Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 9
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0003304
Fieldwork ID:	MON-0030986

About the designated centre

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

Cork City North 9 comprises of Le Cheile - No's 1 and 4, a two-storey building. Primary service provision according to the statement of purpose is to operate as an isolation centre in response to the COVID-19 pandemic. Le Cheile No. 1 ground floor comprises of 3 single bedrooms, a kitchen / dining room, a sitting room, a playroom, an assisted bathroom, a staff office, toilet and shower room. A small secure outdoor garden space is also available. The first floor comprises of 3 single bedrooms, a living room, a kitchen / dining room, a bathroom and a staff toilet. Le Cheile No. 4 ground floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. A secure outdoor garden space is also available. The first floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. The objective of the centre as set out in the statement of purpose is provide high quality short-term accommodation to people with an intellectual disability from other designated centres in Cope Foundation, with either suspected or diagnosed COVID-19. The aim is to provide a living environment which supports residents, who due to their suspected or confirmed diagnosis of COVID-19, need to self-isolate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

How we inspect

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 11 November 2020	12:35hrs to 17:09hrs	Carol Maricle	Lead

What residents told us and what inspectors observed

On the day of the inspection, there were no residents in receipt of the service described in the statement of purpose.

Capacity and capability

This was a risk inspection carried out as a response to an application from the provider to vary the conditions of the centre. At the time of this inspection, the centre was operating as a designated centre for adults and providing a service for residents across the wider organisation who were in need of self-isolation as a result of the COVID-19 pandemic. Ordinarily this centre operated as a designated centre for children with disabilities.

The application received by the Health Information Quality Authority HIQA from the provider was a request to vary existing conditions of the centre by removing a second unit from this centre and to reduce the overall capacity of the centre from nine to eight.

The inspector found that there was good compliance with the Regulations with a small number of improvements identified to bring the centre into full compliance. There was evidence that the provider had addressed areas of non-compliance since the previous inspection. There was evidence to show that the centre was being managed well during the COVID-19 pandemic due to the systems that had been put in place by the provider in the areas of management, staffing, training and quality and safety of care.

There were good systems in place regarding the leadership and governance of this centre. A clear management structure was in place with new appointments made by the provider during the previous six months in both the person in charge post and a regional manager post. The person in charge post holder had the required qualifications and years of experience. At the time of this inspection she was directly responsible for this centre and one other centre. She delegated some of her day to day responsibilities to a clinical nurse manager who was part of the staff team. The person in charge had a very good knowledge of the regulations and standards relevant to the role. She also had a very good understanding of the normal business (prior to the pandemic) of the centre, that is, a children's respite centre. She had a clear vision for this centre going forward and set out ways that she hoped to match better the needs of the children and families with the respite service.

There were systems in place for the provider to monitor the quality and safety of

care provided. An annual review of the service had been completed the week prior to this inspection. This review contained a number of findings, all of which were known by the person in charge and being addressed accordingly. The review did not contain reference to consultation carried out with residents and or their families. The author of the review stated that this was because children were not in receipt of a respite service during the COVID-19 pandemic. While the inspector appreciated the rationale for same the provider is required under the Regulations to ensure that consultation is carried out. Children had been in receipt of a service up to an including February 2020 and their views and feedback would have been relevant to the review. The centre had received two internal provider led inspections carried out in late 2019 and mid 2020.The matters arising from these reviews were mostly around the need for the centre to be repainted and some furniture requiring replacement. Both the annual review and the most recent six monthly inspection report highlighted that some organisational policies were outside of their three year review period.

A programme of auditing was in place at the centre and the person in charge described to the inspector the changes she had made to this programme since her appointment in order to ensure that the system was more robust. The auditing programme included areas such as cleaning, hand hygiene, use of slings, fire safety, controlled drugs and the environment in general. The outstanding actions from audits was mostly around the need for the centre to be repainted and additional furniture purchased to replace worn furniture which matched the findings of the provider led six monthly inspection.

The centre was operating in line with its current statement of purpose in providing an isolation service for the service users of the wider organisation as a whole. The inspector observed that the statement of purpose had been updated to no longer include reference to a fifth unit and the floor plans had also been updated to mirror same. An alternative statement of purpose was prepared and ready for use for when the centre could resume their normal business of children's respite. The provider was aware of the need to apply to the chief inspector to vary their conditions of registration again when they were ready to resume this service.

