



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

## Issued by the Chief Inspector

Name of designated centre:	West County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0003289
Fieldwork ID:	MON-0036282

## About the designated centre

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

West County Cork 1, is located in a town and consists of two adjoining 2-storey houses which provide a home for up to 13 residents. The centre is comprised of nine single bedrooms, two twin bedrooms, two living rooms, two kitchens, two conservatories and bathroom facilities. The centre can provide full-time residential accommodation but some residents live in the centre on a Monday to Friday basis with weekend respite also provided when these residents go home. The centre caters for adults with an intellectual disability and/or autism who may have additional multiple and complex needs. The centre is managed by a Clinical Nurse Manger and staff support is provided by care staff by day and night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 26 January 2023	09:30hrs to 19:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents met during this inspection were generally calm or happy while those spoken with gave positive feedback. However, there were indications that there were times when noise levels in the centre could negatively impact some residents. Staff members on duty were found to interact well with residents while the centre where residents lived was generally found to be homely in its overall appearance.

The designated centre was comprised of two adjoining houses located on the same grounds as a day service operated by the same provider. Upon commencing the inspection the inspector went to one of the houses where he was greeted by one member of staff. While the inspector showed this staff member his identification and highlighted his reasons for being present, he was informed by this staff member that he could not enter without the person in charge before closing the door. The inspector then went to the adjoining house and was met by another staff member who showed the inspector inside this house. After conducting a brief walk through of this house, the inspector was met by the person in charge for the purposes of an introductory meeting.

During this meeting the inspector was informed that 11 residents would be present in the centre on the day inspection. A twelfth resident who ordinarily lived in the centre was attending a medical appointment and so was not present. It was also indicated to the inspector that at the weekends three of these 12 residents would return to their family homes and that residents who lived in another centre run by the provider on a Monday to Friday basis would come to this centre for respite and use the bedrooms of the residents who had gone home to their families. This other centre was closed at weekends and it was highlighted that the practice of respite residents attending the current centre did have negative impacts on some residents.

For example, when reviewing documents related to this centre during the course of this inspection, the inspector read complaints made by residents who lived in this centre full-time making complaints about the noise made by some residents who were staying in the centre on respite at weekends. In one such complaint a resident was recorded as saying "I don't like shouting" and described as putting their hands to their ears. On a different occasion the same resident was recorded in a complaint as refusing to come into their home due to the shouting of a respite resident. In another complaint a different resident was recorded as saying "I can't listen to anymore of this. I'm going to my room for some peace and quiet".

Aside from complaints related to noise, in one complaint it was indicated that, a resident who had gone to their family home one weekend was unable to return to the centre on the following Monday as they normally would. This was because a respite resident, who had been using the complainant resident's bedroom that weekend was unable to return to the centre where they stayed Monday to Friday as that centre was closed on that particular Monday. The person in charge spoke to the

resident about this complaint at the time and explained the situation to them. While the resident was described as reluctantly agreeing to this, they were indicated as saying they were "not happy" and later raised this issue with an auditor of the provider who was carrying out an annual review of the centre.

Aside from reviewing complaints records during this inspection, the inspector also met ten of the 11 residents who were present during the inspection. Some of these residents engaged with the inspector to varying degrees with some speaking with the inspector. During the initial stages of the inspection most residents were away from the centre attending a day services operated by the same provider beside the centre. Some residents though did spend time in the centre during the day. One of these residents greeted the inspector and said they were happy in the centre and also commented that the staff and the person in charge were very nice. A second resident was met just as they were leaving their home. This resident appeared happy and greeted the inspector but appeared very keen to go to their day services.

At one point during the inspection one resident was observed to walk back from the day services building and attempt to enter the house where they lived. No staff were present in that house at the time so the resident was brought into the other adjoining house that made up the centre where staff and other residents were present at the time. The inspector was informed that usually a staff member would be present in the house where the resident lived but on this occasion there was not which meant the resident had to come into the adjoining house. This resident did appear to be calm and content while they were present in this house during the inspector's observations.

While the inspector was in this house it was seen that other residents came back from their day services to either have a meal or to greet the inspector. One of these residents had a chat with the inspector and informed him that they liked living in the centre and got on with the residents they lived with. The resident said the staff were nice and that without them the resident could not do anything. When asked by the inspector what they liked to do the resident replied going for spins and doing colouring. When asked if there was anything that they like about living in the centre the resident responded by saying they could not have lie-ins the morning. However, when the inspector queried this further the resident said that staff had told that they could take lie-ins, no one had ever stopped them from taking lie-ins and that they had taken lie-ins before.

