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 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	24 January 2023
Centre ID:	OSV-0003697
Fieldwork ID:	MON-0032415

About the designated centre

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

The designated centre was purpose built to provide a home to adult residents with complex care needs, behaviours that challenge and mental health difficulties. The centre comprises of three purpose-built inter-linked units (bungalows) on a campus style setting on the outskirts of a city. These units have a shared paved area to the rear, garden and ground area to the front and was located adjacent to a dedicated day centre / day service for residents. There is also a fourth unit as part of this centre and this is a two-bedroom house located a number of kilometres from the other units. The inter-linked units each have a kitchen and dining area, a sitting room, single bedrooms accommodating each resident and bathroom facilities. The fourth unit contains a kitchen and dining room, a sitting room, two bedrooms, bathroom facilities and an office. The staff team is comprised of nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 24 January 2023	09:30hrs to 19:00hrs	Deirdre Duggan	Lead
Tuesday 24 January 2023	09:30hrs to 19:00hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

From what inspectors observed, the day-to-day care needs of residents in this centre were being met at the time of this inspection but residents lived experiences were being impacted in a significant way by in sufficient staffing and resource issues in the centre. Overall, ongoing issues regarding staffing levels in the centre were not ensuring that a safe and effective service was being provided and insufficient staffing was impacting almost all areas of service provision in the centre. Inspectors saw that there was evidence of consultation with some residents and family members about the things that were important to them but that this was not consistent for all residents.

At the time of this inspection, this centre was comprised of three purpose built interconnected single-storey units located on the same grounds as a day services building and a semi-detached community house located in another location. The semi-detached community house had been vacant for some time and the provider had begun the process of removing it from this designated centre. As such the only residents present in the centre on the day of inspection were in the three interconnected units so inspectors spent their time on the grounds of these units. In total 19 residents were living in this units at the time of this inspection.

Upon commencing the inspection, inspectors went to one of these units and were greeted by a staff member who indicated that the residents in that unit were still in bed, getting up, or were being supported with personal care. Inspectors were directed to check in at the day services building where they were provided with an office space to review documentation and to speak to management of the centre. After reviewing some documents that were initially available in this office, the inspectors went to the units with inspectors spending time in all three units.

On arrival to a unit, one resident indicated that they did not wish the inspector to enter. Following consultation between the centre management and the resident, this resident requested that the inspector did not enter their bedroom and this request was respected by the inspector. Inspectors interacted with or observed seventeen residents throughout the day. Some residents chose not to interact with the inspector and this wish was respected. Others communicated using verbal communication, signs, gestures and body language and with the assistance of staff. A number of residents spoke to inspectors at length and one resident specifically requested to speak with an inspector. Inspectors also spoke with a number of staff members throughout the day.

Residents communicated with indicated that they were happy living in the centre and liked their homes. Residents provided positive responses in relation to questions about how staff in the centre supported them. Residents told the inspector about the things they liked to do, both in the centre and outside the centre, the day services they attended, how they spent the recent holiday period and about the contact they maintained with important family members. Some residents, but not

all, told the inspector about their personal plans and their involvement in these.

For example, when asked by an inspector if they liked living in the centre one resident indicated that they did, that they felt safe and that they liked the staff. It was also mentioned by the resident that they had gone to watch a hurling match at the weekend which they appeared to have enjoyed. This was in line with an identified goal viewed in the resident's personal plan. This resident however did not appear to have an awareness of their plan. This resident showed the inspector their bedroom which was seen to be personalised with photographs, bowling awards and football posters and the resident showed the inspector some football annuals they owned. Another resident commented very positively on staff while also indicated that liked the people they lived with. This resident did say though that they did not like a specific behaviour they perceived from another resident. When asked if they had told staff about this the resident indicated that they had and also talked about attending a day service in a different location and enjoying pool and music.

One resident told the inspector about an upcoming surgery and their hopes that this would improve their mobility and allow them to access the community again. They told the inspector that they really enjoyed going out for meals and coffee but that at present this wasn't possible due to their current mobility issues. They mentioned that for a period they had been facilitated to go for drive-thru coffees and snacks when their mobility made it difficult to access cafes and restaurants. However, they had not done this recently due to being now unable to safely access the centre transport. They also spoke about how they could no longer access the on-site day services due to the risks presented in walking up and down a steep hill to the building. This will be discussed further in the quality and safety section of this report.

