



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0003312
Fieldwork ID:	MON-0034386

About the designated centre

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

This designated centre provides residential support for up to six male and female adults with an intellectual disability. The service normally operates forty eight weeks of the year, monday to friday, four nights a week. At weekends, residents either return to their families or are accommodated in an alternative residential centre if a short break is required. The designated centre provides support through a social care model and staff support residents in all aspects of daily living. A nurse manager is employed to manage and oversee the service. The designated centre has been closed since March 2020, the start of the COVID-19 pandemic. The centre is located in a residential area of a town and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The centre comprises of two semi-detached houses which are connected on the ground floor. There is a kitchen, utility, sitting room and dining room on the ground floor which are accessible to all residents. There is also a staff bedroom with en-suite on the ground floor. The first floor contains six bedrooms, two with en-suite and there are also two bathrooms. There is a walled garden area to the rear of the property which residents can easily access. Residents are supported by a team of support workers to meet their needs and provide support with planned activities. The centre closes and is not staffed for a proportion of the day when residents attend their day services, unless otherwise required. When residents are at the centre they are supported by one or two staff. There is a sleep over staff present during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

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
Tuesday 30 November 2021	9:00 am to 3:00 pm	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

There were no residents on the day of inspection. The person in charge was on leave and the inspection was facilitated by a person participating in the overall management of the designated centre. The bulk of the inspection relied on a review of documentary evidence and subsequent short interviews with the person participating in management. Face masks were worn throughout the course of the inspection and hand hygiene was attended to. Discussions were limited to periods of time less than 15 minutes and in areas of good ventilation where social distancing was maintained.

The designated centre provided a shared residential service to five residents up until the commencement of the pandemic in March 2020. Residents up to that point were in receipt of a residential service from Monday evening to Friday morning. Residents would have attended day services each weekday and weekends were spent at home with family. Four residents were at home with their families on the day of inspection and one resident was in full-time residential care in a nearby designated centre. This one resident would previously have had a care arrangement that alternated between the designated centre and the designated centre they now resided in. This resident required full-time care and support based on a deterioration in their physical condition. It was evident that staff had advocated on behalf of the resident to secure a full-time residential service for them. This arrangement had been facilitated by another resident remaining at home full-time with their family.

The inspector reviewed the internal and external environment with the person participating in management. Five bedrooms regularly used were seen to be well decorated and maintained. Residents bedrooms were seen to be homely, personalised and comfortable. Residents had photographs and posters of interest to them on display. Residents personal items and effects were in their bedrooms as they had left them. The external garden areas required maintenance, the external facade required painting and the gutters, windows and roof required cleaning.

Documents in the designated centre reflected residents attendance at activities of their choosing in relation to their areas of particular interest. Photographs recorded residents attendance at concerts, meals out and hotel breaks with staff supports. Some residents were also supported to attend employment as well as attend to music classes and sports of interest.

In summary, the inspector found that each resident's general care was maintained by staff who supported residents transition between day services, residential services and home. There was a visible social model of services within the designated centre that was nurse led. Residents rights and general welfare were clearly supported by staff and some support was offered to residents who now resided full-time with their families. The designated centre, overall, was not sufficiently resourced to meet the current assessed needs of residents in line with the registered providers statement of purpose and the designated centre remained

closed. The registered provider had commissioned a review of staffing requirements but there was no indication of the service to residents resuming in the near future. The person participating in management indicated that staff continued to communicate with residents and their families offering advice and support. Residents had resumed attendance at day services but many were anxious to return to the designated centre, a place they regarded as home. Both residents and families were anxious to see the resumption of residential services. The person in charge continued to be the main link between the residents and families. Concerns raised by families in relation to the continued closure of the residential service were not recorded or treated as complaints.

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

The previous inspection of this designated centre had occurred in January 2019. The inspector observed a deterioration in compliance with regulations since 2019 where the impact of the pandemic on service provision had significantly contributed to. The registered providers initial response to the pandemic was to safeguard residents and reduce the risk of infection by closing the residential service and support residents at home. Attempts to reopen the residential service in 2021 had been prevented by staffing vacancies, shortages and absenteeism. The registered providers statement of purpose outlined the staffing needs of the service to be 1.25 whole time equivalent direct staff supports with the bulk of staff support built around one staff member. The provision of one staff member to secure the reopening of the service was having a disproportionate effect on four residents and their families and the service remained closed. A management review of staffing issues and requirements for the geographical area was awaited. The designated service was currently not adequately resourced. While closed to residents, the designated centre remained registered under the Health Act 2007 (amended). Areas of regulatory non compliance and substantial compliance needed to be addressed by the registered provider in advance of offering a residential service to residents. This also included the auditing and review of the safety and quality of the service.

The resources required to deliver the care and support to residents as outlined in the registered providers statement of purpose were not in place. No residential service was offered to four of the residents since March 2020. Prior to this date, it was evident that the registered provider had been auditing the quality and safety of the service provided. These included a review of falls prevention strategies, food safety, continence, residents funds as well as general compliance with Regulation 23 - Governance and Management. The most recent six monthly un-announced visit had taken place in January 2020 and a subsequent annual review of service with

family input had taken place in March 2020, in advance of the services sudden closure. Residents families had met with the registered provider representative and local managers in September 2019, at a family forum. Inspection findings of 2019, personal care planning, complaints procedure and communication were recorded as discussed.

The staff assigned to the designated centre in advance of its closure was consistent with the statement of purpose. One staff member was employed from 16.30 hours until residents had left for day services at 09.00 hours the next morning. This staff member was employed in a sleepover capacity and was regularly supported in the evenings from 17.00 hours to 22.00 hours by another support worker. This afforded residents freedom of choice and to engage in activities of their choosing. At the time of inspection, there were no staff available to facilitate the reopening of the designated centre. A staffing review undertaken by the registered provider was awaited.

Staff training records demonstrated that staff attached to the designated centre had been in receipt of mandatory training as required by regulation. Fire and safety training and managing behaviours that challenge training were due for renewal through refresher training in 2020. Safeguarding vulnerable adults training was required in January 2021. There were no records available in the designated centre to illustrate that this training had occurred, nor was their evidence that this refresher training had taken place for staff who had been the subject of relocation.

The statement of purpose for the designated centre was out of date. The registered provider is required to ensure that the statement of purpose is subject to review at intervals not less than one year. The version reviewed was dated June 2020. The statement did not reflect that the designated centre was closed to residents and had no reference to the pandemic or COVID-19 in the context of infection control. The statement of purpose is required to reflect that residents individual care plans are reviewed at least annually or sooner depending on residents assessed and changing needs. While the practice in the designated centre was to review plans on a monthly and quarterly basis, this was not stated in the statement of purpose.

The directory of residents maintained by the registered provider was out of date. Two residents information had details for a person participating in management that was no longer attached to the service.

There were no up-to-date records of contracts signed by residents or their representatives. While financial assessment forms had been updated, the charges calculated were not consistent with the charges stated on residents historical contracts. Contracts did not reflect that the residents were no longer in receipt of a residential service.

The complaints process was clearly outlined in the designated centre in an easy-to-read format. Previous complaints relating to 2019 were seen to be addressed to the satisfaction of the complainants. No further records of complaints were recorded in the designated centre. Representation by families regarding the absence of a service to residents were not recorded as complaints. Judgement in relation to this matter is

included in Regulation 9 - Residents Rights

All mandatory notifications had been made to the office of the Chief Inspector within the three day required time frame.

Regulation 15: Staffing

The registered provider had not ensured that the number, qualifications, skill-mix and experience of staff was appropriate to the assessed needs of the residents. The designate centre remained closed to residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training, however staff required refresher training in advance of a resumption of services.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The person in charge maintained a directory of residents that was not up-to-date and reflected a previously employed manager.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was properly resourced to provide effective and safe care to residents. Service provision to residents had ceased. No annual review or audits of service had been undertaken since March 2020 and residents and families had not been consulted in relation to the quality and safety of services.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider did not ensure that residents had current contracts in place that reflected both the services they were in receipt of up to and including 2020 as well as the discontinuance of services in 2020. Financial assessments that determined charges incurred by residents did not match the terms and conditions of residency of out dated contracts.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place that was not subject to annual review and did not accurately reflect the current provision of services due to closure and the pandemic. The process of reviewing personal care plans was open ended and not consistent with regulatory time frames.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider had ensured that all notifiable incidents had been made to the office of the Chief Inspector within three working days of occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a current complaints log that was maintained by the person in charge. Residents and their families dissatisfaction with the cessation of a residential service is addressed under Regulation 9 - Residents Rights.

Judgment: Compliant

Quality and safety

This designated centre had remained closed to residents since March 2020. The service provision to four residents had been severely impacted and these residents were no longer in receipt of the residential service that they had contracted with the registered provider. While the initial decision was made to ensure residents would be safe with their families, the absence of a residential service was a matter of continued concern to residents and their families. Residents had not been involved in the decision to close the residential service. Prior to the closure, there was evidence residents had been well supported to self determine and engage with their community through day services, activities of choice, education and employment. The pandemic and the subsequent closure of the service had contributed to a deterioration of regulatory compliance compared to the previous inspection. Assurance was required from the registered provider that the identified areas would be addressed prior to the resumption of services to residents, ensuring that the service to be provided would be effective, save and based on residents assessed needs. The registered provider was required to ensure that the necessary procedures to ensure residents were safeguarded from the risk of infection during the COVID-19 pandemic, would be in place.

The individual care plans for four residents who had a contract for residential services in the designated centre were reviewed. Two sets of records were well maintained and subject to review up until the date of closure. Two sets were poorly maintained and did not reflect multidisciplinary review, nor were plans assessed for their effectiveness. Some of these issues may have been addressed through the care planning process in residents days services or may have been held in the person in charges main office. However, these residents were spending in the region of 65 hours a week in the designated centre and their individual care plans needed to be more comprehensive, reflect changes in circumstance and have evidence of multidisciplinary review. Records did demonstrate comprehensive assessments and reviews pertaining to residents healthcare and conditions, the protection of residents and the safeguarding of residents.

The premises was well maintained internally. All personal and communal areas were homely, well decorated and personalised. Residents had been supported to make their individual mark in rooms that they perceived as their own. Personal data was stored separately in the designated centres office. Each resident had adequate space to store their personal items and possessions, which remained under their control. Residents who received staff support to manage their own finances involved the signature of two staff and transactions were evidenced by receipts. Some aspects of the premises required the maintenance and cleaning of the gardens, guttering, roof and windows. This was general upkeep that had been deferred while the premises was closed.

Information available to residents was in an easy-to-read format and located in areas of easy access. Previous inspection report findings had been discussed with residents and their families at resident meetings and family forums. The residents guide available on the day required updating to reflect changes in management structures within the designated centre. The residents guide had not been amended

to reflect changes imposed since the pandemic occurred. Some residents used their own mobile phones and all residents had access to television. The certificate of registration was clearly displayed in the hallway of the centre.

The designated centre had a risk register in place. Regulatory required risks had been assessed and included in the register. Each resident also had individual risks assessed and filed with their personal plans. Risk assessments and the register reviewed were out of date, having been last reviewed in April 2020 and made no reference to COVID-19.

There was evidence that the designated centres manager had undertaken some introductory infection control training in the first quarter of 2020 at the commencement of the COVID-19 pandemic. Staff had also undertaken general hand hygiene training as part of ongoing training. There was no evidence that an assessment of preparedness had been undertaken to determine the registered providers readiness to respond to COVID-19. The designated centre had a limited supply of personal protective equipment and cleaning agents on site and no prescribed guidelines in relation to enhanced cleaning, precautionary and preventative measures to ensure the safety of residents and staff. The designated centre did not meet the required standards for the prevention and control of healthcare acquired infections.

The registered provider had in place a good system of fire safety prevention and control. The fire alarm system and emergency lighting had been serviced by a fire competent person in the current year. Prior to closure, records demonstrated that staff undertook daily and weekly visual checks of escape routes and fire doors. All fire doors were observed to be in good working order on the day of inspection. Records also demonstrated that residents took part in regular fire drills. These records demonstrated that at times of minimum staffing, all residents could be evacuated in times under one minute. Each resident had in place a personal emergency evacuation plan.

Records reviewed demonstrated that some residents managed their own medicines while in the residential service. Three residents files demonstrated that the resident had a pharmacy of choice. Two pharmacies were in the town and one pharmacy was located in another town. Information provided on the day of inspection suggested that the registered provider was centralising pharmacy services to one particular pharmacy. There was no evidence in the designated centre of consultation with residents, who were entitled to a choice of pharmacist, in relation to this decision. The registered provider representative subsequently clarified that the centralisation of pharmacy supplies were for general pharmacy stock items. Verification was also given that each individual resident would have a pharmacist of choice and that families had been consulted on the matter.

Overall, it was clear that residents were very happy with the residential service that they had been in receipt of up until its closure in March 2020. Records and photographs reflected residents were engaged in their local community in activities of choice that were meaningful to them. The close integration of residential services and day services ensured that residents were actively engaged in recreational

activities as well as part time employment. The pandemic had impacted greatly on residents who in the main had returned to their families full-time. Residents were not consulted and neither were their families, on this decision that greatly impacted them. The registered provider did not demonstrate that the rights of residents had been upheld and was therefore not in compliance with regulation.