All resident details were accurately reflected on the directory of residents. To date, the isolation service had been provided to 18 residents since April 2020. Prior to this a respite service had been provided for up to 50 children. During the previous 12 months the staff team had also supported a resident in receipt of a single-occupancy type residential service and this resident had subsequently transferred in a planned manner to a residential service under the auspices of the provider.

The registered provider had ensured that there was a competent staff team in place. At the time of this inspection, a team of 15 staff were employed. The person in charge did not utilise agency staff at this time. The staff team consisted of the person in charge, a clinical nurse manager, a team of staff nurses and health care assistants. Members of the staff team were not met with at this inspection as on the day there were redeployed to other services of the provider. When the centre did re-open for new admissions to the isolation service the person in charge told the inspector that some of the staff team were then rostered to work at the centre

however this was not always the case as the resident admitted to the centre may have their own staff from their usual home provide care and support them during their isolation period.

The registered provider had a training department that managed training for the entire organisation. Staff had completed training in areas such as fire safety, child protection, areas relating to infection control, safeguarding and managing behaviour that challenges. The person in charge had arranged for the staff team to receive training in both child protection and adult safeguarding which was appropriate given the changing nature of the service. It was reported to the inspector by the person in charge that she was not aware of a specific plan by the provider to address a gap in refresher skills training in the management of acute and potential aggression and fire safety as these were typically classroom based training which were on hold during the pandemic. As such the centre was not in full compliance with the Regulations as there was no plan in place to address this gap.

The inspector reviewed a sample of records maintained in an effort to establish the systems in place. The inspector found that when the centre operated as a respite centre there was a gap in the records compiled in terms of recording how a resident experienced their day. This was because the system in place allowed for only nursing notes to be maintained, the frequency of which was 'as required'.
A summary sheet of the child's stay at respite to bring home to their caregivers was also provided. This meant that a service user may not have a full written record of their time in respite. The person in charge acknowledged that the system required review to clarify the requirement of daily reporting. While the inspector did not find evidence that this gap of record writing contributed to poor care it was unclear for staff what the expectation was.

The person in charge had provided the chief inspector with written notice of all adverse incidents within the prescribed time period over the previous 12 months.

In the previous 12 months there had been one complaint received and this was closed. The matter had been fully resolved and the complainant contacted on the same day of receipt by the person in charge.

Registration Regulation 8 (1)

The registered provider had applied under section 52 of the Act for both the variation and removal of a number of conditions of registration in the form determined by the chief inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The post holder had the required qualifications and experience. The person was also responsible for a second designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had systems in place to ensure that staff had access to appropriate training as part of their continued professional development programme however there were gaps identified in the area of refresher training for areas normally completed as classroom based training. Not all staff had completed their refresher training in fire safety and the management of actual and potential aggression.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents had been set up and maintained following the change of the centre to a designated centre for adults with a disability. The directory had the required information. There was a small gap of information identified by the inspector which was corrected on the day by the person in charge.

Judgment: Compliant

Regulation 21: Records

Records in relation to each resident as specified in Schedule 3 of the Regulations were not fully maintained in the area of personal planning. While it was evident that

care was delivered to a good standard and the gaps did not result in a medium to a high risk to the resident there were gaps identified in the daily notes completed by staff for respite recipients.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in the centre that identified lines of authority. Management systems were in place to ensure that the service provided was safe and monitored. There had been two six monthly inspection reports of the centre conducted by the provider. There was an annual review of the quality and safety of care and support. The review did not included reference to consultation with the residents nor their representatives.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was an admission protocol in place for the admission of a resident to this centre for the purpose of isolation. Each resident had already in place their usual contract with the provider relevant to their usual place of residence.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. This had been reviewed in the previous 12 months. The statement described accurately the service that it was currently registered to provide. A small number of adjustments were made to the statement by the provider on the day of the inspection and the updated version was submitted to HIQA promptly.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice in writing within three working days of adverse incidents that had occurred at the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The register provider had in place an effective complaints procedure which was accessible and age-appropriate and included an appeals procedure. A record of complaints was in place and this included action taken on foot of the complaint and whether or not the resident was satisfied.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider's own six monthly inspection and annual review identified that the organisation policies were not reviewed within their required timelines, in line with the Regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that following the previous inspection of this centre in 2018, the provider had made improvements to the quality and safety of care provided to residents. Over the previous 12 months the centre had operated both as a children's respite centre and a centre for adults who moved to the centre for a specific time period of usually 14 days for isolation purposes.