One resident spoke at length with the inspector in the kitchen of their home and told them about their life and about the changes that had occurred for them since moving into the centre a number of years previously. They communicated in a positive manner about the supports provided to them in the centre. This resident was observed to have a good relationship with the staff present on the day of the inspection and told the inspector that they felt safe in their home. This resident spoke about their hopes and wishes for the future, including paid employment, and some of the things they were doing and had done to prepare for this.

Residents were seen getting up and getting ready for their day. Some residents were seen leaving and returning to the centre to attend planned activities and spend time in the on-site day service building. It was observed that residents were free to attend this day service building as desired and residents who did not attend day services were supported to remain in their homes in the company of staff. Later in the day, an inspector met a resident returning from playing basketball and they chatted to staff and the inspector about this. Residents were also seen watching television and reading magazines in communal areas. Staff were observed assisting residents to prepare for their day, assisting residents with personal care and assisting residents in preparing and cleaning up after snacks and meals. Staff were observed supporting residents with respect and dignity and were seen to promote a homely environment in one unit. Some staff were observed leaving the centre units

with residents to go to the day services building with them.

Staff were observed to be busy in all units, and throughout the day staff were observed providing support with personal care, mealtimes and day-to-day activities. Staff members were seen to interact positively and respectfully with the residents throughout the day. For example, staff were seen to knock on residents' bedrooms doors and wait for a response before entering while one resident was supported to go to a nearby shop to pick out their own birthday cake.

All residents had their own bedrooms in this centre and shared a communal kitchen and sitting room as well as Bedrooms and communal areas in all of the units were seen to be personalised and reasonably maintained. However, some issues were noted during the inspection. The flooring in bedrooms throughout the centre was observed to be worn and some white goods were observed to be rusted in places. Some damaged furniture and fittings were also observed and some less frequently used areas were seen to require more thorough cleaning.

Inspectors observed a trollies containing meals being delivered to the different units and staff told inspectors that on week-days lunch was provided from a central kitchen from the providers nearby campus and in the evenings and weekends food was prepared in the centre. One inspector was told about how residents were offered choice in relation to these meals and residents spoken with expressed satisfaction with the meals provided in the centre. Some residents were seen to enjoy meals in their homes during the day and in one unit, some residents were seen to clean up after their own meals.

In one unit, an inspector witnessed a positive interaction between residents. Staff told this inspector that an incident of physical aggression had occurred prior to this between these residents. From what staff and management told inspectors on the day of the inspection, the behaviour of some residents was impacting on a regular basis on the other people that they lived with. On the day of the inspection there was a further incident of physical aggression between two residents. This resulted in a staff member present activating an alarm in the day services building with support provided to the unit by the person in charge and safeguarding plans followed in response. It was indicated to inspectors that this alarm would be regularly activated but that on most occasions the alarm would only be activated for a near-miss rather than an actual incident between the residents in this unit.

Staff were seen to have an awareness of safeguarding and positive behaviour support plans in place and were observed to adhere to these. One staff member told the inspector that at times, staffing meant that they could not always adhere fully to a safeguarding plan in place for one resident and told inspectors about the strategies in place to manage these situations. Staff were seen to be committed in their roles and regular staff were knowledgeable about residents and their support needs.

Some of the residents spoken to, and most of the staff spoken to talked about the ongoing staffing issues in the centre. Residents and staff clearly communicated to inspectors that staffing levels were having a significant impact on their lives at the

time of the inspection. For example, some spoke about the community activities that used to be a regular feature of residents' daily lives but were now limited and dependent on staffing levels in the centre on any given day. Others spoke about how staffing levels were impacting on the ability of staff to spend time on important documentation such as personal plans.

Overall, this inspection found significant non compliance with the regulations concerning the care and support of residents and that this meant that residents were not being afforded safe and person centred services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and Staff development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Residents' rights, the Chief Inspector is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the providers registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

There was a clear management structure present in this centre. However, inspectors found on the day of this inspection that the governance and management systems in place were not ensuring that the services provided within the centre were safe, consistent, and appropriate to residents' needs. This inspection found that despite efforts on their part, local management in the centre were unable to provide all residents with an appropriate and safe service due to ongoing issues with staffing in the centre. This issue had been repeatedly highlighted and escalated to the provider by the local management team in the centre over a long period, and although recruitment was ongoing, staffing levels in the centre remained significantly below what was required as will be discussed below.