The inspector raised this issue with the person in charge also. They confirmed that the resident could take lie-ins during the mornings if they wished. Later on this resident talked about going to play bingo later than evening at a social club located in the town where the centre was based. Other residents also commented about going to this social club while one resident spoke to the inspector about going home at the weekend and also talked about going to a Foster and Allen concert which they were looking forward to. In addition to the ten residents met during this inspection, the inspector was informed that the eleventh resident who was not met had gone to the cinema towards the end of inspection.

Overall during the inspection, residents appeared calm and relaxed in their homes

while the atmosphere encountered by the inspector was generally sociable. For example, at one point four residents were seen sitting together at a dining table having tea together. The atmosphere was contributed to by the staff members on duty, including the person in charge, who were overheard and observed to interact with resident in a caring, warm and pleasant manner throughout the inspection. Instances of this included the person in charge supporting one resident to get comfortable in an armchair and one staff member supporting a resident to do some colouring. Staff members were generally seen to wear face masks throughout the inspection although for one period of time the inspector did observe one staff member closely engaging with three residents while incorrectly wearing a face mask. This was highlighted to the person in charge.

In discussions with the person in charge during this inspection it was indicated to the inspector that maintenance requests had been submitted to change the layout of some bathrooms in the centre to better suit the needs of residents. The two adjoined houses were provided with various bathrooms facilities including some bedrooms with en-suite bathrooms. The inspector saw some of these bedrooms which were nicely presented. It was indicated that two residents shared a bedroom but that neither resident had raised an issue with this with a privacy screen used in the bedroom. Another resident's bedroom had two beds in it. The inspector was informed that one bed was used by the resident when they stayed in the centre Monday to Friday and that the other bed was used by a respite resident when they came to stay in the centre at the weekends. It was noted that this latter bed was stripped and was not made up when seen by the inspector.

Both of the adjoined house had communal areas of the centres were seen to clean, well-furnished, well-maintained and homelike. However, the inspector did note that in each house's living room an office area was present for staff and at one of these areas some resident personal plans, which contained private personal information, were found to left in an unlocked press in this communal area. In addition, during this inspection the inspector did note that at the top of the stairs in one of the houses was a doorbell like button. The inspector was informed that one resident, who was at an increased risk of falls and whose bedroom was on the house's first floor, would use this button to call for staff assistance when they wanted to come down the stairs. It was also noted that while the houses tended to operate separately on the first floor of both was a locked adjoining door, operated by key pad which could be used to access one house from the other.

In summary, residents lived in the centre that was generally homelike in its overall appearance. The residents spoken with gave positive feedback while a calm and sociable atmosphere was encountered on the day of inspection. However, documentation reviewed indicated that this was not always the case. The residents in this centre were seen to be well supported by staff during the inspector's time in the centre.

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

The provision of respite in this centre was having a negative impact on some residents. Monitoring systems in operation required improvement while there were recurrent regulatory actions identified on this inspection.

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.

This designated centre had traditionally offered mainly residential care and some respite services at the weekends with respite residents coming from a centre operated by the same provider. The current centre had last been inspected the Health Information and Quality Authority (HIQA) in September 2021 and at that time respite stays in the centre had been suspended due to COVID-19. However, previous respite residents had been residing in the centre on full-time basis then as the centre where they had previously lived before the pandemic Monday to Friday was closed. This meant that some residential residents had been unable to return to their own bedrooms in this designated centre as these were in use by the previous respite residents. This situation was no longer ongoing at the time of the current inspection which was a positive development.

However, the centre had reverted to its traditional use so respite had recommenced at weekends. As discussed elsewhere in this report, evidence gathered during this inspection indicated that this respite was having a negative impact on the lived experience of both residential and respite residents in terms of meeting their needs, safeguarding residents from abuse and protecting the rights of residents. These are areas which the provider is responsible for under the regulations. The circumstances of this centre and the impacts they were having was known to the provider with HIQA having first raised concerns around respite arrangements in this centre during an inspection in September 2015. The negative impact that such respite arrangements were having were particular evident from complaints made by residents and safeguarding incidents that had taken place in the centre with most complaints and safeguarding incidents relating to the weekends when respite was



being provided.

The nature of such safeguarding incidents will be discussed in further detail below. However, in accordance with the requirements of the regulations, any incidents of a safeguarding nature occurring in a designated centre must be notified to the Chief Inspector within 3 working days. This is important so that the Chief Inspector is aware of any incidents which have the potential to negatively impact residents. However, despite this during December 2022 nine notifications of safeguarding incidents were retrospectively notified to the Chief Inspector relating to incidents that had occurred in August, September, October and November 2022. As such none of these had been submitted in a timely manner while it was also notable that the need to submit such notifications was first identified in another of the provider's designated centres. This suggested that the monitoring systems for the current centre needed improvement.

