



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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	04 March 2021
Centre ID:	OSV-0003298
Fieldwork ID:	MON-0032013

About the designated centre

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

The designated centre is a large detached bungalow which is located on the outskirts of a major rural town. Residential services are provided to nine adult residents who have a moderate to severe intellectual disability. The designated centre is registered for ten residents. The living accommodation comprises four twin bedrooms and two single bedrooms. Two twin bedrooms had single occupancy on the day of inspection. There is a large kitchen and dining area with adjoining food storage and food preparation areas. There is a large living room and a small television room, a laundry room, toilets and two large shower rooms. There is a staff office as well as a smaller office used to store residents files and paperwork. The designated centre has a well planned and maintained garden front and rear with extensive patio and sitting areas. The staff team consists of nurses and care assistants. Activities are planned within the designated centre, in the broader community and from a training centre located in another town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 4 March 2021	09:30hrs to 15:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

Social distancing was observed and the inspector wore a face mask and attended to hand hygiene in line with public health guidelines. Direct interaction with staff and residents were confined to periods of time less than 15 minutes and in areas of good ventilation.

The inspector observed gentle, respectful and meaningful interactions between residents and staff during the course of the inspection. Many residents did not use words to communicate but they could communicate both their needs and how they were feeling through gestures and expressions. All eight residents were met with in the company of supporting staff. It was evident that staff were supporting residents based on residents preferred choices and assessed needs. All staff demonstrated a comprehensive understanding of residents person centred plans and residents prescribed likes and dislikes.

The focal point of the house was the kitchen which all residents gravitated to. There were no restrictions imposed in the kitchen environment but staff were observed to be both supportive and diligent without impacting on residents independence. Residents were observed to be attending to minor household chores which they appeared happy and engaged in. Residents were observed to attend to the kitchen at different times, choose food stuffs particular to their likes and were unhurried. Residents were free to remain in the kitchen until they decided to leave. Residents who did not wish to partake in communal activities in the kitchen were observed to be responding positively to the interaction of staff and other residents who were. Residents who were not involved in food preparation could see the food been cooked and directed the inspector to the notice board where the residents had put up the food choices for the day. Other notice boards had also been populated by residents who said they enjoyed putting up the pictures of the staff on duty.

Residents invited the inspector to review their bedrooms. Residents bedrooms had been redecorated since the previous inspection. All bedrooms were observed to be personalised, homely and clean. All furnishings were in good condition. Some residents shared their bedroom with another resident. Residents indicated that they liked to share. Single bedroom occupancy was offered to residents based on their assessed needs and as a bedroom became available. One resident had previously complained to staff that they were not sleeping properly and they were offered a separate shared room to trial. The resident decided after the trial that they would remain in the new bedroom. The person in charge had also sourced privacy screens for shared bedrooms that afforded residents greater privacy than those observed on the previous inspection.

Sadly, one resident had passed away since the previous inspection. Residents said that they missed this resident. Supports had been received to help residents with this bereavement. Staff and residents had created a mirrored tree on one of the main walls in a corridor which was beautifully decorated with photographs of all

residents. This also showed photographs of residents engaged in activities that they enjoyed. Some residents spoke about the christmas lights that had been put up in their back garden. The photographs demonstrated that a wonderful winter land had been created and had been very much enjoyed.

Some residents showed the inspector photographs of an afternoon tea that staff had sourced for them from a hotel that delivered food because of the current public health guidelines. Residents were hoping to attend the hotel for real when guidelines permitted. This was also a hotel that they liked to attend concerts in. One resident had a newspaper of choice which they liked to look at. Another resident liked glossy high end magazines that they kept in a box. These magazines were current. All of the residents were involved with a local national school as pen friends. During the course of the pandemic, residents were receiving cards and notes made especially for them by the children. These were a source of great excitement. The residents were supported to respond and on the day of inspection were busy making St. Patricks Day cards to send to the school. Woodland wind chimes had been installed in the back garden along a walkway that encouraged residents to be more active. Residents were observed enjoying the chimes.

