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:	North County Cork 4
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	28 January 2025
Centre ID:	OSV-0003294
Fieldwork ID:	MON-0045846

About the designated centre

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

North County Cork 4 is a large one-storey building house located in a town. The centre can provide residential services for a maximum of 10 residents of both genders, over the age of 18. Residents with intellectual disability and/or autism and a mental health diagnosis are supported in the centre. Support to residents is provided by the person in charge, staff nurses and care assistants, by day and night. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a dining room, a kitchen, a utility room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 28 January 2025	09:30hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre North County Cork 4. The centre was registered with a capacity of ten adults.

This centre had been registered as a designated centre since August 2017. The designated centre had subsequently been inspected on five occasions since March 2019 with the most recent inspection taking place in March 2023. During this period the provider had reduced the maximum number of residents being supported in the designated centre from 12 to 10 residents. In addition, the provision of respite services had also ceased. This resulted in all of the current residents having their own single occupancy bedrooms. However, the issue regarding supporting residents to manage their finances had been identified in the March 2019 and March 2023 inspections. While the inspector acknowledges that the provider had made some progress with supporting residents to manage their finances. This included assessing residents capacity to manage their finances, and documented evidence of two residents consent for family representatives to manage their finances, it was not evident at the time of this inspection that both residents had been supported with advocacy services to ensure they were making an informed decision.

The inspector met with eight of the current residents living in the designated centre throughout the inspection. The inspector did not meet two residents who were being supported in their bedrooms due to illness with appropriate infection control measures observed to be in place. The inspector also met with the relatives of two residents who were visiting during the day. Both relatives outlined how they found the staff team to be dedicated and committed to meeting the changing needs of their relative. They described their relatives as being very well cared for and outlined the family atmosphere they encountered during their visits with other residents engaging in conversations with them regularly.

On arrival the inspector was introduced to one resident who was on their way to attend their day service which was located in the adjacent building. This resident communicated without using words, staff were observed to take time to explain to the resident who the inspector was and the purpose of their visit. The inspector provided a copy of their nice -to-meet you document which was put on the notice board in the dining area. A number of residents were observed to look at this document during the day and staff answered any questions that the residents had about the visitor to their home.

Another resident chatted with the inspector in the large sitting room. A staff member offered refreshments which both the resident and inspector enjoyed together. The resident became a little upset during the conversation initially outlining how they found the house busy and loud at times. After further conversation the resident spoke about their usual routine of going to the hairdressers, shopping, attending social events such as going to the cinema and

restaurants. They also spoke about their aspiration to go away on a holiday during the year, naming a preferred county which they would like to visit. The resident also spoke of enjoying attending their day service regularly where they participated in many different activities with peers such as rug making.

As residents were supported with their usual routines the inspector was introduced to them by the staff team in communal spaces such as hallways and the dining room during the inspection. For example, one resident required the support of a rollator to safely mobilise and staff were observed to assist the resident to sit on a chair in the dining room. The inspector observed the resident's legs were not resting fully on the ground. The person in charge outlined how the resident had been assessed the previous day by the occupational therapist for another chair to better suit their current assessed needs.

Other residents were observed assisting one another during lunch time in the dining room. For example, one held the door open as another resident was carrying a jug of diluted drink for the group. There were some conversations also evident. One resident was observed to remind a peer that they had plans to go out to celebrate their birthday together over the weekend. Interactions between the residents appeared to be cordial and polite throughout the inspection. Other residents choose to spend time away from their peers such as selecting a preferred table to eat their meal at or rest in the sitting room away from the group after they had finished their meal.

The inspector was informed one resident had attended a health appointment during the morning and the resident spoke about this to the inspector on their return. The resident outlined how the visit had gone well and they asked the inspector some questions about the purpose of their visit. The resident spoke about their bedroom and how they liked the colours and space. Another resident preferred not to interact with the inspector during the morning but was observed to wave and give a thumbs up sign to the inspector in the afternoon.

It was evident staff spoken too during the inspection were familiar with the assessed needs of the residents. Some of the core staff team had worked for many years in the designated centre. It was evident residents were relaxed in the company of the staff supporting them during the inspection. For example, one resident preferred to sit at a particular table for their meals, another resident liked to complete table top activities in the dining room. Both residents were observed to be supported during the day with these preferences. Staff spoke of assisting residents to going shopping for personal items, attend community groups and engage in local services such as hair dressers/barbers.

