



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

Issued by the Chief Inspector

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| Name of designated centre: | Cork City North 21 |
| Name of provider: | COPE Foundation |
| Address of centre: | Cork |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 15 December 2020 |
| Centre ID: | OSV-0005896 |
| Fieldwork ID: | MON-0030994 |

About the designated centre

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

This designated centre is a dormer bungalow located on the north side of a large city. The service is registered to provide full-time residential services to seven adults with intellectual disability. It is home to both male and female residents. The ground floor comprises of a diningroom and kitchen, a sitting room, a staff office, three bedrooms, a bathroom, a utility room and a porch. The first floor comprises of four bedrooms and a bathroom. Adjacent to the house and part of the designated centre is a large recreation room. The front and back gardens are surrounded by a large wall. The staff team comprises of nursing and care staff. The registered providers intent is to demolish this designated centre once all residents had transitioned to a new designated centre.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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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 |
|-----------------------------|-------------------------|--------------------|------|
| Tuesday 15 December 2020 | 09:00hrs to 16:30hrs | Michael O'Sullivan | Lead |

What residents told us and what inspectors observed

The inspector met and spoke with both residents. One resident used words to communicate and one did not. One resident outlined how they were happy to be able to go out to the local area after the lifting of some of the public health COVID-19 restrictions and they hoped to resume a less limited attendance at a day service to be able to meet their friends and staff. This resident said that they would previously have taken a bus to the city to attend their day service, five days a week. They now attended one day a week. This resident was aware of the requirement for increased attention to hand washing and were happy with the support that staff had given them in recent months. This resident had the direct support of staff and liked to spend time in their bedroom watching films. This resident had their own mobile phone and they spoke with their friends and the person in charge on a daily basis. This resident was anxious in regards to their mobile phone because they required credit and they were not able to leave the house to purchase new credit until a staff member and vehicle were available from another service. This resident was also in need of a new remote control for their television, which the maintenance department were attempting to address. As part of this residents daily activation, they undertook household chores which they stated they liked to do. The resident told the inspector that they had changed their mind about relocating to a new designated centre, they had informed the person in charge and their decision had been respected. The other resident also had limited access to a day service which they attended one day a week. Their attendance was curtailed due to the public health guidelines.

Capacity and capability

This designated centre had been renamed and registered as a smaller service in August 2019. This inspection was a follow up to the registration to determine if former areas on non compliance had been addressed. The registered provider had previously committed to the transfer of residents to a new designated centre and to demolish the existing premises.

Due to the COVID-19 pandemic and in adherence to infection control guidelines, this inspection was confined to timed and reduced contacts with staff and residents in the designated centre. The leadership, governance and management of the designated centre was observed and areas of non compliance previously noted on inspection in February 2019 had not been addressed. While staff were suitably qualified and experienced and residents were well cared for, direct staff support to residents was at a minimum. There was only one staff member allocated to the designated centre by day and one staff member rostered by night. The records of one resident reflected that they required two to one staffing support for some

activities.

Identified within the registered providers annual review and six monthly audits were some areas of non compliance associated with the designated centre and previous Health Information and Quality Authority (HIQA) inspections. These issues were appropriately actioned by the person in charge. Monthly audits undertaken included staff training records, team meetings and the updating of residents support plans. Attendees at team meetings were not recorded, however the person in charge was able to provide this information during the course of the inspection. The annual review of the quality and safety of the service in 2020 had been undertaken in December 2020 and the official report was awaited. The designated centre was not currently resourced to meet the assessed needs of residents and additional staff supports were required to ensure that the registered provider was in compliance with its own statement of purpose and its conditions of registration. The lack of fire doors in the designated centre is addressed under Regulation 28 Fire and Safety.

The person in charge was employed in a full-time capacity and had the necessary qualifications and experience to carry out this role. The person in charge demonstrated a good knowledge of both residents and their assessed needs and planned care. The person in charge had responsibility for three other designated centres and awaited the appointment of a clinical nurse manager in January 2021 to provide further support to the governance and management structure of this designated centre. The person in charge received direct supervision from the person participating in management. All other staff received supervision from the person in charge.

The registered provider had a training matrix detailing all staff training completed or to be undertaken. Staff had undertaken mandatory training regarding safeguarding vulnerable adults, fire and safety and managing behaviours that challenge. All staff had current safeguarding training in place. 33% of staff required refresher training in managing behaviours that challenge and 66% of staff required refresher training in fire and safety. Original training schedules had been impacted by the current pandemic and it was clear that new dates were booked for January 2021. Staff had also undertaken additional training to meet the assessed needs of residents. This training included courses on epilepsy, autism and medicines management. Lack of completed refresher training had been risk assessed and included on the registered providers risk register.

