as per their own policy on dealing with complaints. While meetings had taken place between the person participating in management and the provider's allocations officer, at the time of the inspection the complaint remained unresolved. In addition, not all closed complaints had documented the satisfaction of the complainant.

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. However, further review of staffing levels was required a result of the changing assessed needs of the residents.
Judgment: Substantially compliant
Regulation 16: Training and staff development
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
Regulation 23: Governance and management
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 the service provided is safe and appropriate to residents needs.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
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, however not all complaints were investigated as per the provider's policy. Not all closed complaints had documented the satisfaction of the complainant.

Judgment: Substantially compliant

Quality and safety

The inspector found evidence of a good quality service.

On the day of the inspection, the staff were observed to be familiar with the residents' preferences and interests. Staff spoke of activities that residents participated in which included many different types of craftwork and baking. Staff were observed to communicate effectively with residents both verbally and without words as per individual residents' assessed needs. Residents were also supported to access additional space within the nearby day service to engage in other activities while adhering to public health guidelines. Family representatives had also been supported to visit their relatives. At the time of the inspection, the provider was reviewing how to facilitate safe visits during periods of poor weather. In addition, some residents had been supported to visit relatives at home following risk assessments being completed due to their assessed needs requiring the visits to be facilitated. One resident who spoke with the inspector outlined their joy following a visit to their home to see an elderly relative recently.

Personal care plans were in place and reflected clear information about residents. 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. These included a jigsaw of a family photograph to be framed for a resident's bedroom once it was completed. Staff explained that this helped the resident to cope with the absence of regular family visits. There was evidence of regular 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 beautician treatments, staying in hotels for short breaks or going to concerts. Staff supported the residents to develop short term goals during the lockdown which included manicures in the designated centre until the pandemic restrictions were lifted. Some residents were also supported to do up their bedrooms and had

completed on-line shopping with staff support.

As previously mentioned, at the time of this inspection support from nursing staff was provided from staff in the day service. However, the inspector was informed that while this service will be closed for two weeks over the Christmas period any medical needs will be supported by GP on call services. While residents had health checks and assessments completed not all had been completed by nursing staff as identified during the most recent audit of the designated centre. The inspector was informed that the provider has actioned this for the incoming CNM1 to support going forward.

The inspector was informed of active safeguarding plans in place for residents in the designated centre. All staff had up-to-date training in safeguarding. Positive behavioural approaches by staff to support individual residents were evident. As a result of an increase in the number of incidents recently in the designated centre, staff were supporting a resident to engage in activities in the day service away from the centre which provided a time table of activities. In addition, modifications had been made to a small communal area where the resident could watch their DVDs or the television. Staff had been concerned in recent months with an escalation in behaviours that challenge with this resident which had impacted on the resident themselves and other peers. The designated centre did have some restrictive practices which had been reported as per the regulatory requirements. However, one of these, a restrictive practice of locking the kitchen door in one of the houses where there was no waking staff was discussed with the person in charge during the inspection. Due to the layout of the designated centre the waking night staff in the other house would not be aware of residents entering the kitchen. While this staff did check on residents regularly during the night there was no way for residents in that house to call the staff member if they needed them during the night. In addition, not all staff had up-to-date training in managing behaviours that challenge, this will be actioned under Regulation 16: Training and staff development

The inspector reviewed the notes of the resident meeting forums that took place in the designated centre. Each house held their own forum. One house detailed activities that were being planned for the week ahead and these demonstrated the interests of the residents and the familiarity of the regular staff supporting these residents. For example, writing Christmas cards to relatives and friends, making mince meat filling for pies and visits over the Christmas period were topics discussed in the most recent meeting. The meetings in this house also demonstrated discussion around important aspects of the pandemic including COVID-19 etiquette. While the other house also held resident forums, the format documented reflected more of an agenda being followed rather than actively involving the residents in the house in a discussion around preferred activities or their interests.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The provider had updated the risk policy to include risks associated with COVID-19. The risk register for the designated centre had evidence of regular review by the person in charge and had been updated to include the risk from COVID-19. Detailed individual risk

assessments had been completed for all residents which included risks associated with residents using the stairs with controls in place which included a door bell at the top of one stairs which residents could use to alert staff that they wanted to come down stairs. The person in charge had also escalated a number of risks in September and October 2020 relating to the adequate supervision of residents at night and the effective governance of the designated centre.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Cleaning checklists were regularly reviewed by the person in charge to ensure evidence of being completed by staff and staff had undertaken training in areas of hand hygiene and the use of personal protective equipment (PPE). Dedicated cleaning staff were allocated hours each week in the designated centre and this had been increased in recent months. A COVID-19 folder was available in the designated centre with updated information and guidance. This included the assurance framework guidance issued by HIQA and the self-assessment of the designated centre.

The inspector reviewed the measures in place to reduce the risk of fire in the designated centre. Emergency lighting and a fire alarm system were in place and checked regularly. Fire drills had been completed regularly with all residents including a minimal staffing drill. Actions identified had been discussed with staff which included the slow evacuation of some residents during a night time drill on 15 October 2020. Actions included one resident being provided with slippers that had velcro straps to help ensure they had well fitted foot wear that could be easily put on in the event of an emergency situation. Also, another action was the positioning of a wheel chair for another resident at night to facilitate their evacuation. However, following review by the inspector these residents personal emergency egress plans (PEEPs) did not reflect this information and the slippers had not been purchased at the time of the inspection.

Following a review of documentation and discussions with staff present in the designated centre on the day of the inspection; the person in charge and the staff spoken to demonstrated their ongoing commitment and support to all of the residents in receipt of services in this designated centre.

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 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 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, not all residents' PEEPs had been updated following actions documented from fire drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been reviewed and involved the participation of residents and their representatives. However, not all assessments had been carried out by

appropriate health care professionals.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the health and well-being of the residents was promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and to promote positive behaviour amongst residents. However, further review of some restrictive practices was required to ensure the least restrictive measures were used for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding. The provider had ensured measures were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

For some residents it was not demonstrated that these residents were actively consulted or participated in decisions relating to activities in the designated centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for West County Cork 1 OSV-0003289

Inspection ID: MON-0031375

Date of inspection: 09/12/2020

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 in addition to the current staff allocation a business case for further resources to support the changing needs of the residents will be prepared and submitted to the HSE.</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 update the staff training schedule that was impacted on due to COVID 19 Pandemic. The PIC will link with trainers to establish an appropriate time frame for training to be completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

A CNM1 has been appointed to support the Person in Charge.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Person in Charge will ensure all complaints are investigated as per the provider's policy. The satisfaction of the complainant will be noted on all closed complaints.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All residents' PEEPs will be updated to include findings from recent fire drills.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All Individual assessments will be reviewed and updated by the appropriate health care professionals.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will review practices to ensure that the least restrictive measures are used for the shortest duration.	

A service review will be under taken by Management in relation to wake staff to support changing needs of the residents.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Person in Charge will ensure processes are put in place to ensure that residents are actively consulted with or participate in, decisions relating to activities in the designated centre.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	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 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	19/01/2021

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/01/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	19/01/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	29/12/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	30/04/2021

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	30/04/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/04/2021
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	Substantially Compliant	Yellow	28/02/2021

	designated centre.			
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