In summary, residents were being supported by a dedicated staff team to participate in activities and routines that suited their individual preferences. Person centred care was being provided to ensure each resident was been supported in – line with their assessed needs. Residents were being provided with opportunities to gain confidence and learn skills to aid their personal development, independence and enjoy meaningful activities. Residents were being supported to maintain links with relatives and friends. Staff demonstrated throughout the inspection how each

resident's human rights were being supported which included ensuring each resident's personal living space was respected by others. However, while the building was large with ample sized communal spaces for the group of residents, there was a lack of areas for residents who demonstrated/expressed their preference for quieter spaces to spend time. In addition, it was not evident all residents had been provided with advocacy services to support them in their decision making regarding the management of their finances.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a dedicated staff team at the time of this inspection. The person in charge worked full time in the designated centre and there was documented evidenced of progress being made to address actions that had been identified in the provider's internal audits that had taken place in August and October 2024. The provider had also ensured actions from the previous inspection by the Chief Inspector of Social Services in March 2023 had been addressed or changes in processes such as personal plans would assist the provider to attain compliance with the regulations going forward. The inspector was provided with an update by the person in charge on the completion /progress to date of the actions. Where changes or barriers had been encountered to complete actions contained within the compliance plan these were outlined to the inspector.

During this inspection the person in charge demonstrated how the provider had systems in place to ensure the staff team were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. This included ensuring all staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident was given time by a staff member to discuss their health care appointment that they had attended during the morning. Another resident who was unwell and was being supported in their bedroom had soft music playing in the background. Staff were knowledgeable of this resident's preferences in music when spoken too by the inspector.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was a consistent core group of staff working in the designated centre. The remit of the person in charge was over this designated centre. A review of the staff resources and responsibilities had taken place in November 2024 by the person in charge and person participating in management following an internal provider led audit in August and October 2024. It was acknowledged by the provider that the staff also ensured the laundry services, household cleaning and meal preparations were also part of the daily duties completed by the staff team.

- The provision of nursing care was in line with the statement of purpose and the assessed needs of the residents.
- There were no staff vacancies at the time of the inspection. No agency staff were working in the designated centre.
- Actual rosters since the start of 2025, four weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift, scheduled training and protected administration time for staff to review documentation such as personal plans.
- Planned rosters until 2 March 2025 were also reviewed by the inspector. Details contained within these rosters included scheduled training and periods allocated to staff to review residents personal care plans.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 21 staff members including the person in charge worked regularly in the designated centre. This included seven nurses and 13 care assistants.

The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding.

The person in charge also outlined the rationale for some non-mandatory training that the staff team had also completed to ensure staff were aware of how to support residents to be involved in decision making in their daily lives and provide

ongoing information and education to residents regarding their human rights.

The person in charge demonstrated their awareness of the role and responsibilities to ensure staff had access to appropriate training. For example, all staff had completed training in food safety as the preparation of meals was part of the core duties of the staff team each day.

- The person in charge maintained a training matrix which highlighted in advance when refresher training would be required by staff members. There was training planned and scheduled in advance.
- Three care assistant team members were supported by the provider to complete training in areas of safe medication management and four had completed training in the administration of emergency medication to assist with facilitating residents to be able to engage more frequently in social activities in the community if they wished to do so.
- The supervision of staff during 2024 had not taken place for all of the staff team as required by the provider. This was identified in the provider's internal audits during 2024. However, the person in charge had completed the supervision for eight staff during November and December 2024. Records of three of these meetings were reviewed by the inspector. The meetings notes demonstrated the focus on supporting the staff member to be provided with opportunities to avail of training, discuss safeguarding and the safety of residents. Plans to future delegate duties to the staff members were also documented which included reviews of risk assessments and personal plans of residents.
- There was a planned schedule for all staff to attend supervision with the person in charge during 2025.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre at the time of this inspection. There was a management structure in place, with staff members reporting to the person in charge. The remit of the person in charge who worked full time was over this designated centre. The person in charge was also supported in their role by a senior managers within the organisation.

