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 19
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0005629
Fieldwork ID:	MON-0030376

About the designated centre

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

The designated centre is a bungalow located on the outskirts of a large city. The bungalow is part of a shared campus with six other houses. Adult male and female residents have varying levels of intellectual disability, high support requirements and complex healthcare needs. The house is fully wheelchair accessible with free access to communal areas. The accommodation comprises of two day rooms, a kitchen and utility room, a dining room, a therapy room, two bathrooms, a shower room, a laundry, a staff office and four single bedrooms - one of which is en-suite. There are three shared bedrooms. The staff team is nurse led and comprises of nursing staff and care assistants. There are internal and external garden areas that are well maintained.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 December 2021	09:00hrs to 16:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector reviewed information in one of the sitting rooms of this house. Social distancing was observed in a well ventilated area and the inspector wore a face mask and attended to hand hygiene. Interaction with residents was confined to periods of less than 15 minutes at a time. All staff wore face masks.

Some residents met with the inspector. Two residents used words to communicate. These residents discussed their care and support freely with the inspector. Other residents used few words but vocalised and gestured. Residents demonstrated some understanding of what staff said and also engaged with staff who used LAMH sign language. Residents liked to engage in tabletop activities. Residents were observed listening to music and watching films of particular interest to them. Some residents indicated that they liked to go shopping, on drives, visiting parks and gardening with staff support. Photographic evidence of residents engaged in these activities was maintained in their care plans and files. Some residents were supported on the day of inspection to attend to activities in the community.

Day service provision to residents had ceased due to the current pandemic. There was evidence that additional supports were provided to the residents in the absence of day services. Resident files evidenced residents taking part in and experiencing zumba, chair yoga, floor games, dancing, arts and crafts and music sessions.

There was a visible person-centred culture held by the staff met on inspection who engaged with residents respectfully. All communication was observed to be gentle and unhurried. Residents smiled and appeared very comfortable in the presence of staff.

Residents indicated that the inspector could view their bedrooms which were tidy and personalised. Six residents occupied three twin bedrooms. Residents had been consulted in relation to sharing their bedroom. Two residents stated that they liked having someone in the bedroom and that they looked after each other. The house kitchen adjoined a dining room. This dining room was the focal point of the house. Residents ate at the one table with staff support and supervision. Residents indicated that they could choose particular foods.

The inspector found that each resident's well being was maintained to a good standard. 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 inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported. It was evident that the focus of care was person centred.

The registered provider had in place a team of care staff that were well trained. The person in charge was employed in a full-time capacity and also had responsibility for another designated centre. The person in charge was also supported by two clinical nurse managers. One clinical nurse manager vacancy awaited filling. Staff numbers allocated to the designated centre by day afforded person-centred care and there was evidence that meaningful activities of choice were facilitated in the absence of structured day services. Two care assistants shared a post of activities coordinator and worked on opposite weekdays to reduce the risk of infection spread. Current staff vacancies had resulted in one of these staff members working on night duty as a care assistant which impacted on their availability to the direct support of residents' activities. Residents said that they felt safe and well supported by staff. The registered provider was aware of the assessed needs of residents and had a plan in place to fill two staff nurse vacancies through the return of one staff member from long-term leave and the recruitment of a newly qualified nurse, in the current month. The person in charge had prioritised the recruitment of these posts based on residents high medical needs.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training records of 24 regular staff and 3 relief staff were reviewed. 22% of staff required refresher training in fire and safety. 30% of staff required current training in the management and prevention of aggression and all staff had current training in relation to safeguarding vulnerable adults. Safeguarding training had been completed online during the pandemic. Staff training records demonstrated recent training in breaking the chain of infection, as well as the proper use of personal protective equipment (PPE). Staff had undertaken hand hygiene training. Staff had undertaken additional training to meet the assessed needs of residents including manual handling. Many residents were wheelchair users and also required hoists in the support of direct and intimate care.

The registered provider had in place a management team with oversight of all services provided. The person in charge was directly supported by a regional manager who was also the nominated person participating in management. All staff were directly supported by the person in charge and a sample of three supervision meetings were viewed on inspection. Records reflected that staff concerns were clearly documented and acted upon. Staff highlighted ongoing issues with staff shortages during the pandemic which they perceived could impact on the quality and safety of service provision. Recorded staff meetings were taking place between the person in charge and staff.

Six-monthly unannounced audits had taken place in May 2020 and February 2021. A subsequent review was scheduled for the current month. The annual review of the

service was undertaken in March 2021 and areas for improvement were identified. All areas were actioned and completed. The registered provider also reviewed areas on non-compliance as identified on the previous Health Information and Quality Authority (HIQA) inspection. The review did demonstrate a comprehensive review of the quality, safety of care and support in the designated centre. As part of the annual review, residents were surveyed, especially in relation to the quality of care. Overall feedback was positive. One resident was a member of the registered providers residents forum.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated on the day of inspection to reflect minor changes. The directory of residents was well maintained and all relevant information was current. The person in charge also addressed some minor typographical errors on the day of inspection. The current registration certificate was clearly displayed in the designated centre.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy-to-read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. Eight complaints by residents had been recorded since the previous inspection. Some complaints related to the absence of hot water on the unit and some related to the noise made by other residents. Records reflected a prompt response by staff to support residents in the resolution of complaints. Complaints had the satisfaction of the complainant noted.

