



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

## Issued by the Chief Inspector

Name of designated centre:	North County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0003294
Fieldwork ID:	MON-0032316

## About the designated centre

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

The designated centre is located in a large town in County Cork. It is situated in a quiet residential area within walking distance of the town centre and close to local amenities, public transport and shops. The service can accommodate full-time residential support for up to ten male and female adults. The centre is a detached, purpose built bungalow with mature gardens. It is comprised of ten single bedrooms. Two bedrooms have an en-suite. There are two shared bathrooms for residents. There is a large living room, sitting room, kitchen and dining room along with laundry facilities, linen room, store room, utility room and staff office. All residents have access to transport and attend an adjacent day service. Residents are supported by nursing and care staff during the day and night. The focus of service at the centre is on social activation and community integration.

**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
Thursday 18 March 2021	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector reviewed previously requested documentation in the designated centre. Social distancing was observed and discussion with residents was limited to 15 minutes each in a well ventilated area. Hand hygiene was practiced and the inspector and staff wore face masks.

The person in charge introduced the inspector to all ten residents. Residents were observed to be at different stages of readiness - some had finished breakfast, some were still getting dressed or being supported to attend to personal hygiene. Residents indicated that they were able to determine the pace at which their day evolved. The staffing levels in the designated centre were observed to be greater than those stated in the registered providers statement of purpose.

The designated centre was observed to be clean, well decorated and homely. Residents had all contributed to decorating the house and windows to celebrate St. Patricks Day. All residents had their own single bedroom which residents indicated both verbally and through gestures that they were happy with. A development since the previous inspection was that residents had ceased sharing bedrooms with respite residents from other designated centres. An additional toilet was planned with the maintenance department and the installation of an en-suite in one residents bedroom was due to commence. Outstanding works in relation to the kitchen noted on the previous inspection, were due to commence.

Residents were observed to be meaningfully engaged with staff. All activities were taking place within the designated centre or within its surroundings in line with public health guidelines. Residents were still availing of limited community outings. One resident told the inspector that they were going to attend their family grave that day.

The registered provider had in place a comprehensive online programme of events that residents were seen to be supported to engage in. On the morning of the inspection, seven residents were actively taking part in a live music class that was interactive. Residents were involved in a game of bocce and also were observed walking in the gardens.

There was evidence that residents had the support of staff and an independent advocate. One residents advocacy journey had been captured in a photograph log / book that the resident used to convey the details to the inspector. This resident also used words to communicate and said that they were happy with the outcome of the issues they sought to address. As a result they now had independent access to a bank card and their finances which staff supported them with. They were very happy with their own personalised bedroom and en-suite. This resident said that they very much missed attending day services which were closed in line with current public health guidelines. The pandemic had impacted on their relationships with people in the community, especially their partner. Significant events that would have

been greatly looked forward to, such as a cousins wedding, were sorely missed. On a previous inspection, this residents journey to self determine had been conveyed to the inspector in great detail. Part of this independence had included the residents goal to live in a smaller house in the community with staff supports. The resident explained to the inspector that nothing else had happened since the previous inspection. The inspector reviewed the residents persons centred plan in the company of the resident. Goals documented at planning meetings did not include any goals or actions to achieve the residents intended goal of community living as previously described. The resident was full sure that one of their key workers was very familiar with this goal, but felt that newer staff would not be. This resident stated that they would have the conversation with their key worker. The inspector undertook to highlight the conversation with the person in charge. The resident stated that they felt happy, safe and well supported in the designated centre. They were an avid sports fan and the following day they were expecting satellite television to be installed in their bedroom. They were looking forward to watching premiership soccer and their favorite team.

Another resident stated they were happy living in the house and they liked their bedroom and their possessions very much. Photographs and personal items were on display in their bedroom which was clean, tidy and decorated to the residents preference. This resident had recently celebrated a significant birthday. This resident said that the house can sometimes be noisy. This resident expressed a desire to live in a smaller house in the community and identified another resident that they would like to reside with.