There was clear evidence that all complaints were clearly logged and addressed. Complaints were addressed by the person in charge whose name and contact details were on the communal notice board, in an easy-to-read format. The complaints procedure and the manner of appeal were also attached to the notice board. Staff on duty had a good understanding of the complaints procedure. The most recent complaints policy from the provider was in place and this included the introduction of recording if a complainant was satisfied with the outcome.

The person in charge had a directory of residents in place. This register was up-to-date and reflected the recent movement of four residents to another designated centre. All required information pertaining to the two remaining residents was

correct.

Both residents had current contracts of admission in place and each contract clearly outlined the terms and conditions applied to residency. One resident had signed their own contract while another residents had been signed by their representative.

The assessed needs and supports of residents required the levels of staff support outlined in the registered providers statement of purpose that had informed the designated centres registration. The support and services to residents on the day of inspection did not reflect those previously committed to by the registered provider. The person in charge and the person participating in management undertook a revision of the statement of purpose and submitted a revised statement to the inspector within three days of the inspection. This revision clearly outlined the provision of additional staff to meet residents assessed needs and to address fire and safety concerns in advance of any further transition of residents.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge who was employed in a full-time capacity and was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the number of staff was appropriate to the number and assessed needs of residents. There was only one staff member on duty on the day of inspection. The statement of purpose reflected that the designated centre was supported by two or three staff by day.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff training was up to date and all staff were properly supervised.

Judgment: Compliant

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| Regulation 19: Directory of residents |
| The registered provider had in place a directory of residents that was properly maintained. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| The registered provider had not ensured that the designated centre was resourced to meet the assessed needs of residents and provide care in accordance with its statement of purpose. |
| Judgment: Not compliant |
| Regulation 24: Admissions and contract for the provision of services |
| The registered provider ensured that each resident had a current contract of admission in place that clearly outlined residents terms and conditions of residency. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| The statement of purpose did not reflect the service in place on the day of inspection, particularly in relation to staffing and the assessed needs of residents relating to Schedule 1 requirements. |
| Judgment: Not compliant |
| Regulation 31: Notification of incidents |
| The person in charge ensured that the Chief Inspector was notified of all adverse incidents within 3 working days. |

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place which was accessible and in an easy to read format.

Judgment: Compliant

Quality and safety

The standard of care in the centre and the overall quality of the service being provided to support residents general welfare was not consistent with what the registered provider had stated in their statement of purpose. This in the main was due to the fact that four residents had moved to a new designated centre and the service was in a state of transition. Of the two remaining residents, one did not wish to transfer to the new designated centre and had been afforded additional time for the purposes of transitioning. The other remaining resident was awaiting the completion of building works to a separate designated centre that the registered provider had yet to apply for registration.

The designated centre was very quiet and residents appeared well engaged with the staff member on duty. The registered provider had in part fulfilled its plan to relocate residents to a new designated centre with the intent of demolishing the existing premises. The registered provider made known on the day of inspection that it proposed to use the premises for temporary accommodation for six other residents who resided in a property that required structural upgrading and renovation. There was no evidence of any assessment of these proposed residents relating to residents wishes and assessed needs. There was no evidence that appropriate measures were being taken to address the continued use of the designated centre and non compliance's, particularly in relation to longstanding fire and safety issues. Hallways on the ground and first floor were narrow and unsuited to residents with physical dependency and mobility needs. This did not impact on the two current residents but the services manager acknowledged that this would be an issue for some residents with mobility issues that they had planned to move into the designated centre.

The centre was warm, clean and reasonably well maintained. Some areas required deep cleaning particularly around and behind radiators. Some repairs had been made to the fabric of the building since the previous inspection and parts of the downstairs accommodation had been painted. Floor coverings were worn. Residents bedrooms were personalised with residents effects and the furnishings were in good condition. All four bedrooms recently vacated by residents required repair and

decoration. One large window on the ground floor was protected by plywood and the maintenance department were in the process of sourcing new glazing. A new external shed was also awaited.