The person in charge was supported by two Clinical Nurse Manager 1 (CNM1)'s and all of these individuals were based in the centre. The person in charge reported to a person participating in the management of the centre, a regional manager. The provider had in recent months reduced the remit of the person in charge from oversight of three designated centres to two. The person in charge was not present

on the morning of the inspection but did attend the centre in the afternoon. A person appointed to participate in the management of the centre was not available to meet with inspectors on the day of the inspection.

Unannounced six monthly audits and an annual review had been completed in respect of this centre as required by the regulations and there was an audit schedule in place. Consultation with residents and their families was featured. These audits were identifying the issues present in the centre. There were ongoing poor findings in some areas such as staffing levels, resident activities and activation, compatibility issues in certain units, and the updating of certain documentation and these issues remained present on the day of this inspection.

In keeping with the requirements of the regulations, staffing arrangements in a designated centre must be in keeping with the needs of residents and the information as outlined in the centre's statement of purpose. From reviewing relevant documentation in the centre, including a recent staffing map completed, and discussions during the inspection, it was seen that each of the three units visited by inspectors were to have a total of nine staff working in them by day (three staff per unit) with four working in the units by night. While the documentation viewed indicated that four staff would always be on duty at night, there were clear challenges in providing the staffing levels outlined by day. This was contributed to by factors such as sick leave and it was acknowledged that there was an ongoing staffing crisis affecting the health and social care sector at the time of this inspection.

However, from speaking with staff members on duty and reviewing rosters, it was clear that staff levels by day where not in keeping with the centre's statement of purpose or the needs of residents. For example, one staff member informed an inspector that there had been some days when only five or six staff were on duty across the three units while another indicated that generally only two staff would be on in one unit. In addition, it was indicated that staffing in the day services building located beside these three units was also lower than required. While this building was not a part of the designated centre, the person in charge confirmed that staffing in the three units which were part of the centre would on occasion be required to provide support to day service attendees which could limit staff's availability for the residents of the centre.

It was indicated that such staffing challenges had contributed to a dropping of standards in the designated centre in areas such as cleaning. It was also suggested that staff working in the centre by the day might not have the time to complete relevant paperwork so night staff were being requested to cover these areas. While it was indicated that the consistency of staff working in the centre was generally good, it was highlighted though that not all staff working in the centre had the same levels of familiarity with all residents as other staff would. Given the particular needs of some residents in the centre, an inspector was informed that increased familiarity with these residents could play a key role in reducing the potential for negative interactions to occur between some residents. Inspectors were told though that recently funding had been approved to provide specific one-to-one staff to support

the needs of one resident in one unit given the impact they were having on peers.

While this was a positive development, this additional staffing was not in place at the time of this inspection but it was indicated that a recruitment process was underway to provide this staffing. The staffing challenges encountered by this centre impacted residents' ability to get out from the centre to pursue community based activities on a consistent basis which will be discussed further elsewhere in this report. These staffing issues were well-known to the local management of this centre and a risk assessment, that had been recently reviewed, rated the risk related to staffing as a high risk. Inspectors were informed that such risks has been escalated to senior management of the provider and staffing challenges were also highlighted by a recent audit that had been for the centre in December 2022.

The person in charge and clinical nurse manager 1 (CNM1) met with on the day of this inspection presented as committed to ensuring the safety and welfare of residents and had on repeated occasions escalated the staffing issues present in the centre to senior management within the provider. Inspectors were told that these individuals were sometimes unable to attend to necessary administration duties in the centre due to providing frontline care when staffing levels necessitated this.

The regulations require that a designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspectors saw that, notwithstanding the staffing issues, not all appropriate resources were available to all of the residents of this centre. For example, although transport was provided to residents in this centre to facilitate community access and medical appointments, not all residents could access the vehicles provided and due to issues with accessible taxi services, some residents did not have access to appropriate transport when desired. This meant that these residents were sometimes unable to leave their homes for long periods of time.

