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 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	17 September 2020
Centre ID:	OSV-0003698
Fieldwork ID:	MON-0029985

About the designated centre

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

The designated centre comprised four purpose-built units in a campus setting on the outskirts of Cork city. The service provides full-time residential care to adult males and females with all of intellectual disability and / or autism. Three units were located close to each other and the fourth was located within the wider campus. The units situated close to each other had a kitchen, a living room, separate laundry facilities and single bedrooms. These units had more than one communal area and some had visiting rooms. In addition, one of these units contained a single occupancy apartment comprising a sitting room with dining facilities, kitchen, bedroom and bathroom. The remaining unit was a single occupancy apartment located within the wider campus and this contained a kitchen, dining and sitting room area, a bedroom and bathroom. The staff team consisted of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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 - 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
Thursday 17 September 2020	09:30hrs to 17:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector visited one house in this designated centre during the inspection and spoke with all five residents. One resident was a verbal communicator and agreed to meet with the inspector in an activity room. The 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. They were aware of the requirement for increased attention to hand washing and were happy with the support staff had given them in recent months. They stated that they had recommenced home visits with their family and they got to meet their dog. This resident liked to spend time in the day centre and mainly applied themselves to writing, making cards and mosaics, colouring and listening to music. This resident hoped to attend a concert of their favorite band in the coming year. This resident was planning a birthday party with staff support. The resident did express their continued wish to live in a smaller unit with one other resident and staff support. This resident hoped that this may provide the opportunity for them to also have their dog live with them. This resident said that they would seek staff support and assistance if they were frightened or bothered by anything. This resident said that they attended a psychologist on a weekly basis and enjoyed the psychology session. This resident indicated that none of their peer residents could have a conversation with them so the only people they could converse with were staff members. This resident also indicated that they liked the food in their house and they could ask staff for food at anytime.

The inspector observed that activation staff had been withdrawn from individual houses and relocated to a nearby day centre. Some residents did attend the day centre, however the majority of activities documented for residents were campus based and were predominantly walks, relaxation and watching television. Some residents were observed to spend long periods of the day sitting in front of a television.

Capacity and capability

Due to the COVID-19 pandemic and in adherence to infection control guidelines, this inspection was confined to one unit in the designated centre. The effective leadership, governance and management of the designated centre was impacted by the number of other designated centres that the person in charge had responsibility for. Staff were suitably qualified and experienced and residents were well cared for. There were however significant gaps in the staff roster which meant that staff support to residents was limited. The withdrawal of activities staff from each house contributed greatly to this limitation of support.

The purpose of the inspection was to inform a registration decision. All necessary

renewal documentation had been submitted to the Health Information and Quality Authority (HIQA) in a timely manner. The statement of purpose required some minor alteration and additional information. This was addressed by the person in charge, on the day of inspection.

The person in charge was employed in a full-time capacity and had the necessary qualifications and experience to discharge the role. The person in charge demonstrated good knowledge of all residents and their assessed needs and planned care. The person in charge had responsibility for two other designated centres. As a consequence, operational management and daily supervision of services was not always possible and was delegated to a person in charge from another designated centre. A new person in charge had been identified by the registered provider and their appointment was being processed. This is discussed and a judgement provided under Regulation 23 Governance and Management.

There were gaps in staff levels across all four houses in the designated centre. Current rosters reflected a lot of staff movement which made it difficult to plan and provide consistency in the delivery of care to residents. 16% of the overall staff total as per the registered providers statement of purpose, were on maternity leave or long term sick leave. The person in charge had confirmation of the new appointment of two staff nurses and the return of one care assistant by the end of September 2020. Activation staff specifically attached to each house had been withdrawn by the registered provider to staff a day service that only some of the residents attended.

The designated centre had a clearly defined management structure in place.There was frequent reliance on a person in charge of another designated centre to support the delivery of services. Identified within the registered providers annual review were highlighted concerns relating to the provision of a quality and safe service due to the number of designated centres that the person in charge had responsibility for. Regular staff meetings were not taking place and staff performance reviews were also not taking place. Support available to residents was not in accordance with the statement of purpose as the number of staff on leave and the relocation of dedicated activities staff did not ensure that the services delivered were appropriate to residents' needs. The registered provider had recruited and filled a clinical nurse manager vacancy since the previous inspection. The filling of the clinical nurse manager post and the proposed appointment of a person in charge, specific to the designated centre, was to improve overall governance and supervision.

The registered provider had a training matrix detailing all staff training completed or to be undertaken. 11% of staff required refresher training in managing behaviours that challenge and in the safeguarding of residents. Some of these staff members had been unable to avail of training due to being on maternity leave or sick leave. 48% of staff required refresher training in fire and safety. This training delivery had been impacted by COVID-19 restrictions. There was evidence that the person in charge had all staff booked on fire and safety training to be completed before the current year end. In the interim, staff had undertaken online training. Staff met with on the day of inspection had not had formal performance reviews or supervision.

There was clear evidence that all complaints were clearly logged and addressed. The records demonstrated both complaints by family members as well as staff members advocating on behave of residents. 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 attached to the notice board. The registered provider had revised the complaints form since the previous inspection and the newest version was in use. The complaints record now included a section to record the complainants satisfaction with the outcome of the complaints process. Staff on duty had a good understanding of the complaints procedure.

There were no volunteers attached to the designated centre on the day of inspection. Since the previous inspection, documentary evidence was available that all volunteers had been the subject of vetting and recorded disclosures from the National Vetting Bureau were filed on site.

As part of the application to renew registration process, the registered provider had documentary evidence demonstrating that contracts of insurance were in place which covered injury to residents and property damage.

Registration Regulation 5: Application for registration or renewal of registration

All required documentation had been provided to the office of the Chief Inspector supporting the application to renew registration process.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in a full time capacity. The person had the necessary skills, experience and qualifications to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number, qualifications and skill mix of staff was appropriate to the numbers and assessed needs of the residents and the statement of purpose. Rosters indicated the movement of staff between houses

and there were gaps due to staff leave.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had appropriate refresher training particularly in the area of fire and safety. Mandatory training for some staff was out of date.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had evidence of current insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider failed to ensure that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose, the performance management of staff and the effective monitoring of the service provided.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose containing all necessary Schedule 1 information.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers had a written description of their role and responsibility and had been subject to the national vetting process.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had provided the Chief Inspector with all notifications in writing of incidents arising in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Quality and safety

While the standard of care in the centre was generally good, the overall quality of the service being provided to support residents general welfare and rights required improvement. The registered provider did not demonstrate an understanding of the level of need within the designated centre to inform the effective planning and allocation of resources that ensured the provision of a person centred, safe and effective service to all residents. Appropriate measures were not taken to address previously identified regulatory breaches particularly relating to residents wishes and assessed needs.

The centre was warm, clean and well maintained. The designated centre was significantly cleaner than the previous inspection. There was sufficient communal space for residents both inside and outside the designated centre. Each bedrooms was personalised with residents effects and the furnishings were in good condition. Some minor floor repairs and painting had been requisitioned and awaited a

timetable from the maintenance department.

All staff had undertaken recent training in particular to the prevention and spread of infection. Staff had records in place to reflect training in the proper use of personal protective equipment (PPE) and the proper hand hygiene techniques to break the chain of infection. 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 improvement on overall cleanliness and infection prevention since the previous inspection was noted.

Many residents had recorded daily activities which were short in duration and singular for the day in question e.g. went for a walk or watched television. Despite the lifting of restrictions in line with the COVID-19 pandemic, the majority of residents activation was campus based. Attendance at the day centre was ad-hoc and influenced by the numbers of staff on duty in each house. Staff members who had previously been attached to each house and had applied a dedicated activation service to residents had been withdrawn by the registered provider. Residents had little opportunity to exercise choice in their daily activities and participate in decisions about their care and support. Some residents had staff allocated to them on a 1:1 basis. This was primarily to promote safety and had worked well as a safeguarding measure. However, this significantly limited staff interactions with other residents and made the planning and delivery of meaningful activities difficult. The general welfare of residents was impacted where the focus of care was supervisory in nature and the emphasis on safety.

There was evidence that personal plans were not assessed in an effective manner. Changes in circumstances and new developments for residents were not taken into account or reflected in resident plans. While goals were recorded, not all outcomes were recorded in some resident's plans. One resident had a clear and stated goal of wishing to live in a smaller unit with staff support. While areas of independent living skills and community inclusion were clearly documented to demonstrate the support by staff to the resident, there were no indicators of a plan to address the goal of where the resident wished to live. Goals were limited and at times confined to the campus the resident lived on. This matter had been escalated to management on a number of occasions. All resident files reviewed had been the subject of an annual multidisciplinary review.

Each resident had an up to date healthcare plan and had been the subject of an annual OK Healthcheck. Healthcare plans were subject to review and updates were clearly documented, however, these plans required further development. For example, one residents healthcare notes indicated a recent diagnosis pertaining to a health issue that the resident said bothered them. The current healthcare plan did not evidence the involvement of the resident, whose awareness in relation to managing the condition was necessary.

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. Notices were in place on the walls of the centre, which included easy to read formats on the definition of abuse and how to make a complaint or raise a concern. A number of safeguarding plans were in place for residents. These plans were also in an easy to read format.

Residents had a comprehensive positive behaviour plan in place. These plans however, did not have evidence to suggest they had been subject to review and there were no indications as to what measures were working. Each resident also had an individual risk assessment in place. Each risk assessment was subject to regular audit.

The person in charge had undertaken significant work in relation to the designated centres risk register and risk assessments since the previous inspection. The register was up to date and included current risk assessments pertaining to COVID-19, staff shortages and governance concerns relating to the management of the designated centre. Additional controls and the named responsible person for actions were clearly documented.

Restrictive practices in place in the centre had been notified to the Chief Inspector and were recorded in a restrictive practices log.

All food was prepared and distributed from a central kitchen on the campus. There were sufficient food and drinks stored in the house on the day of inspection. One resident stated that they enjoyed the food and food was available when they requested it. There was evidence that staff had complained to the catering department on behalf of residents in relation to food choices and food quality and that the matter was resolved promptly.

Medicines were stored securely in a medication trolley. All prescriptions were clearly documented and subject to review by the residents general practitioner. All medicines dispensed were clearly and accurately recorded.

The person in charge provided evidence of fire drills that accurately recorded the number of residents and staff involved, the time to evacuate the premises and whether there were any difficulties during the evacuation. All fire fighting and detection systems had been serviced by a suitably qualified person in the current year. Emergency lighting systems were also subject to servicing. There was evidence that staff conducted daily and weekly fire checks. All residents had a current personal emergency evacuation plan in place.

The provider ensured that residents were supported and facilitated to maintain good relationships with their families and friends including extended family members. The provider documented family contacts and it was evident as staff spoke of individual planning around family schedules to facilitate home visits. 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.

Regulation 13: General welfare and development

It was evident that residents were in receipt of appropriate care, however the registered provider failed to provide supports to assist residents to access facilities for occupation, recreation and opportunities to participate in activities that interested them.

Judgment: Not compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the needs of residents, however, some areas required painting and repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents had adequate supplies of food and drink that was properly prepared.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider ensured that residents had access to a residents guide and information in an easy to read format.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to ensure that each resident had a current risk assessment in place and the designated centre had a current risk register.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents at risk of healthcare infections were protected by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had effective fire safety systems in place to protect residents from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While each resident had a personal plan in place, plans did not always reflect a change in circumstance. Many goals were simply carried forward from the previous year.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had appropriate healthcare for each resident, however,

residents healthcare plans required further development in line with their personal plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider did not ensure that all positive behaviour support plans were subject to review, nor was every effort made to alleviate the cause of resident's challenging behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents were supported to exercise choice and control over their daily life.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not 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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 4 OSV-0003698

Inspection ID: MON-0029985

Date of inspection: 17/09/2020

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A new care assistant and a staff nurse have commenced in the designated centre since the date of inspection. • 2 additional relief staff have been allocated to the centre to cover staff leave. • Recruitment is currently underway for staff for the day centre to ensure that house activation staff are full-time in that post. Estimated date for completion - 31/01/21.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • An online Safeguarding course is now being rolled out and all staff currently attending work will have completed same by 06/12/20. • Fire training is on-going with all staff scheduled to complete same by 31/01/21. • A proposed plan for recommencement of MAPA training in line with Covid-19 guidelines is currently under review. Once this has been established all staff with outstanding training needs will be booked in. • For any staff members returning from an absence, a training plan will be created with the PIC on their return.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• A new PIC commenced in CCN4 on 14/10/20.
• Staff meetings have been scheduled with smaller groups in line with Covid-19 control measures week commencing 09/11/20. These will continue at regular intervals. The agenda will be sent to all staff in advance to add items to same ahead of the meetings to ensure consistency across staff groups.
• A schedule for Performance Management has been put in place with all PM meetings due for completion by 31/01/21.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• There is a plan to restructure the current activation timetable within CCN4 to ensure that all residents have regular scheduled access to the day centre if they so wish. Interviews are scheduled for a senior supervisor to co-ordinate the activation team. Est. date for completion - 14/01/21.
• Resident's goals will be amended to reflect current restrictions and PIC will promote positive risk taking based on individual risk assessments for external activities once current restrictions are reduced. Est. date for completion - 04/12/20.
• Total communication training will be carried out to ensure that staff are equipped to support residents who are non-verbal communicators in exercising choice.
Est. date for completion – 14/01/21.
• Local Advocacy champions will re-engage with keyworkers to support staff in maximising opportunities for the residents to exercise choice and engaging residents in decisions about their care. Est. date for completion – 05/12/20.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• All painting works outlined in the schedule for same were completed by 20/10/20.
• Floor repairs were completed by 06/11/20.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• A review and audit of all personal plans will be carried out by 06/12/20.
• Keyworkers will be provided with training in goal setting and associated documentation. Several dates to be scheduled with a planned completion date of 27/01/21.
• Management team will receive training in person centred planning – Management will support keyworkers to ensure regular reviews of documentation and will link this with performance management goals of staff. Est. date for completion – 19/02/21.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Easy to read healthcare information will be made available and used to address and discuss healthcare needs with the resident during keyworker meetings as appropriate. This will commence 16/11/20.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• A meeting is scheduled on 09/11/20 with representatives from PBS team, Quality Team and Senior management team to discuss a methodology that will log interventions and ensure reflective learning on same for use across the organization. Once an effective system has been agreed then this will be rolled out in CCN4. Est. date for completion 31/12/20

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • There is a plan to support the resident who wishes to live in her own home to do so in the coming months. Monthly updates regarding same are being submitted to notify the authority of progress. Est. date for completion - 26/03/21.	

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.	Not Compliant	Orange	14/01/2021
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	04/12/2020
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with	Not Compliant	Orange	14/01/2021

	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.	Substantially Compliant	Yellow	31/01/2021
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	31/01/2021
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.	Substantially Compliant	Yellow	06/11/2020
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	Not Compliant	Orange	31/01/2021

	the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/01/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	31/01/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Substantially Compliant	Yellow	27/01/2021

	the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	19/02/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	16/11/2020
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	31/12/2020
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under	Substantially Compliant	Yellow	31/12/2020

	this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	26/03/2021
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.	Not Compliant	Orange	26/03/2021