The monitoring systems in operation for this centre at the time of inspection included key regulatory requirements such as provider unannounced visits to the centre on a six monthly basis and annual reviews. While, it was noted that such monitoring systems did capture relevant matters, the annual reviews completed did not assess the centre against relevant national standards as required. In addition, despite the monitoring systems in use it was notable that previously identified regulatory actions as found on past HIQA inspections remained areas in need of improvement based on the evidence gathered during this inspection. For example, HIQA inspections completed in September 2018, December 2020 and September 2021 had raised issues around the completion of comprehensive assessments of needs for residents. As will be discussed elsewhere in this report, this remained an area in need of improvement.

Issues relating to staffing had also been raised by the September 2018, December 2020 and September 2021 inspections with such inspections highlighting that a review of staffing was needed to ensure that the needs of all residents were met. It was also noted that the two most recent annual reviews for the centre specifically highlighted that a review of the staffing skill mix was needed for this centre. However, while some improvements had been made regarding staffing since the September 2021 inspection, including the provision of two waking night staff at night, discussions with the person in charge and risk assessments reviewed indicated that some additional staffing resources were needed for the centre. In addition, staff spoken with indicated that there were times when some staff shifts would not be filled. The inspector was also informed that, despite the findings of previous HIQA inspections and the provider's own annual reviews for this centre, a review of the staff skill mix for this centre had not been carried out.

Staffing working in this centre were overdue refresher training in some areas, particularly in de-escalation and intervention while performance appraisals for staffing working in the centre, including the person in charge, were also outstanding. The current person in charge had been appointed to this role since January 2022 and was responsible for this designated centre only. However, in keeping with the requirements of the regulations the post of person in charge must be full-time and based on the information provided during this inspection, the

person in charge had not been working on a full-time basis in the months leading up to this inspection with their position indicated as being a 0.93 whole-time equivalent (WTE) post. The day following this inspection correspondence was received from a member of the provider's management indicating that the person in charge would be returned to a 1 WTE post.

### Regulation 15: Staffing

Despite the findings of previous HIQA inspections and the provider's own annual reviews for this centre, a review of the staff skill mix for this centre had not been completed. Discussions with the person in charge and risk assessments reviewed indicated that some additional staffing resources were needed for the centre. There were times when some staff shifts would not be filled.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staffing working in this centre were overdue refresher training in some areas, particularly in de-escalation and intervention and safeguarding.

Judgment: Not compliant

### Regulation 23: Governance and management

Annual reviews completed for this centre did not assess the centre against relevant national standards. Performance appraisals for staffing working in the centre, including the person in charge, were outstanding. Monitoring systems in operation in the centre required improvement.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Not all incidents of a safeguarding nature had been notified to the Chief Inspector in a timely manner.

Judgment: Not compliant

## Quality and safety

The nature of safeguarding incidents occurring in this centre negatively impacted residents in this centre and their rights. Improvement continued to be required regarding comprehensive assessments of needs.

In keeping with the requirements of the regulations, all residents must have individualised personal plans. Such plans are important for setting out the needs of residents and providing guidance on how to meet these needs. The regulations also require such plans to be reviewed annually and to be informed by a comprehensive assessment of all health, personal and social needs at a minimum on an annual basis. Conducting such assessments is important as they help identify any additional supports residents require to meet their needs. However, when reviewing sample of personal plans for residents in the centre, it was noted that while some health related assessments had been carried out including some in recent months, comprehensive assessments of all needs had not been completed. It was noted though that systems were in place for residents to be reviewed by a multidisciplinary team.

The personal plans seen by the inspector generally had been reviewed within the past 12 months as required by the regulations although for one resident it was seen that some specific health related information had not been reviewed since September 2021. A process of person centred planning was followed in the centre to involve residents in the reviews of their personal plans and to identify goals for them. Some residents were noted to have completed such a process recently but one resident had not completed one since February 2020. The person in charge indicated that a schedule was in place for all residents to undergo this process. There was also evidence that residents were generally being supported to achieve goals that had been identified for them. This included things like overnight stays away and eating out although one identified goal for a resident of attending a beautician twice a year had not been achieved based on the records of goals reviews kept within the residents' personal plans.