The regulations also require staff to access to appropriate and refresher training. During the inspection, the person in charge outlined the challenges in accessing certain trainings and the efforts being made in response. The inspectors were informed though that all staff in the centre required refresher training in de-escalation and intervention. Aside from this complete and up-to-date training records for all staff employed by the provider working in the centre were not available for review on the day of this inspection. As such inspectors requested confirmation of the training done and due for all staff to be provided in the days following this inspection. Post inspection information subsequently received indicated that a number of staff required either initial or refresher training in a number of areas including manual handling and positive behaviour support. Most staff had recently received on-site training in safeguarding following identification by the person in charge that this would be of benefit to the staff team in the centre.

On the day of inspection training records though were available for one agency staff member (a staff employed by an agency external to the provider but was working in this centre). Under the regulations providers must ensure that specific information relating to all staff working in a centre (including agency staff) is obtained. As documentation relating to staff employed by the provider was held in a central

location, they were not reviewed by inspectors during the course of this inspection. However, inspectors did seek assurance that specific documentation relating to the agency staff was in place with the provider afforded additional time to provide this information. Assurances were received in the days following this inspection that this agency staff member was appropriately qualified to work in the centre and that they had Garda Síochána (police) vetting.

Aside from staff training and required staff documents, it also required by the regulations that staff working in a centre are appropriately supervised which had helps to identify areas of concerns while also supporting staff members. Staff members spoken with during this inspection commented positively on the informal support that was available from management of the centre with one indicating that such support was also there. It was indicated though that formal supervisions were linked to annual appraisals of staff. Inspectors were informed that although some appraisals had been commenced in 2022, further training was needed in performing these appraisals and as such not all staff had received an annual appraisal. One staff member told an inspector that it has been four years since they last received such an appraisal. Management of the centre did outline their plans to resume appraisals during 2023.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The registered provider had not ensured that the number 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. The registered provider had not ensured continuity of care and support for residents. Staffing levels in the centre were not in line with the statement of purpose and did not ensure that the assessed needs of the residents could be met at all times. There was a high proportion of staff on long term leave and a reliance on agency and relief staff to cover these roles which did not provide continuity of care for residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training, including refresher training. The inspectors were informed though that all staff in the centre required refresher training in de-escalation and intervention. Not all staff had received formal supervision in line with the providers own policy.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of service in accordance with the statement of purpose. There was a clearly defined management structure in the designated centre. However, management systems in place did not ensure that service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The provider had monitoring systems in place that were identifying issues, however some issues had not been responded to sufficiently to minimise the impact on residents.

For example, staffing levels were not maintained in line with the statement of purpose and some residents did not have access to appropriate means of transport. The service provided did not at all times meet the assessed needs of all residents. Important documentation in the centre such as personal plans and training records were not all kept up-to-date.

Judgment: Not compliant

Quality and safety

This inspection found a significant deterioration in the quality of the service being provided since the previous inspection. Overall, it was found that this centre was not adequately staffed or resourced to ensure that a responsive and good quality service was being provided to the residents living in this centre. Improvements were required in personal planning for residents and this inspection found that residents' rights to autonomy, community participation and meaningful occupation were not being met.

As referenced earlier in this report, issues were raised about the impact some residents living together were having on one another. In one unit frequent incidents were reported, some of which were of a safeguarding nature and involved negative physical interactions between residents. In addition,in another unit a resident with specific support needs had been admitted at short notice in late 2021 and while efforts had been made to mitigate the impact this resident had on the other residents in this unit, this was not always possible. Staff spoken to in this unit acknowledged the impact this resident did have on other residents lived experiences on occasion and some residents had been supported to make complaints about this. For example, other residents sleep was sometimes disturbed by the activities of this resident and sometimes residents could not attend to their daily routine until staff

arrived in the morning as there was only one staff on duty overnight and this resident needed to be closely supervised once up. A review of these incidents and complaints showed that there were compatibility concerns in these units which were contributing to increased safeguarding risks and that suitable arrangements were not in place to meet the assessed needs of all residents in the centre.

Efforts were being made to prevent negative resident interactions and to better support the needs of the all residents. For example, safeguarding plans were in place and funding for additional one-to-one staff for one resident had been secured. However, compatibility issues remained which were particularly evident in one unit of the centre and were negatively impacting residents' lived experience in their home despite the best efforts being made. Inspectors were informed that concerns about this group of residents had been raised internally within the provider. The person in charge discussed their hopes for these residents to decongregate (move into the community) from their current homes in the future and the potential benefits this might have for residents, but there was no specific plan in place to support these residents to decongregate at the time of inspection. It was indicated though that a process had commenced to complete an impact assessment for these residents which could lead to a decongregation process being further considered.