Another resident asked specifically to speak with the inspector. This resident stated that they had been sad because of the manner in which another resident had spoken to them a number of months previously. This incident had evolved after a disagreement pertaining to the volume of a television. The inspector acknowledged that this incident had been notified by staff to the Health Information and Quality Authority - HIQA. While the resident was clearly upset by the incident and was upset recalling the events to the inspector, they stated that they had been well supported by staff. They also said that the other resident involved had apologised and they were also aware that the person had recently suffered a bereavement.

The inspector spoke with one family member on the day of inspection. This person was happy with the quality and safety of the service provided to their sibling. This person had been involved in the review of their siblings person centred plan.

Residents indicated that they missed accessing the community and missed attending day services due to COVID-19 restrictions. Residents reflected that they felt very well supported and cared for by staff and that they enjoyed living in the service. Residents who would generally go home at weekends greatly missed their families. Resident's stated they felt safe in the service. Residents were observed to move around the house, unrestricted. Residents were observed to be comfortable in each others presence.

Three residents spoke about having lost family members and relatives in the last year and how this had effected them. Some residents were sad that they could not

attend the funerals. Residents did say that staff supported them at this time and that a lovely remembrance service was planned by residents and staff. Residents read prayers, poetry, sang and lit candles in memory of their loved ones. They expressed a wish for this ceremony to be facilitated again.

## Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported. The focus of care and support was person centred. One adverse incidence that was recorded on the registered providers incidence log, should have been reported to HIQA and had not been.

The registered provider had in place a team of nurses and care staff. The person in charge was employed in a full-time capacity and had recently taken on the role. This person demonstrated that they had the experience, qualifications and regulatory knowledge to discharge the role, which they were doing very effectively. The person in charge had a very good knowledge of all of the residents assessed needs. A permanent person in charge was the subject of a current recruitment campaign. Staff numbers allocated to the designated centre by day afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents also said that they felt safe and well supported by staff. The registered provider had recently increased the staff on duty in response to staff concerns and had also replaced agency staff with permanent employees.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 23 staff were reviewed. 43% of staff had current training in the management and prevention of aggression in line with the registered providers training policy. All staff had current training in relation to fire and safety and safeguarding vulnerable adults. Staff training records demonstrated recent training in the proper use of personal protective equipment PPE. Staff had undertaken hand hygiene training. Staff had undertaken additional training to meet the assessed needs of residents with conditions such as epilepsy.

The registered provider had undertaken six monthly audits and an annual review of the quality and safety of the service. All areas for improvement were actioned and completed. The registered provider also reviewed areas of non compliance as identified in the previous HIQA inspection. As part of the annual review, residents were consulted, especially in relation to the quality of care. Overall feedback was positive. Recorded management meetings were taking place between the person in charge and the regional manager. Staff meetings were recorded for 2020 and direct staff supervision was provided by the person in charge who received their supervision from the regional manager.

Notifications of incidents arising per regulation 31 were notified to HIQA. Appropriate safeguarding actions were implemented by the provider and this was evident through the allocation of additional staff resources to one resident on a 1:1 and 2:1 basis. One adverse event had been recorded on the registered providers National Incident Management System but not to HIQA. This oversight was addressed on the day of inspection and the person in charge submitted the notification prior to the completion of the inspection.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection and the changes made to the internal reconfiguration of single bedrooms. The person in charge ensured that the statement of purpose was resubmitted to reflect the increased staffing resources and elimination of agency staff allocated to the designated centre. The directory of residents was well maintained and all relevant information was current for the ten residents.

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

#### Regulation 14: Persons in charge

The registered provider had ensured that a suitably qualified and experienced person in charge was employed in a full-time capacity.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed



needs of residents, however, mandatory refresher training was required by staff.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had maintained a directory of residents in accordance with Schedule 3 requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that there were resources in place to provide both good support and care to residents, to provide a meaningful day and activities for residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days, with the exception of one notification that was submitted on the day of inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and available in an easy to read format.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere. There had been improvements in the designated centre since the previous inspection especially in relation to all residents having a single bedroom. The opportunity for residents to attend day services and activation had been greatly impacted by the pandemic, however staff had support measures to replace these activities within the designated centre and residents were observed to be happy and engaged with these activities. Internet access within the service remained limited but the registered provider had a plan in place to install WiFi. This was eagerly anticipated by residents, six of whom had their own mobile phone. Personal care plans required additional review to ensure the current will and preference of residents was accurately reflected.

