



Office of the Chief Inspector

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

Name of designated centre:	Cork City North 15
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0005395
Fieldwork ID:	MON-0021358

About the designated centre

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

Cork City North 15 is comprised of 3 purpose-built bungalows which are located within a secure campus setting adjacent to another designated centre and a day activation centre on the outskirts of cork city. The designated centre can provide full residential care for up to 18 adult residents. Each bungalow comprises of six individual bedrooms, kitchen, dining and sitting room, music room, laundry and linen room. Each bungalow also has two shared bathrooms and an additional toilet for residents to use. There is a connecting corridor between two bungalows where a staff office and facilities are located; the third bungalow also has staff facilities. The centre supports residents with mild, moderate and severe/profound levels of intellectual disability with many residents presenting with additional complex needs and behaviours that challenge. Residents are supported by a staff team that comprises of both nursing and social care staff by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
23 July 2019	08:30hrs to 17:30hrs	Elaine McKeown	Lead
23 July 2019	08:30hrs to 17:30hrs	Anna Delany	Support

Views of people who use the service

On the day of the inspection, inspectors met with eight residents. These residents used a mixture of verbal and non-verbal communication methods. As a result, the inspectors engaged with the residents in a number of ways. For example, one resident spoke with the inspectors, other residents used gestures to indicate their feelings. All residents were observed in their environments and in their interactions with staff.

One resident told inspectors what they liked to do when they were at home with their family and how they enjoyed music. The resident also showed and talked to inspectors about some personal items which they cherished. Other residents' acknowledged the inspectors presence with a handshake or a gesture. Staff members were also seen to engage with residents present in a positive, respectful and warm manner throughout the inspection.

The views of some family members were documented by the provider and these were mostly positive, with some residents now experiencing different and new activities with peers and staff. However, other family members did express a view that they would like their relatives involved in more activities.

One resident was availing of an extended time at home with their family at the time of the inspection. Three residents had left the designated centre for a planned day trip to a local wildlife park with staff when inspectors visited the houses.

Staff outlined how some residents were being supported through a difficult time with the recent loss of a peer in their house.

Capacity and capability

The provider was making efforts to ensure that the needs of the current residents were met and that they were provided with a good quality of life. It was noted though that the compliance levels found during the inspection indicated that improvement was required in relation to the governance and management of the designated centre.

The role of the person in charge was full time. The required notifications had been submitted to the Health Information Quality Authority (HIQA) of the planned extended absence of the person in charge for this designated centre. The inspectors met with the acting person in charge on the day of the inspection who also has remit over another designated centre located on the same campus. This person was

very knowledgeable about the residents' needs and supports. They spoke confidently about their role and responsibilities and the management systems in place to ensure safe and appropriate care was being provided to all residents. The inspectors also met with the social care team leader for the designated centre who demonstrated very good knowledge of the residents and their support needs. This person was also supporting the person in charge in the administrative functions of the designated centre. During the inspection the inspectors were informed by the person participating in management that the social care team leader and the acting person in charge would be moving to other roles within the organisation but the provider had not yet identified suitably qualified staff to take up these positions for this designated centre.

On the day of the inspection there was evidence of good continuity of care for residents and also a good staff mix in order to meet the needs of the current residents. Inspectors spoke to and observed staff on the day of inspection and noted that they had a good knowledge of the residents needs. However, while the number, qualifications and skill mix of staff was appropriate most of the time, inspectors were not assured that there was sufficient relief staff available to cover unexpected leave.

Staff told inspectors that a lack of access to vehicles impacted the residents' ability to access the community and partake in daily activities of their choosing. Inspectors were informed that, for a time shortly before the inspection, a staff member from the designated centre was assigned to work for a number of hours outside of the designated centre every day. Staff noted that this had impacted on residents' ability to take part in activities. While this situation had been resolved before the inspection, this meant that for a time the centre was not adequately resourced to ensure effective delivery of care and support.

Records showed that all available staff had up-to-date training in management of behaviour that is challenging. However, records also showed that a number of staff did not have up-to-date training in safeguarding and fire safety, which may impact on their ability to care for residents. Of note, the person in charge outlined how staff were being supported to review and refresh their knowledge on the provider's policies by identifying a "policy of the week" that staff were requested to read. This had been in place for the previous 12 weeks and staff indicated to the inspectors that this was a beneficial way of raising their awareness of current policies.

Inspectors examined a sample of the contracts for the provision of services for residents. Most of the requirements of the contracts were in place. One contract was not dated. One contract referred to the name of a different centre. In addition, inspectors noted that the fees to be charged in respect of services were not outlined in all contracts. The Person in Charge noted that details of these fees were held elsewhere. There had been no admissions the centre since the last inspection. However, the centre's Admission, Transfer and Discharge policy was over due for review. While the policy outlined detailed steps that would be taken in the case of a planned admission, it did not outline how this would be met in the case of an emergency admission. Additionally, the provision for the protection of residents

from abuse by their peers in the cases of emergency admission was not outlined.

There had been a large number of notifications relating to peer to peer incidents submitted to the Chief Inspector of Social Services in the previous year. While notifications submitted were found to be in-line with the regulatory requirements; the extent of peer to peer incidents were reviewed by the inspectors during this inspection. There was evidence that staff were adhering to safeguarding plans that were in place. In recent weeks the number of notifications had reduced. The reasons for this reduction were outlined by staff; one resident had appeared to become more receptive to staff support and was becoming more confident in exploring new activities which has reduced the number of incidents they have been involved in and also the resident who recently passed away had been involved in some of the notifications submitted.

While there was a complaint's procedure in place in the centre, inspectors were not assured that the registered provider maintained oversight of complaints. From reviewing the complaint forms and speaking to staff, inspectors could ascertain that complaints were properly investigated by staff in the centre. Staff recorded details of the measures required for improvement in response to the complaint. Where the measures were completed this was recorded in the complaints form and outstanding measures were also outlined. There was no record that the complainant was informed promptly of the outcome of his or her complaint, however staff noted that this occurred on an informal basis. There was no record of whether residents who made complaints were satisfied with the responses. Staff in the centre told inspectors that they sent copies of the completed complaint forms to the nominated person. While staff told inspectors that the nominated person recently acknowledged receipt of complaints, there was no evidence that the registered provider reviewed the complaints. There was evidence that staff in the designated centre supported residents in making choices and exercising control in their daily lives, there was no documented evidence that the registered provider had reviewed and responded to an individual complaint made by a resident. This resident told inspectors on the day of inspection that he did not like living in the house he was currently living in, this was also evident in the complaint made by the resident and reviewed by inspectors during the inspection. While there was space to move the resident within the designated centre to another house of his choice, there was no evidence that such a move had been considered by the registered provider.

Regulation 14: Persons in charge

The role of the person in charge was full time and at the time of inspection the person was responsible for another centre and was providing effective governance

and administration of this designated centre with the assistance of the social care leader in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors saw the planned and actual staff rota for the centre. It was evident from the planned and actual rotas that residents received continuity of care. In addition, inspectors spoke to a number of staff members who had been working the centre for a number of years. Due to the assessed needs of the residents, the staff of the centre included nursing staff. However, the number of available staff to cover unexpected leave was limited.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Hand hygiene training had recently been rolled out and records showed that just under half of the staff had received same. Records also showed that not all staff had up-to-date manual handling training, safeguarding or fire training. Management told inspectors that staff in the centre were completing online Children First training, however the figures of the number of staff who had completed the training were not available for inspectors. Copies of the relevant legislation and standards were available in an office area used by staff of the centre.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was established and maintained in the designated centre in line with regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure quality of care. However,

improvements were required to ensure the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider did not ensure that admission practices took into account the need to protect residents from abuse by their peers.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge confirmed that there were no volunteers working the centre at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that appropriate notifications and quarterly returns had been submitted to Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider submitted the required notifications in line with regulatory requirements.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider submitted the required information in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Accessible versions of the complaints procedure were prominently displayed in a number of locations throughout the centre. Inspectors reviewed the complaints log and noted that some residents were assisted by staff and relatives to make complaints, however, not all complaints had been responded to by the provider. Information with regard to advocacy services was displayed in the designated centre, however some signage had no contact details on how to access such services. Inspectors reviewed the centre's complaint's policy. This policy was over due review by a number of years.

Judgment: Not compliant

Quality and safety

Efforts were being made by staff in the designated centre to provide residents with a good quality of life and residents were seen to be treated in an appropriate and respectful manner. Not all actions from the previous inspection had been completed and improvement was required in relation to the residents rights.

While the designated centre was suitable to meet the needs of the current residents, some areas required upgrading. The inspectors saw evidence of some maintenance works that had recently been carried out in the centre. However, there were other outstanding issues which were discussed during the inspection. These included items such as furniture repairs or replacement, damaged tiles in bathroom area, damaged paint and plaster work and replacement of decor items such as pictures and visual boards in one house. Also discussed with staff during the inspection was the loud volume of the internal sounder used when the personal alarm was activated within the designated centre.