One resident showed the inspector their collection of jewellery and watches which they kept in their bedroom. A photograph of the residents deceased mother was a valued possession. On the previous inspection, this resident had been very upset talking about her mothers passing. On this occasion, the resident did not get upset and they spoke of staff supporting them to attend the graveyard. These visits were also coordinated with another registered provider so that this resident could also meet with their sibling who resided in a designated centre in another county. This resident shared a bedroom with a person that they referred to as their friend. This friend had created a number of beautiful pictures that were on display and enjoyed by both residents. Most residents were supported by staff to be creative and there were many examples of residents work on display throughout the home. It was apparent that individual and small groups of residents were supported to access an activity room adjacent to the designated centre and many of the art and craft works were made there. In the absence of a designated activation staff member, each day one rostered staff member was specifically allocated to ensuring residents received activation and were supported to attend the arts and crafts room.

One resident was very interested in sports and this resident liked playing pitch and putt. Staff had installed a putting green in the back garden so that the resident could play whenever they wished. The resident was observed with staff enjoying the back garden. This residents sibling was contacted by phone during the course of the inspection. This family member stated that each and everyone of the staff were hugely attentive and kind to their sibling. They also stated that the social activities and skills that the resident had developed through staff support, had been deficits that were unaddressed while the resident had been living at home. They referred to this as a transformation. They also said that every staff member was approachable, genuinely interested and they had never witnessed their sibling happier. Prior to the pandemic, the resident had commenced engaging in the community through attending matches that they loved and going for a pint in a local pub. Families also acknowledged their invitation to and attendance at person centred planning

meetings that were facilitated through a virtual forum. Siblings also stated that they had unrestricted access to staff.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a very good standard and that there was a strong and visible person-centred culture within the designated centre. The designated centre was both well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

It was evident that management systems in the centre ensured a safe and effective service to residents. The registered provider demonstrated good management oversight of their services. Support and supervision of all staff was evident. There were clear lines of authority and it was evident that the team was focused on delivering a person centred service to all residents. The service was well managed and well resourced. As a consequence residents were able to engage in activities of choice. Residents had access to their local community and were consulted in the running of the designated centre. Residents were consulted on all matters pertaining to how they wished to live their life. All complaints were dealt with effectively and efficiently. A good level of compliance with the regulations was observed. Staff demonstrated a good degree of care, support and commitment to supporting residents despite the current public health guidelines and restricted access to day services.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centre. The statement of purpose had recently been revised to support the application to renew the registration of the designated centre. The registered provider had made application to renew registration within the required time frame outlined in the Health Act 2007.

The person in charge was an experienced and suitably qualified person. The person in charge committed to this designated centre was full-time. When the person in charge was not in the designated centre, the service was directly supervised and managed by an appointed clinical nurse manager. The person in charge provided direct supervision and support to staff. The regional manager directly supported the person in charge. Staff evaluation meeting records were maintained on site. Managers were long term employees and had good knowledge of all nine residents.

There was evidence provided to the inspector prior to and during the inspection that managers and staff advocated strongly on behalf of all residents. Newly appointed staff demonstrated evidence of having been inducted to the service and had a good understanding of the residents assessed needs.

The registered provider had arranged for six monthly reviews of the designated centre which were conducted in February and August 2020. It was clear that residents and their families were involved in this process and their views recorded in the document. The person in charge conducted staff appraisals for all staff. Records were available that demonstrated that regular team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. The annual review of service took place in April 2020. Improvements that were required were highlighted. The focus was on areas of improving the quality of service as well as areas of non compliance pertaining to previous Health Information and Quality Authority (HIQA) inspections. The person in charge was named as the responsible person and it was evident that these matters were addressed in an action plan and signed off once completed. Resident meetings and a residents forum were facilitated by a staff member on a monthly basis and residents took turns as the nominated resident representative.