Notifications of incidents arising per Regulation 31 were notified to HIQA. Appropriate safeguarding actions were implemented by the provider and this was evident through the allocation of additional staff resources during the evening and night time.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easy to understand. All contracts had been revised and updated within the previous 24 months.

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents, however a number of staff vacancies for nursing and care assistant posts were unfilled and one of the activities coordinators was working at night-time filling a care assistant role.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents, however mandatory required refresher training was needed for some staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

Regulation 23: Governance and management

The registered providers had management systems in place to ensure the service provided was safe.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had agreed with each resident or their representative a signed contract of the conditions that demonstrated the terms on which the resident

resided in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and the complainants satisfaction with the outcome of complaints made were noted.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. The general welfare of residents was promoted and concerns raised by residents were effectively dealt with. Staff and resident interactions were observed to be warm, respectful and meaningful. Staff demonstrated a thorough understanding of residents' assessed needs and a good understanding of residents communication. Residents stated they liked living in the designated centre and some indicated that they liked the company of sharing a bedroom.

There was evidence that residents had a more meaningful and active life despite the

precautions in place for the COVID-19 pandemic. Residents were observed to be given time and opportunity in the morning to have their breakfast and to plan for their day at a pace that suited them. Staff levels by day supported person-centred planning and individualised support. Residents were supported by staff to partake in recreational activities of choice which included zumba, chair yoga, floor games, dancing, meditation, arts and crafts. Some of the supported activities included outings to beaches, gardening and walks in places of interest to residents. All residents had a photographic log of activities that they had partaken in and it was evident that staff were endeavouring to support residents with off campus activities. Some residents were seen to enjoy a sensory room while one resident was utilising a lamp that was specifically bought to address their diagnosis of seasonal affective disorder. Overall, the general welfare of residents was prioritised despite the allocation of one activity coordinator to a night duty rota.

The support of residents' rights were evident through the choice of activities and times of activities determined by the resident. There were communal areas as well as private areas for residents to spend time alone with their activity of choice, watch movies, as well as receive visitors. Some residents had individual bedrooms for privacy. The designated centre had three twin bedrooms which meant that six residents shared a bedroom. The person in charge had highlighted bedroom sharing as a restrictive practice to the registered provider's human rights committee. Residents had unrestricted access to all areas of the house.

Residents had defined goals that were subject to annual review. Each plan incorporated the input from the resident, their key worker, families and the multidisciplinary team. Each resident had an assessment of need in place that had also been subject to annual review. Some set goals had been delayed due to public health guidelines and restrictions. There was evidence that plans had been modified in this regard and were again focused on goal achievement and reconnecting with families and the local community. All personal care planning documentation was readily accessible and maintained in good order.

Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a resident's physical and mental health, including an annual review called an OK Health Check. Changes noted in relation to residents' health were supported by relevant follow-up assessments and appropriate interventions. Residents who required medical or hospital interventions were supported to do so by staff and their families. Multidisciplinary team reviews had taken place annually and individual clinical reviews were conducted as requested and needed. All health documentation was maintained to a good standard.

Staff in the designated centre had received training to support residents with behaviours that challenge. Each resident that exhibited such behaviour had a behaviour support plan in place. These plans were subject to regular review.

It was evident that the residents all enjoyed full use of the house they lived in. Some rooms had recently received painting. The designated centre while meeting the current assessed needs of residents, required additional decoration. Some

hallway floors reflected wear and tear that required repair to make the surfaces good again. A number of blinds had panels missing.

The inspector reviewed specific notifications that had been made previously to HIQA. Incidents had been appropriately subject to preliminary screening and the designated officer had been informed. Safeguarding measures were still in place.The safeguarding action plans in place was subject to regular review.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and most were individually risk assessed. These restrictive practices were subject to regular review by the person in charge. It was noted that some restrictive practices had not been risk assessed. Similarly, while there was good documentary records of written communication to families regarding restrictive practices in place, not all practices were included in the communication. The registered provider had not ensured that some therapeutic interventions were therefore implemented without the informed consent of residents or their representatives.

Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas. Records of staff temperatures and visitors were maintained. The registered provider had recently undertaken and completed a comprehensive assessment and preparedness plan to combat an outbreak of COVID-19. All staff had undertaken training in breaking the chain of infection, hand hygiene, donning and doffing of PPE, as well as infection control prevention practices. Face masks were used by all staff.

The designated centre's risk register had also been recently updated. The register and the risks identified were specific to the designated centre. The risks identified were very comprehensive and detailed and included the threat to residents and the service posed by COVID-19.

The fire and safety systems in place were to a good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment was checked by staff on a monthly basis. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were reviewed for drills that had occurred in the last six months. Residents' names and staff names who had taken part were recorded accurately. Staff levels of six staff members by day and three staff members by night demonstrated that all residents could be safely evacuated. Quarterly inspection records reflected the servicing of emergency lighting. All bedroom doors allowed for the easy removal of beds from bedrooms if required.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to communal televisions and televisions in their bedrooms. Residents also had access to telephones within the designated

centre. Each residents communication passport was part of their overall individual care plan. Staff supported residents to have regular house meetings and all attendees were recorded. This forum was used to discuss the pandemic and its effect on residents, healthy eating options and general advocacy. While it was noted that many residents were not interested in the forum discussion, the facilitator amended discussion to topics relevant to residents, for example, the right to an individual bedroom. Easy-to-read versions, pictures and photographs as well as LAMH, were all utilised to assist communication. Data and files for some residents were kept in a communal dining area. The person in charge undertook to address the matter and to secure all residents personal information.

Residents informed the inspector that they enjoyed the variety of food in the centre. It was evident that there was food and snacks of choice accessible to residents. Each resident had adequate storage for their personal clothing and possessions.

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own clothes, as well as having adequate space to store personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation, however the allocation of an activities coordinator to the night duty roster was limiting residents' access to organised activities.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre while meeting the current assessed needs of residents, required some repairs. Some hallway flooring reflected wear and tear that required repair to make the surfaces good again. Some window blinds were missing strips or panels.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and that all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a residents' guide that was provided to all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place and risk control measures were proportionate to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and that the designated centre complied with

current COVID-19 guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the least restrictive manner and were subject to regular review, however some restrictive practices were not risk assessed for some residents. Communication to families did not always accurately reflect the entirety of the restrictive conditions applied. The registered provider had not ensured that some therapeutic interventions were therefore implemented without the informed consent of residents or their representatives.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and the skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that most resident's privacy and dignity was respected, however six residents continued to share bedrooms. Two residents stated that they did not mind sharing, however, neither resident said that they had been consulted in relating to sharing a bedroom. Greater attention was required to the safeguarding of residents' personal information that was not securely filed in a communal area.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 19 OSV-0005629

Inspection ID: MON-0030376

Date of inspection: 09/12/2021

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Staff allocation of the designated centre will be reviewed by the PIC / PPIM and the Allocation Manager. Meeting scheduled 9/2/2022 • Following a retirement and resignation two vacancies are be recruited. To be completed by 31/5/2022. • The activation staff was redeployed from regular activation position during a COVID outbreak onsite. This decision was made in conjunction with PIC / PPIM as a short-term measure to support the designated centre as an infection control measure between staff shifts. The Activation staff has returned to normal activation role within the designated centre. Completed on 4/1/2022.	
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 person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents, however mandatory required refresher training was needed for some staff. • The PIC has a training matrix in place for all staff training and will schedule training accordingly to ensure all staff have the necessary skills to support the residents. • The training matrix will be discussed at the PIC/PPIM's 1:1 meetings to ensure that the provider is meeting its obligations in the provision of mandatory and other training.	

• Due to COVID restrictions face to face training was paused. With reduced restrictions training will resume. The PIC has identified the following areas of training which need to be completed Fire Training: 7 staff in this designated centre: To be completed by 31/3/2022 Children's First: 4 staff in this designated centre: To be completed by 5/2/2022. Manual Handling: 11 staff in this designated centre: To be completed by 31/5/2022

Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • The activation staff was redeployed from regular activation position during a COVID outbreak onsite. This decision was made in conjunction with PIC / PPIM as a short-term measure to support the designated centre as an infection control measure between staff shifts. The Activation staff has returned to normal activation role within the designated centre. Completed on 4/1/2022.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The designated centre required the following works to be completed on the premises. • The hallway flooring was replaced. Completed on 13/1/2022 • Blinds will be quoted for the designated centre with some blinds will be replaced. To be completed 31/3/22.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The PIC has reviewed all restrictive practices within the designated centre. • Individual therapeutic interventions will be been reviewed and same discussed with	

residents family. Communication with family will reflect individaual updated restrictive practices. To be completed by 28/2/2022.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• To ensure residents privacy and dignity is respected and maintained the PIC has consulted with both residents regarding sharing a bedroom. Both residents agree with the arrangement of sharing a bedroom. Both residents' family members have also been consulted. This arrangement has been documented in both residents' care plan in relation to their consent and consultation to sharing a bedroom. Completed on 20/1/2022.
• To ensure safeguarding of residents' personal information the PIC has secured an area in the office which all staff can access to file out documentation. Completed on 13/1/2022.

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	04/01/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	04/01/2022
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	Substantially Compliant	Yellow	31/05/2022

	purpose and the size and layout of the designated centre.			
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	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	28/02/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or	Substantially Compliant	Yellow	28/02/2022

	environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	20/01/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	20/01/2022