Inspectors saw that some residents had personal items in their bedrooms. Staff told inspectors that some residents had been supported to purchase their own furniture for the bedrooms. Inspectors observed that there was adequate space for storage of the residents clothes, personal property and possessions in their bedrooms. There was a laundry room in each house of the centre and staff explained how the residents laundry was managed within the centre. While there was evidence to suggest that residents were supported to manage their financial affairs, inspectors

saw that in a number of instances the residents' petty cash amounts did not correspond to records and in some instances some instances withdrawals from petty cash were not double signed.

Residents were supported to enjoy choice in their meals and staff were very informed of the guidelines to support the residents' who had special dietary requirements. All meal times were protected so residents could be supported by staff without interruptions and this was seen by the inspectors during the inspection to be strictly adhered to by the staff. Each kitchen was stocked with adequate supplies of food, fruit and drinks. However, the inspectors noted that the storage of some vegetables in one house required review; this was done on the day of the inspection. Staff informed the inspectors how some residents assist with shopping for food provisions to facilitate the cooking of meals in the designated centre at the weekend. Inspectors were also informed that residents did have the ability to go the central canteen to eat their mid-day meal if they so wished during the week. There was also evidence that staff had advocated on behalf of the residents regarding the suitability of some food choices that were presented from the central canteen. Visual choice boards were available in two of the houses and staff explained to the inspectors the board in the third house would be re-installed following a recent change of residents residing in that house.

The provider had systems in place to ensure assessments of residents' health and social care needs were completed to a good standard. The health and well-being of the residents was promoted in the centre. Individual personal plans that were reviewed by the inspectors during the inspection were observed to be person-centered, incorporating where possible the choices and preferences of individual residents. However, the role of the keyworker was not fully implemented throughout the designated centre. Residents who did have a key worker benefited from this input and staff who spoke with the inspectors were enthusiastic when explaining the benefits of this role for the residents involved. This is an area the person in charge and social care leader were actively working to extend to all residents in the designated centre and was discussed with the inspectors during the inspection.

Staff outlined how residents were supported to attend different activities within the community, horse riding, swimming, travelling on a train and supporting residents to avail of short holiday breaks away from the designated centre. Staff were very flexible in facilitating residents to be able to participate in many of these activities.

While residents were supported to participate in a residents forum details of which were on display in one of the dining rooms in one of the houses in the centre, there was no specific details with regard to the time and date of such meetings. Not all residents had support to exercise control and choice regarding their living space. As mentioned previously in this report one resident had expressed his wish to live in another house within the designated centre. Staff informed inspectors that apart from this resident not wishing to stay in his current house due to the sometimes negative interaction they experienced with other peers in that house, a friend of the resident lived in the alternative house to which they wished to move.

Inspectors reviewed the current risk register for the centre which had identified risks

specific to the centre. Control measures were identified and risk rating reduced to reflect these controls. There was also evidence of escalation of risks within the centre. While the Risk Management Policy was in date and contained some of the requirements of the regulations, it did not clearly outline how hazards were identified or assessed.

All staff spoken to on the day of inspection were aware of the fire safety procedures and had participated in fire drills. However, no minimal staffing fire drill had taken place in any of the three houses within the designated centre. The inspectors also noted that the required weekly and daily fire safety checks were not always completed. In addition, the weekly check of the automatic door releases was not conducted on a set day of the week which increased the risk of the checks not being completed each week as per the provider's policy.

While the provider had addressed actions from the previous inspection regarding the storage of medicines in all of the houses; Inspectors did find the medication fridge unlocked which was located in the staff office. This was not in line with the provider's current medication policy.

Regulation 10: Communication

Residents' individual communication needs were supported by an effective team. While residents did have access to television and some residents had tablet devices the provider had not ensured residents had access to internet in the designated centre which was also actioned in the last inspection report.

Judgment: Substantially compliant

Regulation 11: Visits

Staff in the centre told inspectors that each resident was facilitated to receive visitors in accordance with the resident's wishes. Inspectors saw in the visitors log books in each house in the designated centre that showed that visitors regularly visited the centre. Inspectors observed that there was suitable communal facilities and private available to receive visitors. The centre had a policy on visitors which was in date.