On the day of this inspection there was no resident in receipt of a service. The first resident to be admitted to the centre for isolation purposes had arrived at the centre in April 2020.

This centre consisted of two buildings adjoined to each other and this represented four independent living areas (four units). The ground floor of one of the units was

traditionally the unit that provided respite to children and this had a large kitchen, sitting room and rear outdoor fenced in garden. A playroom was also available for the children. Above this was the second unit consisting of three single bedrooms, bathroom facilities, a kitchen and living area. The remaining two units were self-contained apartments (one on either floor) whose purposes was only for single occupancy type residence. A fifth unit that was discussed in the previous inspection report was no longer a unit of this designated centre.

It was identified by the person in charge during a walk around of the centre that the centre required painting and some furniture such as seater sofas required replacing. There was evidence to show that the required furniture had been ordered and that the facilities office had been contacted regarding paint works required. At the time of this inspection, a clear timeline for completion of painting was not in place.

There was evidence that the person in charge and wider management team were following the guidance of the health service executive and the health protection and surveillance centre in addressing all matters relating to the COVID-19 pandemic. This was of significance given that this centre was operating as an isolation centre for the entire organisation. Appropriate systems were in place for protection against infection and the management of the COVID-19 pandemic. Centre specific risk assessments relating to both how to prevent and how to manage an outbreak of COVID-19 had been carried out. On arrival to the centre, there was a designated station located inside the main door to facilitate temperature checks, screening of staff and visitors, hand hygiene and access to personal protective equipment. There were adequate hand washing facilities and ample stocks of personal protective equipment available and overall there was a good standard of cleanliness noted throughout the centre.

This centre could accommodate eight residents if required who were both suspected to have and were confirmed to have COVID-19. Should there be four or under residents living at the centre, they each could have their own living space in the centre. Should the centre operate at capacity then the person in charge had zoning plans to ensure that there would be no mix of those with detected COVID-19 and those suspected of having same. The person in charge had completed a self-assessment questionnaire on the preparedness, planning and infection prevention and control assurance framework for registered providers. She did not identify any areas that she needed to create an improvement plan around. She also had created an operations folder containing specific protocols for staff to follow in the event of her absence. There was a centre specific admission protocol in place for the referral of residents to this centre for the purpose of isolation.

The person in charge had an up-to-date risk register in place. This set out hazards identified at the centre including COVID-19. At the time of this inspection there were no hazards identified at the centre that required escalation to the wider management team bar the lack of classroom based refresher training during the COVID-19 pandemic. There was a system in place for the completion of individualised risk assessments for residents attending the respite service and these were subject to review.

Individual care plans for residents normally in receipt of a respite service were sampled during this inspection. The person in charge, along with keyworkers, had been reviewing all 50 personal plans prior to and during the inspection with a completion date assigned before the end of the year. The person in charge had not organised personal plan reviews for the children during 2020 however given that the centre had changed the service they provided in March 2020 to an adult centre for the purpose of isolation this was found to be proportional. There was a system in place for the carrying out of such reviews when respite recommenced. Information and records pertaining to residents were much more streamlined than the previous inspection. There were good systems in place for the assessment of needs of a child, the creation of a personal plan and the review of same. There was evidence of systems in place to support the residents in maintaining good health. Each resident had a set of assessments relevant to their needs such as mobility, oral care, intimate care, feeding and drinking. An overall health check was completed annually.

Adult residents admitted to the centre for the purpose of isolation received healthcare during their 14 days from their usual healthcare providers and were supported by their existing staff team complemented by staff members that usually worked from this centre.

There were good systems in place to keep residents safe and well. Staff were trained in both child protection and adult safeguarding which was appropriate given how the centre had changed their service. At the time of this inspection there had been no concerns of an adult safeguarding concern made since the centre had changed to an adult centre. Prior to this there had been four peer to peer incidents that resulted in Tusla being contacted and measures put in place to keep all of the children safe and well.

There was evidence to show that staff were trained in positive behavioural support. Where a respite recipient required behavioural support, a copy of their school based behavioural support plan was usually supplied by their family to the person in charge. This matter had been discussed at the previous inspection and was of significant relevance at that time as there were some children living at the centre full-time and there was a need for an up-to date support plan. At the time of this inspection, residential services of this nature were no longer provided. The person in charge knew that in supporting a child in receipt of a respite service around their behaviour there was a need to ensure that the information supplied by the family or school was up-to-date in order to the children safe and well during their respite.

The person in charge was knowledgeable of informed evidence in the area of restrictive practices, provider policy and the procedure in place to allow for use of same. In the previous inspection it was found that there were practices in place that were restrictive in their nature for some of the residents living in the single occupancy apartments. On the day of this inspection, one such unit was no longer part of the centre and there had been a transfer of a resident from a second single occupancy apartment to a more suitable dwelling. When this service provided an isolation service to residents, the resident arrived with their existing personal planning files. The person in charge was knowledgeable about the requirement to notify the Authority of the use of such practices even if a resident's stay was only for

14 days or less.

There were systems in place to keep the personal possessions of the residents, while in receipt of care during isolation safe and accounted for.

The provider maintained adequate systems around fire safety. The centre had an alarm panel and emergency lighting of which there was evidence to show that an external contractor maintained these systems. The centre was equipped with fire containment doors. There were extinguishers located across all four units and they had been serviced in the 12 months prior to this inspection. Fire exit doors were kept clear. There were daily, weekly and monthly checks carried out by staff on varying aspects of fire safety. Since the previous inspection, gaps in fire containment measures in a fifth unit were no longer applicable as this unit was no longer under the auspices of this provider.

Regulation 11: Visits

The registered provider had systems in place to facilitate residents to receive visitors as far as reasonable practicable without restriction and in line with guidance issued at the time of the COVID-19 pandemic by the health service executive.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider had ensured that residents had access to and retained control of personal property and possessions.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises of the centre was laid our to meets the aims and objectives of the service and the number and needs of the residents. It was of sound construction but required painting throughout. While a request had been submitted to the facilities office and acknowledged a written plan of works was not yet in place to address same.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider maintained a resident guide. This had been adapted to suit the needs of the residents who were admitted to the centre for the purpose of isolation.

Judgment: Compliant

Regulation 26: Risk management procedures

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.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who were at risk of a healthcare associated infection were protected by adopting procedures consistent with standards for the prevention and control of healthcare associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that there were arrangements in place for a comprehensive assessment of the resident, by an appropriate healthcare

professional and that the centre was suitable to meet the needs of each resident.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided for appropriate health care for residents, having regard to the resident's personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role to respond to behaviour that was considered challenging. The registered provider had systems in place internally within the organisation for the identification, referral and review of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse. Given the change of service provision, the person in charge had ensured that all staff had attended training in both child protection and adult safeguarding.

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 8 (1)	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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially 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

Compliance Plan for Cork City North 9 OSV-0003304

Inspection ID: MON-0030986

Date of inspection: 11/11/2020

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff require refresher training in MAPA and fire training. Dates for refresher MAPA training (online theory training) to be rolled out in January 2021 from positive behaviour support department. PIC will allocate refresher training times to staff in January 2021. Refresher fire training booked for staff on 25th, 26th and 29th January 2021.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All residents support plans are subject to ongoing review and will be audited annually. All residents who avail of respite in the centre will have residents notes to which all staff will make an entry on each day that the resident is present in the centre. Residents nursing notes will be completed as required or in the event of nursing care being carried out. Residents who require 24/7 nursing support will have a nursing note entry each day of their respite stay.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Questionnaire/ Family feedback survey will be sent to all families of children who avail of respite in the centre in January 2021.	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Policy development forum meeting regularly to review all organizational policies. Forum will be operational going forward to review all policies in the context of COVID 19. Review of all policies currently in process.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Due to the scale of painting works required in the centre the schedule will be put out to tender in January 2021 with an aim for completion by the end of March 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	31/03/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(1)(e)	The registered provider shall	Substantially Compliant	Yellow	28/02/2021

	ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2021