There was evidence that staff highlighted staffing resource issues relating to the assessed needs of residents until they had been addressed effectively by the registered provider. The registered provider had resourced the designated centre with four staff consistently by day. This staffing resource of both nurses and care assistants support meant that residents were free to plan their own day, pursuing interests and activities that they wished to do. Staff had all undertaken mandatory training in fire and safety, safeguarding vulnerable adults and managing behaviours that challenge. 50% of staff required refresher training in managing behaviours that challenge. Staff had also undertaken additional training in relation to the assessed needs of residents. One resident who had incurred a serious illness that involved hospital admission and subsequently their transfer to a designated centre that had nursing supports at night time. The person in charge was actively recruiting and sourcing nursing staff for night time to ensure that this resident could transfer back to their home.

All complaints were clearly and accurately documented by staff. All complaints were directed to the person in charge who addressed them immediately. How to make a complaint was in an easy-to-read version. Satisfaction with the resolution of such matters was recorded in keeping with both the regulation and the registered providers complaints policy. Contact details for a confidential recipient were available to the residents and displayed on the notice board.

The registered provider had in place a directory of residents that contained all the requirements as specified by Schedule 3 for all eight residents in residence on the day of inspection. All notifications in relation to the designated centre had been made to the Chief Inspector within the 3 days required time frame. Incidents were observed to have been thoroughly investigated. The designated officer had been informed in all instances and closure was effected after instruction from the Health Services Executive safeguarding team. All reported incidents were also recorded on

the registered providers national incident management system. Each of the eight residents had a contract of admission in place that had been signed by the resident or their representative. Contracts clearly outlined the terms and conditions of residency.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an application to renew the registration of the designated centre six months in advance of the current registration end date in compliance with Section 48 of the Health Act 2007.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in a full-time role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training, however some staff required refresher training in managing behaviour that challenges.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a current directory of residents that reflected all statutory required information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a signed contract clearly illustrating the terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had informed the Chief Inspector of all adverse incidents that had occurred in the designated centre within three days of occurrence and all incidents had been investigated and appropriately addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

The inspector observed the provision of service to be person centred and consistent with the assessed needs and wishes of the residents. The focus of the service was to support the residents independence as much as possible in a safe environment.

The premises was clean and well maintained internally and externally. Areas were well ventilated and had good natural light. Residents were also supported to do their own laundry. The centre was homely and had been recently decorated internally. There was sufficient room for residents to store personal property, possessions and items of interest. The external premises required painting and some minor repairs to fencing while a bathroom floor had been identified as requiring replacement. A request had been made by the person in charge to the registered providers maintenance department.

It was evident that the residents participated and consented to decisions about their care and support. Recreational and occupational activities were determined by the resident and supported by staff. The residents enjoyed going on day trips and visits to places that interested them prior to the restrictions of the pandemic. The residents showed the inspector photographs of these activities. The residents were free to choose what activity they partook in and cognisance was given to residents age and their preference to be retired or not. Information for residents was clearly on display on notice boards in an easy to understand format. The residents guide was also available to residents and all information required by regulation was included.

Each resident had a comprehensive needs assessment in place. This assessment informed the residents personal care plan. Personal plans had been reviewed in 2020. Existing strategies and supports were clearly linked to all aspects of care. Staff supports were a minimum of four staff on duty by day to allow for one staff member to focus on activities in the absence of the activities coordinator. Each residents personal care plan had been the subject of a multidisciplinary review that involved the resident and their family / representative. Residents attended their annual review and signed the agreed plan. Short term goals had been subject to revision

due to the pandemic and public health guidelines. For example, residents were undertaking more walks, video calls, writing to pen pals, table top activities, watching mass as opposed to attending mass. Long term goals were still planned and residents hoped to achieve them. Many of these involved holidays, concerts and attendance at community classes. It was evident that residents goals were closely linked to things that they liked to do and were meaningful to them. Residents had access to the registered providers physical activity and sports department staff and supports prior to public health guidelines and restrictions. Activities were colour coded to ensure that residents were offered four to five different activities per day. Activities also focused on maximising independence and affording residents choice. Residents were supported by staff to attend a monthly residents forum. Residents discussed recent bereavements, activities, fire safety and safeguarding in some of the records reviewed.