When reviewing residents' personal plan it was seen that they contained some documentation relating to rights which indicated that residents had the right to live a life free from abuse. However, there had been safeguarding incidents occurring in this centre which involved the shouting of some residents impacting other residents. Documents reviewed during this inspection indicated that in response to such instances some residents had been asked to move to different rooms in their homes while on one occasion a resident stayed in their bedroom due to shouting in communal rooms. As mentioned earlier in this report some safeguarding incidents occurring in this centre had been notified to the Chief Inspector retrospectively. During this inspection it was highlighted that such instances had not initially been regarded as safeguarding concerns even though they involved some residents being

upset and crying. Records reviewed indicated most staff had undergone safeguarding training but some had not. Given the nature of some incidents in this centre and their impact on some residents, this suggested that additional or refresher training in safeguarding was needed. The inspector was informed that all staff had been asked to redo such training with the provider's designated officer (person who reviews safeguarding concerns) also due to attend the centre the week after this inspection.

It was noted that most of the safeguarding incidents occurring in the centre, particularly in recent months, happened on weekends when respite users were present in the centre. A staff member spoken with indicated that some residents who would be present in the centre at weekends could trigger one another and that this could lead to loud shouting which some residents did not like. Such instances had the ability to negatively impact residents' lived experiences in their homes. It was also indicated to the inspector that one weekend respite resident, who lived in another designated centre Monday to Friday, could experience anxiety before coming to and leaving the current centre. A compatibility assessment had been conducted for this resident in June 2022 and specifically highlighted the resident could benefit from a 7 day placement in one residential house but that the resident's current residential arrangements (which involved moving between two designated centres during the week) were a precipitating factor in incidents of challenging behaviour. Other residents were described as being nervous and afraid during such incidents. This compatibility assessment indicated that suitable arrangements were not in place to meet the needs of this resident.

Given the impacts that the respite arrangements were having on this centre, the person in charge indicated that they were looking to engage an independent advocate to speak to residents about their rights. As respite residents used the same bedrooms, and sometimes the same beds, of residents who went home at the weekends, the inspector queried if residents had ever raised an issue about this. It was indicated that the residents had not although one staff member said they were unsure about one's resident's views on the matter were. As referenced earlier, one resident had also complained about being unable to return to the centre on a particular day due to the presence of a respite resident. The most recent annual review completed for the centre in October 2022 indicated that there was no evidence that residents had been consulted regarding the initial decision to have respite residents moving to their home at weekends. Aside from this it was noted that weekly planning meetings had been introduced for this centre to plan out what residents wanted to do for the week ahead. These meetings were communal meetings and their introduction was a positive development. It was noted though that the notes of one such meeting referenced a medical appointment for one resident being discussed as part of the meeting.

## Regulation 5: Individual assessment and personal plan

Comprehensive assessments of needs had not been completed for residents. The

findings of a compatibility assessment indicated that suitable arrangements were not in place to meet the needs of all residents who used this centre. Some specific health related information for one resident had not been reviewed since September 2021. One resident had not had a person-centred planning process completed since February 2020.

Judgment: Not compliant

### Regulation 8: Protection

Some incidents, where residents were described as being upset and crying, had not initially been regarded as safeguarding concerns. From records provided not all staff had completed safeguarding training.

Judgment: Not compliant

### Regulation 9: Residents' rights

The respite arrangements in this centre impacted residents' rights in their home. Personal plans of some residents were left in an unlocked press in a communal area. Notes of one communal planning meeting referenced a medical appointment for one resident being discussed as part of the meeting.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for West County Cork 1 OSV-0003289

Inspection ID: MON-0036282

Date of inspection: 26/01/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The registered provider along with the person in charge will review the existing skill mix allocated for the area and make every effort to ensure that the number, qualifications, and skill mix is appropriate to the assessed needs of the residents and in keeping with the statement of purpose.            The Registered Provider is currently addressing this through their Service Improvement Plan, and are in the process of analysing and mapping the future care and support needs of the People they support which will directly feed into evaluating current and future staffing requirements and skill mix.</p> <p><b>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</b></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:            In relation to the training and staff development and outstanding de-escalation and intervention and safeguarding training: the registered provider will ensure all staff will have completed de-escalation and intervention training by 31/05/2023.</p> <p>Since the inspection, all safeguarding training has now been completed by all staff.</p>	



Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure that the national standards will be included in the assessment of the Centre going forward.</p> <p>As per PICs plan that has been in place, the performance appraisals for staff including the person in charge will be completed by 31/05/2023 by the person in charge and the regional manager.</p> <p>In relation to improving the monitoring systems, the person in charge has included a monthly audit of the resident's community notes to ensure all safeguarding reports are submitted in a timely manner. The person in charge will continue to communicate with staff the importance of reporting incidences especially 3-day notifiable incidences in a timely manner through 1:1 staff communication and through staff meetings.</p> <p>Additionally, the PIC and PPIM will meet 1;1 on a fortnightly basis at the Designated Centre to review progress, and if barriers are presenting how can they be resolved.</p> <p>Furthermore, the registered provider has a HIQA action plan dashboard that is updated on a regular basis, jointly by the PIC and PPIM. The register provider has access to the dashboard and they can view at any stage to ensure the Centre is being effectively monitored.</p> <p>Dashboard is also reviewed at COO and PPIM 1:1 monthly meeting and where progress, and any barriers are discussed.</p> <p>Since the inspection, all safeguarding training has been completed by all staff in the Centre.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge has improved the monitoring systems by; including a monthly audit of the resident's community notes to ensure all safeguarding reports are captured and submitted in a timely manner.</p> <p>The person in charge will continue to communicate with staff the importance of reporting incidences especially 3-day notifiable incidences in a timely manner through 1:1 staff communication and through staff meetings.</p>	

Additionally, the PIC and PPIM will meet 1;1 on a fortnightly basis at the Designated Centre to review progress, and if barriers are presenting how can they be resolved.

Since the inspection, all safeguarding training has been completed by all staff in the 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:

The person in charge will ensure that a comprehensive assessment of needs will be completed for each resident. In order to capture a true reflection of the persons needs the following assessment templates will be completed with the person and their keyworker:

- Maximising Independence
- Maintaining Relationships
- Community Inclusion
- Education & Learning

In addition, 'My SELF Assessment Questionnaire' will also be completed by the person with assistance if needed.

Furthermore, the person in charge will ensure that all health-related information and person-centered planning processes will be updated and continue to be monitored and updated accordingly.

Regarding the compatibility findings at the Centre: Following an HSE operations meeting on 22/02/2023, it was agreed that the Regional Manager would review additional supports to assist reduction of Safeguarding incidents and submit an individual business case to HSE to support the person who is allegedly causing concern that is allegedly impacting on the rights of other residents.

However, while the above is being completed, suitable arrangements have been put in place by the registered provider that will ensure additional staff supports are in place when required.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
 The person in charge has improved the monitoring systems by; including a monthly audit of the resident's community notes to ensure all safeguarding reports are submitted in a timely manner. The person in charge will continue to communicate to staff the importance of reporting incidences especially 3-day notifiable incidences in a timely manner through 1:1 staff communication and through staff meetings. Additionally, the PIC and PPIM will meet 1;1 on a fortnightly basis at the Designated Centre to review progress, and if barriers are presenting how can they be resolved.

Regarding protection at the Centre: Following an HSE operations meeting on 22/02/2023, it was agreed that the Regional Manager would review additional supports to assist reduction of Safeguarding incidents and submit an individual business case to HSE to support the person who is allegedly causing concern that is allegedly impacting on the rights of other residents.

However, while the above is being completed, suitable arrangements have been put in place by the registered provider that will ensure additional staff supports are in place when required.

Since inspection, all safeguarding training has been completed by all staff in the Centre.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Regarding respite arrangements at the Centre: Following an HSE operations meeting on 22/02/2023, it was agreed that the Regional Manager would review additional supports to assist reduction of Safeguarding incidents and submit an individual business case to HSE to support the person who is allegedly causing concern that is allegedly impacting on the rights of other residents.

However, while the above is being completed, suitable arrangements have been put in place by the registered provider that will ensure additional staff supports are in place when required.

Furthermore, the Chief Operations Officer is to write to Disability Manager in CHO4 to highlight all issues noted at the meeting including HIQA concerns. Disability Manager has agreed to escalate same to the HSE National Office and furthermore request an update on Business Case submitted for funding for another designated centre West County Cork 3 to operate from a 5 to a 7day residence. If funding is granted residents would no longer require respite in West County Cork 1 at weekends as they could remain in their home in West County Cork 3.

The person in charge has communicated with all staff that as part of the communal weekly planning meetings, there will be no personal information of any resident

discussed including medical appointments, by 27th January.

The person in charge has submitted a maintenance request for locks to be fitted to cabinets where people's files are stored.

**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations**

## 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	28/04/2023
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	31/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	27/01/2023

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/03/2023
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	31/05/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated	Not Compliant	Orange	27/01/2023

	centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	28/04/2023
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 paragraph (1).	Not Compliant	Orange	14/04/2023
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	Substantially Compliant	Yellow	31/05/2023

	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.			
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.	Substantially Compliant	Yellow	31/05/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/02/2023
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	28/02/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Not Compliant	Orange	31/03/2023



	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.			
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	10/03/2023