Judgment: Compliant

Regulation 12: Personal possessions

The provider's had procedures in place to ensure that residents were supported to manage their financial affairs, however; the staff did not always follow these procedures.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured the design and layout of the services met the assessed needs of the current residents. However, there were a number of maintenance related works outstanding in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Some residents' had active modified dietary programmes in place which were reflected in their food choices and residents' were actively supported as per the guidelines provided by the speech and language therapist.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors reviewed the Risk Management Policy. While this policy was in date and contained some of the requirements of the regulations, it did not clearly outline how hazards were identified or assessed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Staff practices ensured that residents were protected from the risk of infection.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had measures in place to protect residents and staff from the risk of fire which included servicing of fire equipment and fire evacuation procedures displayed throughout the centre . However, the provider had not ensured that daily fire checks of fire exits were always completed and no minimal staffing fire drill had taken place in any of the three houses.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
Medicines requiring refrigeration were not stored as per the provider's policy and procedure.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Personal plans had been developed for all residents and were based on each resident's assessed needs. Personal goals were agreed and actions in place to support the residents achieve their goals.
Judgment: Compliant
Regulation 6: Health care
The provider had systems in place to ensure residents' healthcare needs were assessed and they had access to a good range of healthcare services, such as general practitioners, healthcare professionals and consultants. Residents had also been supported to participate in the National Health Screening programme where appropriate

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had had ensured behavioural support plans were in place for residents. staff were knowledgeable on residents' behaviour support plans and had received up-to-date training to ensure the support provided was in accordance with current practice developments. Staff were aware of the restrictive practices that were in place.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to guide staff and ensure that all residents were safe from harm. Safeguarding plans were in place however, not all staff had received up-to-date training in safeguarding. This will be actioned under Regulation 16: Staff training and development

Judgment: Compliant

Regulation 9: Residents' rights

Details of the residents forum were on display in one of the dining rooms in one of the houses in the centre, however, there was no specific details with regard to the time and date of such meetings. Not all residents had support to exercise control and choice regarding their living space.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 15 OSV-0005395

Inspection ID: MON-0021358

Date of inspection: 23/07/2019

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Organisation has a process in place to ensure the availability of staff to cover unexpected leave. This includes use of staff from relief plane and the possible temporary reallocation of staff from other areas within the Organisation.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has reviewed the training needs of staff and a schedule of planned training has been put in place.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: There is currently a full-time Person in Charge in the designated centre. In addition a CNM1 has also been identified to join the management team of the centre with a start date to be confirmed.</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All Contracts of Care have been reviewed and contain necessary information.</p> <p>The centre's Admission, Transfer and Discharge policy will be reviewed to include emergency Admissions.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The registered provider shall ensure that all complaints are appropriately responded to and complainants are informed promptly of outcomes in line with Cope Foundation's Complaints Policy.</p> <p>The PPIM will oversee complaints in the centre to ensure compliance. The Complaints Policy shall be reviewed at next policy review meeting.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: All houses have a fixed internet point which all residents have access to . However Wi-Fi is not currently available in the residential centre. Where residents chose to purchase mobile Wi-Fi device they will be supported in doing so.</p>	
Regulation 12: Personal possessions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Audit of resident's finances has been carried out by the PIC and all procedures are correctly adhered to.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance works in the Centre are ongoing and a meeting with the Facilities Manager has been held to prioritise work.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Management Policy has been scheduled for review at next Policy Review Meeting.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A minimal staffing drill has been carried out for 3 houses and documented. Contractors for fire equipment carried out inspection of equipment on 29/07/19 and labels written up for fire extinguisher in house as required.</p> <p>The PIC will audit fire safety checks to ensure compliance with weekly/daily checks</p>	
Regulation 29: Medicines and	Substantially Compliant

pharmaceutical services	
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medication fridge is now locked and all staff to adhere to Cope Foundation Drug Administration Policy to ensure safe and appropriate storage of medications. Refresher training on Policy will be provided by PIC.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Resident's forums are held monthly in the houses and activation staff are to hold regular discussion type forums in the activation centre on a regular basis. Minutes of forums are kept and any issues arising from same are brought to manager's attention for action where required.</p> <p>If a resident requests change of living arrangements the Registered provider will in so far as is possible support this request. Where the Provider has identified that there may be safe-guarding issues; alternative solutions with be discussed in consultation with the person making the request and their family.</p>	

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	30/09/2019
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	26/08/2019
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	26/08/2019
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.	Not Compliant	Orange	31/10/2019
Regulation	The registered provider shall	Substantially	Yellow	30/09/2019

17(1)(b)	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Compliant		
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.	Substantially Compliant	Yellow	26/08/2019
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	24/09/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/11/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	26/08/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	26/08/2019

Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	26/08/2019
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/09/2019
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	30/09/2019