The person in charge outlined the progress made to address the actions identified in the previous Health Information and Quality Authority (HIQA) inspection which took place in March 2023. This included up-to-date information regarding staff refresher training in safety intervention. At the time of this inspection 11 of the staff team had completed this refresher training with the remainder of the staff team scheduled to attend in the weeks after this inspection. Training was also planned to assist the staff team with the development of meaningful goals for residents and the

development of residents care plans while using a new template introduced by the provider. To assist in the development of such person centred plans the person in charge had requested all residents annual heath checks were to be completed by 31 January 2025.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. This included two internal provider led audits begin completed in August and October 2024 in the designated centre. The person in charge had ensured any actions identified were responded to in a timely manner and progress to date documented at the time of this inspection. The inspector acknowledges that some repeat findings were evident of the short time line between both of these audits. The provider had informed the Chief Inspector that some designated centres had not been subject to their six monthly audits as required by the regulations due to the implementation of an organisation wide auditing system in March 2024.

The provider ensured the views of residents were considered regarding the service delivery in this designated centre, this included the annual report which had been completed for 2023. The person in charge ensured updates regarding actions from the 2023 annual review were included in the progress report given to the inspector to review. This included how residents were being supported to engage in weekly residents forums consistently throughout 2024 with 29 such forums taking place up to December 2024 with no outstanding issues reported at that time. The inspector was informed the annual report for 2024 for this designated centre was in progress at the time of this inspection.

The provider had ensured policies were in place and available to the staff team regarding the safeguarding of residents. This included safeguarding vulnerable persons at risk of abuse which had been subject to review in September 2023. The provider also had a risk management policy which had been reviewed in October 2023. This included references that "the management of risk is the concern of every staff member" and outlined the systems in place for the identification, responsibilities of staff and the ongoing review process throughout the organisation including senior management and the board of directors. The safeguarding of residents was referenced in the policy in a number of areas including considering the service users experience and the risk of aggression.

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service

which protected them from all forms of abuse, while promoting their human rights.

Of the core staff team 17 had completed on-line training in assisted decision making at the time of this inspection. One resident was being supported by a relative to complete the change process to ensure they were being supported in line with the Assisted Decision Making Act 2015. The inspector was also informed another resident was also due to commence the same change process.

There was evidence that the provider had made some changes to support eight residents to manage their finances since the previous inspection in March 2023. This included providing residents with improved processes to access to their personal finances. However, at the time of this inspection, it was unclear if two residents had bank accounts in their own name. While both of the residents had each signed a consent document in June 2023 regarding the management of their finances by a named person, the inspector was not assured the residents had been provided with advocacy services to ensure they were supported in line with their will and preference regarding the management of their finances. This arrangement had also not been reviewed since the consent had been obtained in June 2023. The arrangements in place for both residents to access their finances required a request to be sent to the person managing the finances. The inspector was informed by staff that no issues or delays had been encountered in these requests being met.

One resident spoke of the designated centre being loud at times to the inspector. Another resident had made a complaint about the noise levels in April 2024. To resolve the issue for that resident they were to be offered a quiet area away from other peers. However, the availability such space was found to be limited at the time of the inspection. Another resident liked to spend time alone and used the visitors room to remove themselves from the busy environment. They liked to lie down on the couch and cover themselves with a blanket during these times. However, the visitor's room was also been used as a storage room for excess documents that needed archiving, furniture, staff lockers and an office space. While there was ample large communal spaces within the designated centre apart from personal bedrooms, residents had no other quiet space to relax or remove themselves from a loud environment if they so wished to do so.

One resident who had expressed a preference to live independently had this explored by the staff team and the provider since the previous inspection. However, the resident had since indicated they no longer wished to live independently and this was documented as being the resident's current expressed wishes.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included visual schedules where required by a resident and easy -to-read documents were

available for a range of topics including safeguarding and consent.

Residents also had access to telephone, television and Internet services.

During the inspection the inspector observed the staff team to be familiar with the preferred methods of communication used by each resident. Concise and up-to-date information was provided in two residents' personal plans that were reviewed by the inspector. This included information regarding the tone of voice to be used when communicating with one resident and preferred topics of communication to engage another resident in conversations. This was consistent with the information provided to the inspector when speaking to members of the staff team.

Residents were supported to be involved in regular resident forums. The inspector reviewed a selection of these forum meeting notes and noted one resident did not attend frequently. The person in charge outlined this person regularly went home to visit relatives and these visits occurred frequently when the forum meetings were taking place. The resident was supported to engage frequently with their key worker to ensure their preference and choice was known.

Judgment: Compliant

Regulation 17: Premises

Overall, the building was found to be clean, well ventilated and comfortable. The provider had addressed the issues identified in the March 2023 inspection which included the refurbishment of a resident's en-suite and the discolouration evident on tiles and shower seals.

