



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0003697
Fieldwork ID:	MON-0030581

About the designated centre

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

The designated centre was purpose built to provide a home to adult residents with complex care needs, behaviours that challenge and mental health difficulties. The centre comprised of three purpose-built inter-linked units (bungalows) on a campus style setting on the outskirts of a city. These units had a shared paved area to the rear, garden and ground area to the front and was located adjacent to a dedicated day centre / day service for residents. There was also a fourth unit as part of this centre and this was a two-bedroom house located a number of kilometres from the other units. The inter-linked units each had a kitchen and dining area, a sitting room, single bedrooms accommodating each resident and bathroom facilities. There was also a staff office that provided storage for medications. The fourth unit contained a kitchen and dining room, a sitting room, two bedrooms, bathroom facilities and an office. The staff team comprised of nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 November 2020	11:00hrs to 17:00hrs	Carol Maricle	Lead

What residents told us and what inspectors observed

As part of this inspection the inspector met individually with four residents who each lived in one of the three interlinked houses. The inspector was also briefly introduced to a number of other residents on the day as they conducted a walk around of the exterior of the campus. The inspector spoke with an additional number of residents while they were attending their activity centre located across from the home.

Not all of the residents could share their views verbally with the inspectors about the service provided; however, the inspector observed staff interacting with these residents and all residents appeared content.

Overall, the residents that chose to speak with the inspector conveyed a high level of satisfaction with the level of care and support they received. Many spoke about how the COVID-19 pandemic had affected their lives this year and how they were missing their loved ones. Residents described to the inspector what life was like now for them and talked about what remained the same and what was different. Residents that usually left their home each day to attend training centres or work, told the inspector that these activities were on hold now until the government told their service provider when they could reopen. Residents that usually went across to an activity centre located opposite their home spoke about how much they still enjoyed going there, as this service was still being provided to them as before, with some adaptations.

A resident met with the inspector and spoke about their dreams and goals of being a singer. They told the inspector they took part in karaoke nightly in their home, with their peers. The resident were satisfied with the relationships they had developed with staff. They confirmed their ongoing contact with family via telephone.

A second resident with whom the inspector met with had moved to the centre approximately two years earlier and they spoke about the circumstances of their move and how happy they were now to live with housemates whom they considered their friends. This resident was proud of their family who lived abroad and talked about that country and how they had visited it on two occasions. They had received a bouquet of flowers from family abroad and these flowers were observed by the inspector on display in the entrance hall of their home.

The inspector met with two remaining residents who each talked about their family, their interests and pursuits and how the pandemic had affected their ability to go to work and see their family.

Overall, the residents met with, had an interest in the arts and enjoyed going to the activity centre daily. Some of the residents art work was displayed for visitors to see. Residents enjoyed discussing aspects of their lives with the inspector. They

spoke about what mattered to them, such as their family, their friends and their interests. Residents spoke about staff by name and all spoke positively about different staff members. They were observed to have a good rapport with the person in charge and there was lots of laughter and chat observed.

All residents met with had a good understanding of the current pandemic and the impact this had on the lives of people across the country and themselves. One of the residents was observed to be cleaning touch points in their home and told the inspector they liked doing this. Other residents had adapted their usual handshake and showed the inspector how they greeted others during the pandemic.

Capacity and capability

This centre was a designated centre for adults with disabilities that offered a residential service. This was a risk inspection carried out to inform the renewal of the registration of the centre and was the fourth inspection of this service. At the time of this inspection, the centre was operating at full capacity providing a home to 22 residents over four units. Three of these units were interlinked on a campus style setting and the fourth was a home in a local community.

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 and was continuing to address areas for improvement 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.

There were good systems in place regarding the leadership and governance of this centre. A clear management organogram was in place and reflected new appointments made by the provider during the previous ten months of the person in charge post and a regional manager post. The person in charge post-holder had the required qualifications and experience. At the time of this inspection they were directly responsible for this centre and one other. They also were in charge of the running of the activation centre located on the same campus. The person in charge had a very good knowledge of the regulations and standards relevant to the role. They had an in-depth knowledge of all residents across the centre. There were also two clinical nurse managers who were newly appointed to the staff team, one of whom met with the inspector.

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 in 2020. This review contained a number of findings, all of which were known by the person in charge and being addressed accordingly. The review contained reference to consultation carried out with residents and their families in the form of surveys. The

centre had also received two internal provider led inspections carried out in the previous 12 months. The matters arising from this review were mostly around the need for confirmation of staffing as a key resource. A separate programme of in-house auditing was in place at the centre.

The provider had produced a document called the statement of purpose, as required by the Regulations, which described the service provided. During this inspection it was noted to the regional manager that the whole time equivalent of the person in charge required revision so as to include their roles and responsibilities to the activation centre located on-site. This was corrected following this inspection.

The registered provider had ensured that there was a competent staff team in place. The staff team consisted of the person in charge, two clinical nurse managers, a team of staff nurses and health care assistants. The staffing complement on the day of inspection reflected the proposed roster. At the time of this inspection, a team of 27 staff were employed and in addition there was a number of staff on extended leave. Notwithstanding the high number of staff on leave, the person in charge still had available to them a sufficient staff team who had worked at the centre for a number of years and knew the residents well. Since the previous inspection, two clinical nurse managers had been appointed. The person in charge, regional manager and an allocations manager were reviewing staffing allocations at the time of this inspection.

The registered provider had a training department that managed training for the entire organisation. Staff had completed training in areas such as fire safety, areas relating to infection control, safeguarding and managing behaviour that challenges. It was reported to the inspector by the person in charge that they was not aware of a specific plan in place to address a gap in refresher skills for 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. This was relevant as there were ten staff in need of refresher training in fire safety and 21 in need of refresher training in the management of actual and potential aggression. Of note, the inspector did not find evidence of poor care resulting from this gap of refresher training.

In the previous 12 months there had been 15 complaints received across all four units and all complaints had been closed out. There was evidence of a complaint policy and procedure in place. The procedure for making a complaint was clearly displayed throughout the designated centre and an easy to read format was available to residents. There was evidence that staff actively supported and assisted residents to make complaints. The records provided evidence on how the resolution or closure was achieved for each complaint made. A number of complaints were made in regard to the room temperature of one of the four houses which is discussed further in this report. A complaint was made on behalf of a resident by a staff member, regarding lack of appropriate transport which had since been resolved.

The inspector reviewed all contracts on the day of inspection. The registered provider had ensured that contracts were in place for all residents.

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.

The registered provider had prepared in writing policies and procedures on matters set out in Schedule 5. Some policies were outside of the providers own timelines of review as set out in the internal provider reports.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an application for the renewal of registration to the Chief Inspector in the form determined by the chief inspector including the information set out in Schedule 1.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the centre. This post-holder had the required qualifications and management experience.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training however there was a gap in the area of refresher training.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place regarding injury to residents and loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the centre that identified lines of authority and accountability. There were management systems in place to ensure continuity of service. There was an annual review of the quality and safety of care and support of the service and this included the views of the residents. The provider had arranged for two unannounced six monthly inspections to take place in the 12 months prior to this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that contracts were in place for all residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. There was evidence that this statement had been reviewed annually.

Judgment: Compliant

Regulation 31: Notification of incidents
The person in charge had given the chief inspector notice in writing of the adverse incidents that had occurred in the designated centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had ensured that there was an effective complaints procedure for residents in an accessible and age-appropriate format and included an appeals procedure. Details of complaints were recorded along with reference to the satisfaction of the complainant following the outcome.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had prepared in writing policies and procedures on matters set out in Schedule 5. Some policies were outside of the providers own timelines of review as set out in the internal provider reports.
Judgment: Substantially compliant
Quality and safety
Overall, the inspector found that following the previous inspection of this centre in 2019, the provider had made improvements to the quality and safety of care provided to residents.

The centre comprised three purpose-built inter-linked units (bungalows) on a campus style setting on the outskirts of a city. These units each had a shared paved area to the rear. There was also a fourth unit that formed part of this centre and this was a two-bedroomed house located a number of kilometres from the other units. The inter-linked units each had a kitchen and dining area, a sitting room, bedrooms accommodating each resident and bathroom facilities. The fourth unit contained a kitchen and dining room, a sitting room, two bedrooms, bathroom facilities and an office.

It was identified by the person in charge during a walk around of the centre that the centre required painting. At the time of this inspection, a clear written timeline for the completion of painting was in place, as confirmed by the facilities department. However, there was evidence that there was a need for an investigation of the heating supply to one of the houses and while the person in charge was aware of the issue and had discussed it with the facilities office, no formal plan was in place to address the problem. The inconsistency of room temperature had been a source of complaint made by residents in the 12 months prior to this inspection.

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 a service for 22 residents, 20 of whom lived in a campus style setting. Appropriate systems were in place for protection against infection and the management of the COVID-19 pandemic. Centre specific risk assessments were in place on how to prevent and manage an outbreak of COVID-19. On arrival at the centre, there was a designated station located inside the activation centre to facilitate temperature checks, screening of staff and visitors, hand hygiene and access to personal protective equipment. There were adequate hand washing facilities and stocks of personal protective equipment available and overall there was a good standard of cleanliness noted throughout the centre. The person in charge had completed a self-assessment questionnaire on the preparedness, planning and infection prevention and control assurance framework for registered providers. They had not identified any areas that required an improvement plan.

The person in charge had an up-to-date risk register in place. These set out hazards identified at the centre including COVID-19 and were subject to regular review. There was a system in place for the completion of individualised risk assessments for individual residents and these were also subject to regular review. However, the registered provider had not considered if risk control measures were proportional to the risk identified, in the area of visits to food stores and other essential stores by residents.

Individual care plans for residents were sampled during this inspection. There were good systems in place for the assessment of needs of each resident, 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. The person in

charge ensured that each residents personal plan was subject to review. From speaking with staff and the person in charge it was clear that some residents required a level of support in promoting their mental health and wellbeing. There was timely access to psychiatric services in this regard. Most of the residents continued to attend an activation centre located in the campus and this service was adapted to meet residents needs in line with public health guidelines, during the pandemic.

There were good systems in place to keep residents safe and well. Staff were trained in adult safeguarding. At the time of this inspection there had been a number of incidents of an adult safeguarding concern made in the previous 12 months. These were mostly peer to peer incidents and on each occasion staff reported it promptly to management and safeguarding plans were created. Staff were trained in positive behavioural support. The inspector met with a nurse at one of the houses who discussed and showed a sample behavioural support plan to the inspector. They confirmed that there was sufficient support provided to staff from the provider led behavioural support team. The inspector observed a resident at one of the houses being responded to appropriately by a staff member when they were at risk of engaging in self-injurious behaviour. 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. There were a number of restrictions in use across all four units and these were notified to the chief Inspector on a quarterly basis. The use of restrictions was regularly reviewed by the person in charge.

The registered provider had facilitated residents to receive visitors in accordance with the wishes of residents prior to the COVID-19 pandemic. Since the pandemic the provider had restricted visitors. Residents usually met with their families at the gate of the complex, outdoors. The person in charge was aware of changing guidance in this area but in recent weeks had not fully assessed this through a risk analysis or on a case by case basis to determine whether visitors could be facilitated to meet with residents in an appropriate indoor setting.

The registered provider had ensured that residents were consulted and participated in the organisation of the centre. however, the frequency of advocacy meetings was not set out resulting in gaps where residents did not meet. When the meetings were organised, these showed that the views of the residents were taken seriously.

The registered provider had ensured that effective fire safety management systems were in place. The alarm panel, emergency lighting and extinguishers had all been serviced in the 12 months prior to the inspection. Each resident had a personal emergency evacuation plan in place which was updated regularly. Regular fire drills had taken place. There was a fire assembly point clearly identified in the campus.

The registered provider had prepared a resident guide in respect of the designated centre and this contained the information set out in the Regulations.

Regulation 11: Visits
The registered provider had facilitated residents to receive visitors in accordance with the wishes of residents prior to the COVID-19 pandemic. Since the pandemic the provider had restricted visitors.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider had provided each resident with continuity of service during the pandemic. Training and development continued to be provided to residents in line with current public health guidelines.
Judgment: Compliant
Regulation 17: Premises
The registered provider had ensured the premises of the centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. It was of sound construction and kept in a good state of repair externally and internally. It was clean and suitably decorated. The heating of one of the houses required investigation to address temperature issues.
Judgment: Substantially compliant
Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre and this contained the information set out in the Regulations.
Judgment: Compliant
Regulation 26: Risk management procedures

The registered provider had ensured that they had identified hazards and actions in place to control risks. The registered provider had not considered if risk control measures were proportional to the risk identified in the area of visits to food stores and other essential stores by residents and in having family visit residents within the complex.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with standards for the prevention and control of healthcare associated infection 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 a comprehensive assessment was carried out on an annual basis. Personal plans for residents reflected their needs. The plan was conducted in a manner that ensured the maximum participation of each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date skills appropriate to their role to respond to behaviour that was challenging. The registered provider had

ensured that where restrictive practices were used, such procedures were used in accordance with provider policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider protected residents from all forms of abuse. Staff had received appropriate training in relation to safeguarding residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents were consulted and participated in the organisation of the centre however the frequency of advocacy meetings was not set out resulting in gaps whereby the residents did not meet.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 3 OSV-0003697

Inspection ID: MON-0030581

Date of inspection: 18/11/2020

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC has furnished the training manager of training needs to be addressed in terms of refresher training. A schedule of training will be commenced to address gaps.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider will ensure policies are reviewed within timeframes set out in the regulations. The Policy Development forum will complete an overview of all policies to ensure they are within the timeframe for review.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The heating systems are working presently, however, the PIC has requested the facilities manager to ensure the heating temperature within house 3 in CCN3 are appropriate to</p>	

meeting the needs of the residents at all times. The heating system will be checked regularly to ensure it is kept in optimal working order. Maintenance will carry out a flush of the system if temperatures begin to reduce.

Painting of all residences has been sanctioned and is due to commence shortly.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The PIC in agreement with the registered provider has approved risk control measures to be considered and identified proportional to each individual in CCN3 to avail of opportunities in regards to;

- Having family visit residents within the complex (as opposed to just meeting at the front gate during level 5) – PIC has identified an area within the Activation Centre - separate to their residence – to facilitate all residents the opportunity to see loved ones within the Activation Centre – “The visitors room” whilst Covid levels are still in place.
- Risk assessments are in place in line with Covid safety control measures and adherence to HPSC levels framework to ensure both the residents and loved ones are safe during these visits.
- Risk assessments are now in place in line with residents’ wishes, for residents to engage within their the community, to enter food stores and other essential stores of their choosing, whilst ensuring they are supported to follow Covid 19 safety measures.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC has advised all support staff/keyworkers within the houses to ensure more regular meetings are held and captured in the in the residents forum. This will continue as a monthly meeting.

The PIC has nominated a new Advocacy Champion.

The frequency of advocacy meetings will continue to be scheduled monthly and PIC will ensure that all members of the Advocacy Committee of CCN3 , both residents and staff have been informed.

The topics and actions that emerge from these Advocacy meetings will inform the agenda of the quarterly Health and Safety Audit committee meetings where relevant.

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)(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	28/02/2021
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:	Substantially Compliant	Yellow	25/11/2020

	arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.			
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	31/03/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	26/11/2020