Residents had comprehensive healthcare plans in place that were clear and accurate. Residents had a comprehensive OK Health Check in place and residents were subject to assessments based on their individual health needs. The annual medical review of residents had been delayed because of the pandemic. Staff requests for specialist review of residents had been responded to efficiently by members of the multidisciplinary team. Records demonstrated that staff actively followed up on referrals. Recommendations by specialists were clearly stated in residents plans and medical protocols that were required were clearly documented and known to staff.

Restrictive practices in place on the day of inspection had all been previously reported to the HIQA. Some restrictions that had been applied in the kitchen area had been initially reduced and subsequently removed. This process had been after a comprehensive risk assessment and discussion at the registered providers restrictive practices committee. Restrictions in place had been consented to in writing by the residents and / or their representative.

All communication with residents family members was well recorded. Records reflected that staff supported residents to visit their family or receive visitors prior to the current public health guidelines. Communication logs also reflected that residents used telephones and virtual forums to talk with and see their families.

The food choices available were determined by the residents. The residents had good supplies of fresh food, dry goods, frozen food and beverages. Delivery was from a local supermarket. Residents knew what food choices were available to them. On the day of inspection, chicken was one of the choices on the lunch menu. Residents said that they were having turkey. One resident and staff member explained to the inspector that residents often referred to chicken as turkey.

There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. The risk of COVID-19 and its impact on the residents was included having been updated in February 2021. The registered provider had easy to read documents to explain COVID-19 to residents. Residents meetings documented sessions with residents explaining current

restrictions and the importance of PPE and its use. Residents who could undertake certified hand hygiene training had done so.

The designated centre had suffered no major outbreak of COVID-19. At the time of inspection all residents and staff were in good health. Significant training had been undertaken. The importance of infection control practices and good hand hygiene practices particularly in relation to COVID-19 was evident. Staff had undertaken training with a hand hygiene assessor. Training included breaking the chain of infection, introduction to infection control, the safe donning and doffing of personal protective equipment as well as back to work interviews for all staff. Staff had a designated entry point where personal clothing was changed for work clothing. The person in charge had undertaken in February 2021, the completion of a self assessment tool pertaining to the registered provider's readiness to respond to COVID-19. Staff had an enhanced cleaning regime for frequently touched areas. All visitors had their temperature taken and recorded and all staff wore face masks and attended to hand hygiene.

The residents had a current personal emergency evacuation plan in place that were in an easy to read and understand format. A recent fire drill demonstrated that an evacuation could take place within a safe time frame across the 24 hour day. The fire detection system, fire extinguishers and emergency lighting had all been certified in the current year by a competent person. The designated centre was subject to daily, weekly and quarterly checks by staff. On the day of inspection, all door closures were in good working order and fire doors had proper seals. Fire exits were observed to be unimpeded and portable oxygen was securely stored in the office.

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some internal repairs to flooring and external paint works and repairs were awaited.

Judgment: Substantially compliant

Regulation 18: Food and nutrition
The person in charge ensured that residents were supported to buy, prepare and cook food.
Judgment: Compliant
Regulation 20: Information for residents
The registered provider had in place an up-to-date residents guide that was available to the residents.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had in place an effective fire and safety management system.
Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were very much involved in. This care plan was subject to regular review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time. There was evidence that the person in charge was reducing and removing some restrictions.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 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	Compliant
Quality and safety	
Regulation 13: General welfare and development	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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North County Cork 5 OSV-0003298

Inspection ID: MON-0032013

Date of inspection: 04/03/2021

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"> • 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. • Positive behavior support training was commenced on March 23rd and 30th . To date nine staff members have completed training. Further training has been scheduled for April 8th , April 15th and May 6th. All positive behavior support training will be completed by May 6th 2021. • Due to COVID 19 restrictions MAPA training has been restricted for the face-face component however once restrictions have eased, this training will resume. • 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. 	
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"> • Internal works within one of the bathrooms and flooring are due to commence on 12/4/2021 . To be completed by 14/5/2021. • The external paint work will be completed by 31/8/2021. 	

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	06/05/2021
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	31/08/2021