The provider had undertaken a review of the layout and design of the premises in recent years being provided in the designated centre. This included all residents being provided with full time residential care in single occupancy bedrooms. The inspector visited some of these bedrooms which had been decorated with different colours and personal items reflective of individual preferences. However, a number of issues were identified during the walk around on the day of the inspection.

- Paint was observed to be peeling off the ceiling in a number of locations in an en-suite bathroom used by one resident.
- Evidence of wear and tear was also evident in some shower enclosures, in particular the flooring surface surrounding these enclosures were damaged
- Damage was evident to the surfaces of some furniture, including couches located in the visitors room.
- The visitors room was observed as being used for multiple purposes by the inspector. It also contained staff lockers, excess equipment, additional furniture and boxes of documents scheduled to be archived. It was not being used for the sole purpose of a visitors room at the time of this inspection. In addition, the inspector was informed one resident liked to use this space as a

quiet area. The layout and amount of excess items in the room at the time of the inspection was not conducive to it being a comfortable quiet space.
- Staff personal items including bags and coats where observed by the inspector on top of a counter in the back kitchen located next to a slow cooker which was turned on and cooking the meat for the residents dinner later that day.
- Residents lacked alternative spaces other than the large communal sitting-dining room or their bedroom to have some quiet/downtime. For example, one resident described the house as loud and noisey at times in particular when peers were present such as at meal times.
- Due to a local protocol to manage residents laundry when residents were not sleeping at night time further review of the facilities was required to ensure the staff team could attend to the laundry of the designated centre in a timely manner.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured a risk management policy was in place and subject to regular review. The current policy had been reviewed in October 2023 and was available to all staff.

There were processes and procedures in place to identify and assess centre specific and individual risks. However, this required further review.

Centre specific risks had been subject to review in October 2024 with control measures documented to address or manage the risk identified. Not all control measures documented were reflective of actual measures in place, this included measures in place to address the service user experience. For example, one control measure stated visitors to the designated centre could visit as per the COVID-19 guidelines. Another control measure for a risk pertaining to physical aggression referred to a training that was not being completed by the staff team. Both of these risks were also risk rated high at the time of the inspection

Individual risk assessments for residents also required further review. For example, a resident had a known medical condition for which they were being supported by the staff team and other allied health care professionals. Control measures were in place which included regular blood tests and monthly checks of their vital signs. However, the rationale for a high risk rating could not be provided to the inspector on the day of the inspection and had not been escalated/reviewed by senior management as per the provider's own policy guidelines.

The individual risks of two residents relating to their behaviour were also risk rated as high with control measures in place which were documented in their personal plans as being effective to ensure staff were aware of the residents communication

passports and communicated consistently with both of the residents.

The safeguarding of residents within the designated centre had been subject to review as well as in individual resident risk assessments. However, following a review in September 2024 for one resident relating to their safeguarding, mental health and behaviour, a control measure referred to two to one staffing being funded. However, in another section of the same resident's personal plan no reference is made to this staffing resource, with reference only made to one -to-one staffing during the day time being provided.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The Inspector reviewed different sections of four personal plans over the course of the inspection, which were found to be lacking consistent or regular review in the past 12 months.

Prior to this inspection the person in charge had identified the need for a full review of all personal plans to be completed as per the meeting notes of the staff meeting held on 22 January 2025. The review included a requirement for residents health checks to be reviewed by 31 January 2025 and personal goals to be further reviewed.

The inspector acknowledges that while the additional training for the staff team was planned regarding the development of residents personal plans and the implementation of a new electronic format within the organisation, gaps in documentation during 2024 were evident at the time of this inspection. This included no updates on the progress of some residents personal goals. For example, one resident's long term goal was documented as having afternoon tea with a friend. While preparation work was evident with photographs of possible locations for this activity to take place, no details of any such activity being further discussed, planned or taking place were documented. Another resident who had a long term goal to visit their favourite sporting team during 2024 had no details of this being discussed, planned with them or taking place.

Another resident had interests documented which included playing golf and gardening. However, the short and long term goals for the resident were to participate in light household duties and participate in activities with peers in the day centre. Another resident who had attained their goal to go bowling with a friend on 30 September 2024 had all seven steps of the goal planning process documented as being completed on the day of the activity taking place. It did not evidence discussion or planning with the resident in advance of the activity taking place.

In addition, all four of the personal plans had not been updated to reflect the change in local management in the designated centre since October 2024. