



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	28 October 2020
Centre ID:	OSV-0003295
Fieldwork ID:	MON-0030734

About the designated centre

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

The centre provided a home to 27 male and female residents and is based on a campus on the south side of Cork city. In addition to the centre, the campus also had sports fields and a large day service facility on site. All of the residents had high support needs, with most residents needing assistance with all activities of daily living including eating and personal care. Many residents also had complex healthcare needs including epilepsy and mobility problems. The centre consisted of two large interconnected bungalows. Bungalow one provided a home to 14 residents. There were four double bedrooms and six single bedrooms. This part of the centre also had a large bright foyer. There was a visitor's room and a large sitting room. There was also a kitchen area and a dining room, a shower room and a bathroom. Bungalow two provided a home to 11 full-time residents with two single bedrooms available for respite care. One of these bedrooms had been specifically modified for the use of one respite resident, who attended one night a week. This part of the centre had a kitchen area, a dining room and a large sitting room, a staff office, a staff changing area, a sensory room, a personal care / beauty room, two shower rooms, two toilets and a storage room. The staff team was comprised of nursing staff, care assistants and an activities coordinator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 28 October 2020	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with 20 of the residents during the course of the day of inspection. The majority of residents did not use words to communicate. The inspector met with the representatives of two residents and also reviewed 11 questionnaires that residents had been supported and assisted to complete. Staff were adhering to current public health guidelines and all activities for residents were observed to be campus based. All visitors were confined to outdoor visiting.

Residents indicated that they missed accessing the community due to COVID-19 restrictions. Many residents through their questionnaires reflected that they felt very well supported and cared for by staff and that they enjoyed living in the service. Residents and their families spoke very highly in relation to staff and acknowledged the efforts staff made to protect them in the current pandemic. Some residents acknowledged that they could eat meals where and when they wished. Residents did identify where areas of service could be improved. A number of residents wished to avail of more one to one supported activities both within the campus and the wider community. These wishes related to pre COVID-19 restrictions. Residents also wished to have additional food choices that provided for soup as well as greater access to treats. One activity that residents enjoyed was swimming and they felt they had very limited access to this, which was dependent on staff availability and the numbers of staff on duty that could drive a minibus.

Some residents enjoyed watching television and many had their own personal television in their bedroom. One resident was disappointed that a SMART television that they had purchased was underutilised due to the fact that the designated centre did not have access to Wifi.

Residents were happy that family members could come to the campus to visit but were not happy that visiting was taking place outdoors in the cold and rain. Some families expressed concerns on the length of time it took for the residents to access physical assessments from the providers occupational therapists and physiotherapists. Families were also concerned that one to one support and activation was limited.

The inspector met with some family members and listened to issues they had raised with the registered provider in relation to their relatives. The inspector informed these family members that issues pertaining to all residents had been raised with the person participating in management and a plan to address the issues were required as part of the registered providers response to the inspection.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of most residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well cared for. The focus of care was person centred however one to one supports to assist residents take part in activities of choice were limited. Residents who required specialised physical assessments were subject to lengthy internal waiting lists. The approval mechanism to sign off on essential repairs to equipment that both residents and staff depended on, led to significant delays.

The registered provider had in place a team of care staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents said that they felt safe and well supported by staff in general and during the pandemic. Residents did not have access to day services in line with public health guidelines. The person employed in an activation coordinator role within the designated centre was confined to working within a pod of staff at certain times of the week. Sometimes this person was allocated to duties that did not involve residents activities, if there were staff shortages. Based on the clinical presentations of residents and the high physical and manual handling needs of most residents, the opportunity for residents to take part in meaningful activities remained limited. The inspector noted that the number of staff involved in activation was not appropriate to the assessed needs of residents. The staffing resources currently available to the designated centre were discussed with the person in charge and person participating in management during the inspection feedback meeting, as the lack of activation was a matter of concern highlighted by residents and their families.

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 matrix records of 44 staff were reviewed. 33% of staff required refresher training in fire and safety. 23% of staff needed current training in the management and prevention of aggression while all staff had current training in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents with conditions such as epilepsy and dementia.

Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified. Areas were actioned and completed by the person in charge and the clinical nurse manager on site. The inspector reviewed records of staff meetings, advocacy group meetings and family forum meetings. A recurring theme in records related to the lack of community access and residents activation in general. These matters were highlighted prior to the onset of the COVID-19 pandemic. As a resource issue, these matters remained unresolved. Repairs to essential equipment was dependent on sign off from structures outside of the designated centre. This led to ongoing delays and the

sharing of hoists between residents. This matter is dealt with under Regulation 17 Premises.

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 and resubmitted to support the registered providers application to renew registration. The directory of residents was well maintained and all relevant information was current.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up to date. Complainants were responded to by managers throughout the registered providers governance structure, however the response did not always address the complaint made. This is addressed under a judgement in relation to Regulation 6 Healthcare. 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. All complaints had the satisfaction of the complainant noted.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within 3 working days of the adverse incident occurring in the centre.

The registered provider had ensured that the application to renew registration of the designated centre had been made to the Chief Inspector in a timely manner, however, documentation was only submitted after a number of requests from the Health Information and Quality Authority (HIQA) to comply with Schedule 1 and 2 requirements.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted all necessary document to the Chief Inspector to support the application to renew registration, however documentation was only submitted after a number of requests from HIQA to comply with Schedule 1 and 2 requirements.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured that a suitably qualified and experienced

person in charge was employed in a full-time capacity.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of most residents, however access to one to one supports for preferred activities was limited.

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 refresher training was required by staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents in accordance with Schedule 3 requirements.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place insurance against injury to residents and property.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider ensured that there were resources in place to provide good care to residents, the necessary supports to provide a meaningful day and activities for residents were limited to one activities coordinator.

Judgment: Substantially 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 available in an easy to read format.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere. There had been a marked improvement in the state of repair of the designated centre since the previous inspections and internal works and decoration had taken place. The opportunity for residents to attend day services and activation had been greatly reduced and measures to replace these

activities within the designated centre were limited.

The support of residents' rights was less evident than on the previous inspection. All residents were confined to limited activities planned within their own home. Residents had no access to their day services on campus in line with the public health guidelines. The role of the activities coordinator within the designated centre was restricted due to the separation of staff groups across the working week to protect staff resources. The activity coordinator role was used to address gaps in the overall staff roster. The registered provider did not offer any additional support to residents and the resources that were available were limited to one coordinator. The registered provider did not have sufficient staff resources to offer residents choice in preferred activities.

Residents had defined goals that were subject to a monthly review by a designated key worker. Each annual review of plans incorporated the input from the resident, their key worker, families and the multidisciplinary team. 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 residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. A sample of four residents files were reviewed by the inspector. All of the residents had a significant physical disability that required current assessment by an occupational therapist. In one instance, a residents family had consented to the provision of a specialised wheelchair that could contribute to significant pain reduction and improve their family members quality of life. The equipment could not be ordered in advance of a physical assessment by the registered providers occupational therapist. The resident had been waiting eight months for the assessment. No alternative arrangement for assessment had been offered to the resident. The three other residents were awaiting a physical assessment for the same period of time. Both family members and staff had been advocating on behalf of the residents, to senior management.

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 all were individually risk assessed. The risk assessments were very clear and outlined the rational and supports afforded to residents. All restrictive practices had been subject to review by the clinical nurse manager on site. The registered provider had a draft restrictive practices policy which was awaiting sign off.

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 checked by staff on a monthly basis. Not all staff had up to date fire and safety training as previously described under Regulation 16. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were clearly recorded. Residents names and staff names who had taken part were recorded separately.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to communal televisions. Residents also had access to telephones within the designated centre. Each residents communication passport was part of their overall individual care plan. There was easy to read information and notices throughout the designated centre. Residents requested access to the internet to facilitate the watching of preferred movies on televisions that they had purchased themselves. This was a matter that the person in charge was pursuing.

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. Staff were split into separate rota's to ensure continuity of care. Staff recorded and maintained a record of residents, staff and visitors temperatures. The person in charge had completed a self assessment questionnaire to determine the readiness of the service to deal with an outbreak of COVID-19. There had been no confirmed cases of COVID-19 to date in the designated centre. Improvements to address possible identified shortcomings were risk assessed and included in the registered providers risk register. The designed centres risk register had also been recently updated.

Residents informed the inspector that they enjoyed the food in the designated centre. Some residents felt that there should be more food and treats of choice available to residents. Staff were observed to be very vigilant in relation to the risks posed by food to some residents and a high level of support was given to residents when eating. Each resident had adequate storage for their personal clothing and possessions.

Residents, their families and staff were not happy with the restrictions in place for visitors. Visits were taking place out in the open in severe weather conditions. Local management undertook to implement a more compassionate response to facilitating visits in compliance with current public health guidelines. After further risk assessments, indoor visiting in an adjacent premises commenced the day after the inspection.

The registered provider had undertaken a programme of works to upgrade the designated centre. It was now easier for residents to access outside garden areas and there was additional space provided internally for the use of all residents now that an indoor garden had been removed. There were enhanced communal areas as well as private areas for residents to spend time alone with an activity of choice, to watch movies or listen to music.

Regulation 10: Communication

The registered provider ensured that residents were assisted and supported to communicate, however, residents had no access to the internet.

Judgment: Substantially compliant

Regulation 11: Visits

The registered provider was facilitating visits in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and control over their own possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care, however, supports to residents did not take account of residents wishes or assessed needs especially for recreation and activation.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured that the premises was properly maintained, however, the process to effect repairs to hoists and lifting equipment was protracted.

Judgment: Substantially compliant

Regulation 18: Food and nutrition
Food prepared in the designated centre was wholesome and nutritious, however residents expressed a wish for greater choice at mealtimes and access to dietary items of preference.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
The registered providers risk register was current and reflected regular review of risks to residents, including the current pandemic.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that all residents were safeguarded from the risk of healthcare associated infections including COVID-19.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider ensured that there was effective fire safety management systems in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge ensured that each resident had in place a personal care plan that was subject to regular review.
Judgment: Compliant

Regulation 6: Health care

The registered provider had appropriate healthcare plans in place for residents, however, residents were waiting for periods of six to eight months to have physical assessments for equipment that was required to meet their assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge ensured that therapeutic interventions were reviewed as part of the personal planning process.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that all residents were assisted and supported to protect them from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each residents privacy and dignity was respected, however, the registered provider was not ensuring that residents had the freedom to exercise control and choice over their daily life.

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	Substantially compliant
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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
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	Substantially 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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City South 2 OSV-0003295

Inspection ID: MON-0030734

Date of inspection: 28/10/2020

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: SOP and residents guide submitted on the 06/11/2020. In future residents guide to be submitted prior to inspections.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A Review of staffing is underway with the PPIM, PIC and Allocations Manager. An additional full time staff member will be allocated to the activation team once recruitment of staff members for maternity leaves cover is completed.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Onsite fire training and manual handling to be arranged by the 28th of Feb 2021. PBS	

training throughout the year. 4 staff approximately per month receiving PBS training	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>It has been identified that another activation staff would be beneficial to supporting residents to complete meaningful activities. Through a review of current staff allocations an additional activation role will be created from current staffing compliment once a number of temporary leave vacancies are filled.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>WIFI is to be rolled out across the organization in 2021.</p> <p>It has been confirmed with the IT manager that WIFI for Cork City South 2 will be installed during quarter 2 of 2021.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>It has been identified that another activation staff would be beneficial in supporting residents to complete meaningful activities. Through a review of current staff allocations an additional activation role will be created from current staffing compliment once a number of temporary leave vacancies are filled.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All hoists have been serviced and repaired on the 06th of December 2020. Furthermore, 2 new hoists have also been ordered.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: More personal food items will continue to be bought in the weekly shopping. Kitchen staff will ensure adequate choices are given throughout the day. 2 choices from the main kitchen are provided Monday to Friday. At weekends 2 choices are provided by staff. Other choices for residents are available onsite throughout the week including take away meals as per resident's preference.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: MDT physical assessments have begun post restrictions. Four assessments took place on the 01st of December 2020.</p> <p>Meeting held on the 12th of October 2020</p> <p>Agreed improvements:</p> <ol style="list-style-type: none"> 1. Before the MDT annual review, the list of people to be discussed is looked at by the PIC and his/her team. 2. A "traffic light" system will be used to colour code individuals for discussion; i.e. <ul style="list-style-type: none"> - Green for people where their needs have not changed - Amber for people where their needs have slightly changed/moderate concerns. - Red for people where their needs have significantly changed and require more in-depth discussion. <ul style="list-style-type: none"> • The "traffic light" list is then shared with the multi-d team in advance, so they can focus specifically on the people highlighted as "red" and be prepared. • At the MDT annual review, the people highlighted as "green" or "amber" will be discussed in a time bound manner. The people highlighted as "red" will be given more time for an in-depth discussion and action plan. • Agreements can be made on the day of the MDT annual Review around further actions; 	

e.g CASS referral for MDT Meetings or individual discipline referrals.

- In an effort to be more efficient with paperwork and save the PIC time , CASS referrals will be completed on the day of the MDT annual review by the team and processed.
- Further discussion is needed around the inclusion of people we support at the MDT annual review. It was suggested that we speak with people before the MDT annual review and ask if the person would like anything highlighted in particular.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 It has been identified that another activation staff would be beneficial to supporting resident’s rights to complete meaningful activities. Through a review of current staff allocations an additional activation role will be created from current staffing compliment once a number of temporary leave vacancies are filled.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	06/11/2020
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	30/06/2021
Regulation 13(1)	The registered provider shall provide each	Substantially Compliant	Yellow	29/03/2021

	resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.			
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	29/03/2021
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.	Substantially Compliant	Yellow	29/03/2021
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.	Substantially Compliant	Yellow	29/03/2021

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(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	06/12/2020
Regulation 18(2)(c)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which offers choice at mealtimes.	Substantially Compliant	Yellow	01/12/2020
Regulation 18(2)(d)	The person in charge shall ensure that each resident is	Substantially Compliant	Yellow	01/12/2020

	provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	29/03/2021
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/01/2021
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	29/03/2021