Regulation 12: Personal possessions

The registered provider had in place adequate measures to assist residents manage personal possessions. Residents had adequate storage and access to personal possessions. Residents were also supported to manage their own finances.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that the residents had both the opportunity and facilities to take part in recreation activities of their choosing prior to the cessation of residential services. Residents also had access to meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the assessed needs of residents. General maintenance to the outside garden areas, external decore and the cleaning of windows, guttering and roofs was required.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had a residents guide that needed to be updated.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had in place a risk management policy and a risk register that required updating as well as the inclusion of risks relating to COVID-19.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had yet to make provision for the adopting of procedures consistent with the standards for the prevention and control of healthcare associated infections, including COVID-19. There was no evidence that an assessment of preparedness had been undertaken to determine the registered providers readiness to respond to COVID-19. The designated centre had a limited supply of personal protective equipment and cleaning agents on site and no prescribed guidelines in relation to enhanced cleaning, precautionary and preventative measures to ensure the safety of residents and staff.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider ensured that each resident had access to a pharmacist of their choosing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that some residents personal plans were relevant and subject to annual review prior to the closure of the designated centre. Some residents files did not reflect an annual review from 2019 onwards. No plan reflected the closure and cessation of services to residents. These plans had not been assessed for their effectiveness, nor did they take into account changes in circumstance such as the cessation of residential services.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had not ensured that the designated centre was operated in a manner to respect each resident. Residents rights were impacted primarily by the cessation and continued closure of the designated centre. This did not assure that residents with complex assessed needs and conditions had the freedom to exercise choice and control of their daily lives. Additionally, there was no evidence that residents were supported to access advocacy services in relation to a matter where they were not consulted in a decision regarding the closure of their home - a designated centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for West County Cork 4 OSV-0003312

Inspection ID: MON-0034386

Date of inspection: 30/11/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider has completed a review of the service needs, in response to this review the registered provider has advertised for staff and will make every effort to ensure that the number, qualifications and skill mix is appropriate to the number and assessed needs of the residents and in keeping with the statement of purpose.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Registered Provider will ensure that all staff will have refresher training completed in advance of a resumption of services.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Person In Charge will review the directory of residents and update.	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider has completed a review of the service needs, in response to this review the registered provider has advertised for staff and will make every effort to ensure that the number, qualifications and skill mix is appropriate to the number and assessed needs of the residents and in keeping with the statement of purpose.</p> <p>Furthermore, the registered provider shall make every effort to ensure that management systems are in place to ensure that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored</p> <p>Annual Quality review was completed 19/12/2021</p>	
<p>Regulation 24: Admissions and contract for the provision of services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Residents current contract of care remains valid with the provider. This will be subject to review on any change to service going forward</p> <p>The registered provider will ensure that all residents will have an updated contract in place that will reflect both the services they were in receipt of. Furthermore the registered provider will review financial assessments that determined charges incurred by residents and ensure they reflect the terms and conditions of residency of their updated contracts.</p>	
<p>Regulation 3: Statement of purpose</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose is currently under review and will be updated to accurately reflect the current service provision.</p> <p>The Person In Charge will put a plan in place to ensure that personal care plans are reviewed consistently with regulatory time frames.</p>	
<p>Regulation 17: Premises</p>	<p>Substantially Compliant</p>

<p>Outline how you are going to come into compliance with Regulation 17: Premises: General maintenance to the outside garden areas, external decore and the cleaning of windows, guttering and roofs has been completed since inspection.</p>	
<p>Regulation 20: Information for residents</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: The Person In Charge will review the directory of residents and update.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider will ensure that the risk register is reviewed and updated to reflect any risks related to COVID-19.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Prior to the service reopening, The Registered provider will be guided by HIQA `s self-assessment tool and complete a preparedness plan and infection prevention plan.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will review and update all personal plans by 30th March 2022.</p> <p>The Person In Charge will put a plan in place to ensure that personal care plans are reviewed consistently with regulatory time frames.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider will consult with the residents who lived in this designated centre Providing an update in relation to the re-opening of this centre and additionally informing the residents what the register provider is doing and ensuring them that every effort is being made to try get their home reopened. Furthermore, listening to the residents and as best we can provide support for their wishes and preferences committing to supporting the residents rights to ensure that residents have the freedom to exercise choice and control in their daily lives.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/03/2022
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	30/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	14/01/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	21/02/2022
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	21/02/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/03/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/03/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph	Substantially Compliant	Yellow	30/03/2022

	(d) shall provide for consultation with residents and their representatives.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/03/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/03/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/03/2022
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	30/03/2022

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/02/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	21/02/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Not Compliant	Orange	30/03/2022

	basis.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	30/03/2022
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.	Not Compliant	Orange	30/03/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in 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.	Not Compliant	Orange	30/03/2022

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.	Not Compliant	Orange	30/03/2022
Regulation 09(2)(d)	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 access to advocacy services and information about his or her rights.	Not Compliant	Orange	30/03/2022
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	30/03/2022