Management and staff in the centre spoke to inspectors about concerns that the size and layout of the unit where the involved residents lived did not fully support their needs given the limited communal space available there. Inspectors were informed by a member of management of the centre that one resident had a longstanding goal to live on their own and that they had visited the vacant semi-detached community house that was part of the centre during 2022 with a view to possibly moving in there. This did not progress and the resident remained living in one of interconnected units with six other residents. Inspectors were told that one of the reasons this did not progress was that it would mean a reduction in the number of staff available to the other units of the centre, and it was also indicated that the provider later changed their plans for this vacant part of the centre. This goal was referenced in documentation about the person-centred planning process that had been completed for the resident in July 2021. Such processes support residents to be involved in the annual reviews of their personal plans. However, no person-centred planning process had been completed for this resident since July 2021 and there was limited documented reviews of progress with the resident's identified goals.

While it was indicated that that goals for residents were being reviewed in 2023 and some recent person-centred planning processes had been completed for other residents, it also found that one resident who had lived in this centre for over 12 months had not had a person-centred planning process completed since they moved in. While there was some documentation in place to guide staff in supporting this resident such as intimate care and healthcare support plans, the resident did not have a complete personal plan or any identified goals in place. An assessment carried out by the positive behaviour support service at the time of this residents admission to the centre had highlighted the importance of putting a plan such as this in place in a timely manner for this resident. It was also noted that this resident had been admitted from an emergency placement in a respite house to the centre

with only five days planning and that no preplanning transition plan had been completed.

Documentation relating to other residents' goals and their person-centred planning was contained with their personal plans. Under the regulations all residents should have such personal plans which are intended to set out the needs of residents and provide guidance to meet such needs. Inspectors reviewed a sample of such plans and found that they contained relevant updated guidance in some areas, particularly around residents' health needs, but other parts of some personal plans seen had not been reviewed in over 12 months. Inspectors were informed that residents' personal plans were in the process of being reviewed.

It was noted that for some residents there was evidence of progression of goals in their plans. For example, some residents had recently planned and completed an overnight trip, and another resident had planned to take part in art classes and these had been researched and booked. Information about resident's involvement in their local community was also viewed in residents' plans. Inspectors reviewed a sample of community activity logs and these showed that while some residents were indicated as taking part in community based activities such as going to pubs and cinemas, all residents were not regularly taking part in activities outside of the grounds of the centre.

Staffing and transport were found to be the main reasons that residents did not take part in meaningful activities. Some residents' abilities to access the community was limited by the transport available for the centre not being suited to meet to their needs. Although the centre did have dedicated transport options, some residents were unable to access the vehicles provided and borrowed transport from other areas ran by this provider if required and available. Although a previous compliance plan submitted by the provider in respect of this centre indicated that taxi's could be used in the event that suitable transport was unavailable in the centre, staff told the inspectors that this was not always a feasible option for some residents due to the limited availability of suitable wheelchair taxis. An inspector viewed documentation that showed that a resident had recently had to cancel a planned outing due to not having appropriate transport available to them.

In one unit, a resident referenced previously in this report resident told an inspector about the improvements that they hoped would occur in their lives following a planned surgery that had not yet taken place. They told the inspector about the difficulties they were having leaving their home due to their current mobility issues. Documentation viewed by the inspector in relation to this individual showed that this resident had not left their home in the previous five weeks. Activity records relating to this resident showed that they did not have access to any additional activation or activities by day during this period and appeared to spend much of the day watching television or in their bedroom. It was seen that staff present in the centre were very caring towards this resident and did spend time chatting with and attending to them and the resident spoke very positively about the staff that supported them and told the inspector that they liked their home and were happy living there.

Staffing challenges encountered by the centre reduced the ability and availability of

staff to support residents to access the community. A compatibility assessment was viewed that had been carried out in respect of one unit immediately following the admission of a resident. This indicated that a resident who had been admitted in late 2021 required 2:1 staffing to access the community and this report stated that were the resident transitioned into the centre 'this would severely impact' on the opportunities for this resident and the other residents in that unit to access the community. While the provider had recently accessed funding to provide additional staffing to support this resident on a 1:1 basis, this was not yet in place at the time of this inspection. In the interim, this resident was supported by a staff member from the main complement of staff, further reducing the availability of staff to the other residents.