Residents had defined goals that were subject to review by a designated key worker. Annual review of plans in 2020 incorporated the input from the resident, their key worker, families and the multidisciplinary team. All personal care planning documentation was readily accessible and maintained in good order. These plans were more meaningful to residents as they reflected the restrictions required by public health guidelines while affording residents the opportunity to set and achieve new goals. Unrealised goals defined by a resident in 2019 were not incorporated into the residents current plan. Their plan to achieve further independence and be supported by staff to live in a smaller home in the community were known to staff and the residents keyworker. The person in charge undertook to address this matter. All residents indicated that they had access to recreation and activities of choice. Preferred activities include bocce, dancing, baking, art, music and movies as well as community excursions. Many of these were planned and recorded at residents forums.

A sample of four residents files were reviewed by the inspector. Each resident had a current healthcare plan and information in relation to the residents healthcare needs. The plans were comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. Each resident had a current OK Healthcheck in place and had their annual medical check up with their general practitioner. Some residents were also attending national screening services. Each resident had a current risk assessment in place in relation

to COVID-19. Residents also had an assessment in place to determine whether they could self administer medicines.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. The risk assessments were very clear and outlined the rationale and supports afforded to residents. All restrictive practices had been subject to review. Positive behaviour support plans were subject to review by staff and two sample files reviewed demonstrated that the plans were up-to-date. A resident who exhibited behaviours of concern had a positive behaviour support plan in place and had 1:1 staff supervision, however, their support plan made no reference to some specific behaviours of concern or how they would be addressed.

Appropriate safeguarding plans had been implemented and records reflected communication with and adherence to the instructions given by the health services executive safeguarding team ensuring the protection of all residents. Any safeguarding issues identified by staff had been escalated through the person in charge to the registered providers designated officer.

The registered provider had a contingency plan specific to COVID-19. This plan was available in an easy to read format and was up-to-date. Isolation plans were also in place if required. Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas. Staff recorded and maintained a record of residents, staff and visitors temperatures. The person in charge had completed a self assessment questionnaire to determine the readiness of the service to deal with an outbreak of COVID-19. Confirmed cases of COVID-19 had been informed to HIQA and all residents were well on the day of inspection. The designed centres risk register had also been recently updated. Risk ratings had been applied in adherence to the registered providers risk matrix which the registered provider had committed to undertaking since the findings of a previous inspection.

The fire and safety systems in place were of a good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year by a fire competent person. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. All staff had up-to-date fire and safety training. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were clearly recorded. One fire door closure relating to a newly constructed bedroom was fitted on the day of inspection. The automatic non release of a corridor fire door had been noted by staff on the most recent weekly inspection and the registered providers maintenance department were attending to the issue.

The designated centre was maintained to a good standard. Repairs and painting were carried out as required. One resident was due to get an en-suite facility attached to their bedroom. An additional toilet facility was also to be added to the

premises for residents general use. The replacement of kitchen furnishings and removal of obsolete kitchen appliances had been delayed due to the pandemic. Planned works were due to commence. There were significant supplies of fresh food, frozen and dry goods available to residents who had the choice of menu at meal times. Food preparation areas were clean and well maintained.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to a communal television as well as television within their own bedrooms. Residents had access to telephones within the designated centre and some residents maintained and used their own mobile phones. There was easy to read information and notices throughout the designated centre. Residents were utilising virtual forums to meet and make contact with peers, friends and family. Internet access was facilitated through the use of a dongle and the registered provider had a planned programme of works to introduce WiFi access in the second quarter of 2021. All communication with family members was recorded by staff.

### Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support taking into account the express wishes and needs of the residents.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was properly maintained, however some minor repairs pertaining to decoration was known to the registered providers maintenance department but awaited completion. This included replacement of kitchen furnishings.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that each resident had access to properly and safely prepared food that was nutritious and offered choice.

Judgment: Compliant

<b>Regulation 26: Risk management procedures</b>
The registered providers risk register was current and reflected regular review of risks to residents, including the current pandemic.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider ensured that all residents were safeguarded from the risk of healthcare associated infections including COVID-19.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The registered provider ensured that there was effective fire safety management systems in place.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The person in charge ensured that each resident had in place a personal care plan that was subject to regular review, however one residents plan did not reflect the residents wishes, did not measure the plans effectiveness or take into account new developments.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
The registered provider had appropriate healthcare plans in place for residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that all residents were assisted and supported to protect them from all forms of abuse. It was noted that behaviours of concern pertaining to one resident were not reflected in the residents behavior support plan.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider ensured that all residents were assisted and supported to protect them from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider did not ensure that all residents had the freedom to exercise choice and control in their daily life as decisions relating to one residents care and support did not reflect the express wishes of the resident.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 North County Cork 4 OSV-0003294

Inspection ID: MON-0032316

Date of inspection: 18/03/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
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:</p> <ul style="list-style-type: none"> <li>• The PIC has a training matrix in place for all staff training and will schedule training accordingly to ensure all staff have the necessary skills to support the residents.</li> <li>• Positive behavior support training has been scheduled for April 15th, May 6th, May 18th, June 8th, June 17th, July 13th and July 27th 2021. All staff in this designated centre will have positive behavior support training completed by 27/7/2021.</li> <li>• The training matrix will be discussed at the PIC/PPIM's 1:1 meetings to ensure that the provider is meeting its obligations in the provision of mandatory and other training.</li> <li>• Due to COVID 19 restrictions MAPA training has been restricted for the face-face component however once restrictions have eased, this training will resume.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• Under regulation 31 the PIC will notify HIQA of any incident either three day notifiable or quarterly. On the date of inspection it was identified an incident had not been notified. The PIC completed this notification on date of inspection 18/3/2021.</li> </ul>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• One residents ensuite to be installed in bedroom. To be completed by 31/5/2021</li> <li>• Kitchen, flooring and equipment to be replaced . To be completed by 30/6/2021</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• One resident's personal plan has been updated by her and her key worker to reflect her goals and aspirations for the future. Completed on 14/4/2021</li> <li>• A CASSS referral has been sent 16/4/2021 for social worker support for one resident to identify her level of supports she's needs to live a more independent life.</li> <li>• A referral to the National Advocacy Service has been sent to access supports on 16/4/2021.</li> <li>• All personal plans will be scheduled for annual review or more frequently if necessary 30/6/2021</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Positive behavior support training has been scheduled for April 15th, May 6th, May 18th , June 8th ,June 17th, July 13th and July 27th 2021. All staff in this designated centre will have positive behavior support training completed by 27/7/2021.</li> </ul>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The PIC will review the policy around rights restrictions with all staff. To be completed by 31/5/2021.</li> <li>• The provider will ensure a rights-based culture which supports residents to have choice and control over their own lives. The PIC will ensure that residents have choice over decisions which affect them.</li> <li>• Staff will be supported to access the HIQA training on line around "supporting a rights-based approach to care". The notification for the first module has been provided to staff on the internal communications platform.</li> </ul> <p>Staff will complete the HSEland rights based training by 31/5/2021.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	27/07/2021
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.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids	Substantially Compliant	Yellow	30/06/2021

	and appliances to support and promote the full capabilities and independence of residents.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	18/03/2021
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.	Substantially Compliant	Yellow	16/04/2021
Regulation 05(6)(c)	The person in charge shall	Substantially Compliant	Yellow	30/06/2021

	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 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.	Substantially Compliant	Yellow	30/06/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	27/07/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	31/05/2021

	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.			
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	31/05/2021