All staff had undertaken recent training in particular to the prevention and spread of infection. This training was a powerpoint presentation given to the person in charge who then disseminated a hard copy of the presentation to staff. Staff had been assessed by a trained hand hygiene assessor and also watched a video presentation. There were no staff records in place to reflect staff training in the proper use of personal protective equipment (PPE) and the proper hand hygiene techniques to break the chain of infection, as recommended by current public health guidelines. All staff were observed to be wearing face masks when unable to adhere to social distancing. Residents, staff and visitors temperatures were checked and recorded daily. There were sufficient supplies of PPE gear evident in the designated centre. The person in charge had undertaken a self assessment in relation to the registered providers preparedness to deal with COVID-19.

Attendance at day services was limited to one day a week due to public health guidelines. Individual activities for both residents were limited by the minimum rostering of staff and the limited access to a vehicle that was shared with a new designated centre where residents had relocated on to the opposite side of the city. The overall general welfare and rights of residents were impacted where the focus of care was supervisory in nature and the emphasis on safety. The registered provider was requested to address residents access to education, occupation and hobbies in the ongoing absence of regular day services, staff supports and transportation.

There were no fire rated doors in the designated centre. This had been determined by the registered providers fire competent person in 2018. None of the doors in the designated centre had self closures. This matter was highlighted on the registered providers risk register but not addressed. The designated centre did have a fire alarm system and emergency lighting system that had been serviced in the current year. Fire extinguishers and fire blankets were also in place and had been recently serviced. Fire drill records demonstrated that both residents could be safely evacuated. Staff completed a daily fire check list and all exits were observed to be unobstructed on the day of inspection. The registered provider committed to the installation of fire doors in advance of any further resident transitions.

All resident files and care plans had been the subject of an annual multidisciplinary review. Staff were proactive in supporting residents to meet their agreed goals. Short and long term goals focused on the transition of residents to their new homes. Each resident had an up to date healthcare plan for the current year. Healthcare plans were subject to review and updates were clearly documented.

The provider ensured that residents were supported and facilitated to maintain good relationships with their families. The provider documented all family contacts. Information for residents was accessible and in an easy to read residents guide. Notices on display were also of an easy to read format and photographs and pictures were also utilised to assist communication. All communications to the

designated centre were clearly logged in communication notes. The registered provider had internet access in the staff office, however residents did not have access to Wifi.

The person in charge ensured that safeguarding measures were in place and that staff provided intimate care to residents in line with the residents' personal plan. Staff had been in receipt of safeguarding training and staff were booked to take part in refresher training. Restrictive practices in place in the centre had been notified to the Chief Inspector and were recorded in a restrictive practices log. All practices were subject to review by the person in charge. The registered provider had yet to put in place a defined structure for independent review. The registered providers oversight and rights committee had documented that a process would be put in place for the monitoring, reporting and auditing of rights restrictions.

A number of safeguarding plans were in place for the residents. Safeguarding plans were subject to review by the person in charge. These plans showed evidence that they had been subject to recent review.

Each resident also had an individual risk assessment in place. Each risk assessment was subject to regular audit. The risk register was up to date and included current risk assessments pertaining to COVID-19. Additional controls and the named responsible person for actions were not documented on the risk register.

All food was noted to be well prepared. There were sufficient food and drinks stored in the house on the day of inspection. There were stocks of fresh and frozen foods as well as dry goods. The kitchen was observed to be clean and repairs had been effected since the previous inspection.

Regulation 10: Communication

The registered provider ensured that each resident had access to television and telephones, however, residents did not have access to the internet.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The person in charge ensured that, as far as reasonably practical, each resident had access to and retains control of personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was not providing each resident with appropriate care and support. Access to facilities for occupation and recreation as well as opportunities to participate in activities in accordance with their interests, capacities and developmental needs remained limited. Residents inability to attend formalised day services or programmes required addressing to provide meaningful activities for residents.

Judgment: Not compliant

Regulation 17: Premises

The registered provider had not ensured that the premises was in a good state of repair and suitably decorated.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge ensured that there were adequate supplies of food and drink that was properly prepared, cooked and served.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents guide in place in relation to the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were arrangements in place for the identification, recording and investigation of, and learning from, serious incidents

involving residents, however, additional controls and the named responsible person for actions were not documented on the risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that all residents were protected from healthcare associated infections, however not all appropriate protective measures in relation to the current pandemic were in line with health protection surveillance guidelines. There were no records available to demonstrate that staff had undertaken relevant training in relation to hand washing and the correct use of PPE.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that there were effective fire safety systems in place but had not addressed issues pertaining to the building fabric and the containing of fires as there were no fire doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a personal plan that was subject to annual review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that each resident had in place an appropriate healthcare plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up-to-date knowledge and skills to manage behaviour that is challenging, however, the registered provider did not ensure that restrictive practices were applied in line with its own policy - the monitoring of restrictive practices was undertaken by the person in charge who had implemented the restrictive practice.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported regarding self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents had the freedom to exercise choice and control of their daily life and were impacted by limited staff supports.