These findings did not provide assurances that residents' rights to choose to access the community and to consistently control their daily lives were being fully promoted.

Regulation 5: Individual assessment and personal plan

The registered provider had not ensured, insofar as is reasonably practicable, that arrangements were in place to meet the assessed needs of each resident. For example, incompatibility of residents in some units was impacting on the ability of management and staff to meet the assessed needs of these residents and contributing to increased safeguarding risks.

A complete personal plan for a resident who had been admitted to the centre more than a year previous was not available. While there was evidence that some residents had personal plans and these had been recently reviewed, some other residents had not taken part in an annual review of their plan and had personal plans in place that had not been reviewed or updated in over a year. Some plans did not show evidence of progression of goals or reflect changes in circumstances for residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had not ensured that each resident had the freedom to exercise choice and control in his or her daily life. Residents were not always able to access community facilities and activities due to issues with transport and staffing resources available. In the designated centre, staffing levels did not always provide opportunities for residents to participate in meaningful occupation of their own choosing. A compatibility assessment viewed indicated that the impact on all

residents of a new resident admitted to the centre was not fully considered or mitigated against by the provider prior to this transition taking place and that this was further impacting on the resources available to all residents to allow full community participation.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 3 OSV-0003697

Inspection ID: MON-0032415

Date of inspection: 24/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Recruitment to fill staff vacancies is ongoing with HR department. PPIM meets regularly with the HR department to highlight vacancies and identify recruitment needs and receive updates on allocations and staffing. • Where agency staff and/ or relief staff are utilized to fill staffing gaps in the centre, the PIC will endeavor to ensure that these staff are consistently rostered to enable familiarity and continuity of care for residents. • A skill mix review is currently being carried out across the organization to endeavor to ensure that all residents are being supported in line with their assessed needs. Where it has been identified that residents assessed needs are not being met with the current resources available in Cork City North 3, the PIC and PPIM will prepare a business case for the HSE to request additional funding for staffing resources.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC will ensure that where agency staff are utilized to fill staffing gaps in the centre, their training records will be available onsite. • The PIC has secured dates for MAPA refresher training for staff in the centre. • The PIC will ensure that all staff receive formal supervision as per regulatory requirements. • Schedule of performance management reviews is in place.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Recruitment to fill vacancies is ongoing with HR department. • PIC and PPIM meet regularly and documentary evidence of same available.	

• PPIM is available over the phone to PIC outside of scheduled meetings. • Regular management team meetings (PIC, CNM1 and staff in the centre) • Weekly resident forums taking place in the centre with documentary evidence of same. • Ongoing supervision, training and development of staff in the centre as per performance management schedule. • Fortnightly regional meetings with PIC, PPIM and PICs of linked centres. • Regular audits are carried out in the designated centre.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • All personal plans will be reviewed and updated to reflect each resident assessed needs. Residents and their representatives will be involved in the review of their personal plans. • The PIC has developed a new keyworker protocol to better support efficiency and effectiveness of the system that benefits all residents to have increased access to a keyworker. This has been communicated to all staff and individuals in the centre. • The PIC has reviewed and developed a keyworker / resident meeting record log as part of this system. This log captures all consultations with the resident and their participation in goal identification. • The PIC has further developed a template that records these goals and how they are progressed • The PIC and management team will audit resident's personal plans regularly to ensure that goals are being progressed and to identify any barriers to residents achieving their goals.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: -• Residents are supported to access community facilities and activities with the support of staff through appropriate transport (vehicles provided by the organization or via the use of public transport). • Weekly resident's forums are facilitated in the centre to ensure that each residents voice is heard and that residents are afforded the opportunity to be actively involved in the running of the centre. • One resident has been granted 1:1 funding to allow for individualized supports within Cork City North 3. • Recruitment to fill these vacancies is ongoing with the HR department

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/10/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Not Compliant	Orange	30/06/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/04/2023
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.	Not Compliant	Orange	31/10/2023
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	30/06/2023
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with	Not Compliant	Orange	31/03/2023

	paragraph (1).			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/01/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	31/03/2023
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in	Not Compliant	Orange	31/03/2023

	accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	31/03/2023
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 the plan.	Not Compliant	Orange	31/03/2023
Regulation 05(6)(d)	The person in charge shall ensure that the	Not Compliant	Orange	31/03/2023

	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.			
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	30/06/2023