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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Not compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Substantially compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Not compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Not 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 21 OSV-0005896

Inspection ID: MON-0030994

Date of inspection: 15/12/2020

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The SOP was amended and submitted on 22/12/20 to reflect the current service provided in the designated centre. The amended SOP reflects the updated staffing compliment to include an activation staff 7 days per week to meet the identified needs of the residents.</p> | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Staffing levels have been amended as per updated SOP. Two staff are now present by day to ensure the needs of the residents are met for all activities and that the centre is resourced appropriately. A CNM1 was identified however the appointment date was delayed due to Covid-19. This manager will commence in the post on 08/02/21.</p> | |
| Regulation 3: Statement of purpose | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of</p> | |

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| <p>purpose: A revised SOP was submitted to the authority on 22/12/20 clearly outlining the provision of additional staff and addressing fire and safety concerns.</p> | |
| Regulation 10: Communication | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 10: Communication: WIFI will be installed in the designated centre as part of an organisational broadband plan.</p> | |
| Regulation 13: General welfare and development | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: Additional staffing is now in place to facilitate opportunities for meaningful activities within the designated centre. Activities are selected on a daily basis based on residents' choice and preference. One resident is supported to engage remotely with his day service via Zoom during current restrictions. External activities are planned whilst factoring in current public health guidelines. A timetable for access to a shared vehicle was included as part of the revised SOP. Staff members will link with the day services to ensure that any identified goals of the resident can be progressed within the home if the resident so chooses.</p> | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Fire doors will be installed in the property. A deep clean of the property will be carried out once this has been completed. Four bedrooms that are currently vacant will be painted prior to being occupied by any other residents. New glazing has been sourced and will be installed when possible. The external shed will be sourced once restrictions are eased and suppliers reopen.</p> | |

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| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk register has been updated to include additional controls and named responsible person.</p> | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Training records for all staff in hand hygiene and appropriate PPE use will be stored onsite and be accessible for inspection. PIC will ensure records for any redeployed staff are obtained from their line manager.</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly fire drills continue and an updated fire plan has been developed, informed by drills carried out with reduced resident and staff numbers, to ensure a safe and timely evacuation. Fire doors will be installed in the premises prior to any new residents transitioning to the property.</p> | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> | |

The process for independent review of the rights restriction log is carried out by the Quality and Safety team during their 6 monthly audits and annual review of the designated centre. Any issues identified are highlighted to the PIC as part of their report. The Oversight and Rights Committee are currently finalizing plans for organisational oversight of rights restriction logs which is being piloted in a number of locations ahead of a wider rollout.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Adequate staffing is now in place as reflected in the updated SOP to ensure that residents have the necessary support to exercise choice in their daily life and activities. Residents forums are held monthly to promote self-advocacy.

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 10(3)(a) | The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet. | Substantially Compliant | Yellow | 30/04/2021 |
| Regulation 13(2)(a) | The registered provider shall provide the following for residents; access to facilities for occupation and recreation. | Not Compliant | Orange | 18/01/2021 |
| 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. | Not Compliant | Orange | 12/02/2021 |
| Regulation | The registered | Not Compliant | Orange | 12/02/2021 |

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| 13(2)(c) | provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes. | | | |
| 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 | 18/01/2021 |
| 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. | Not Compliant | Orange | 30/04/2021 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Not Compliant | Orange | 30/05/2021 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to | Not Compliant | Orange | 18/01/2021 |

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| | ensure the effective delivery of care and support in accordance with the statement of purpose. | | | |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 17/12/2020 |
| Regulation 27 | The registered provider shall ensure that residents who may 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. | Substantially Compliant | Yellow | 10/02/2021 |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and | Not Compliant | Orange | 30/04/2021 |

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| | building services. | | | |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 30/04/2021 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Not Compliant | Orange | 22/12/2020 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | Substantially Compliant | Yellow | 30/06/2021 |
| 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 | 18/01/2021 |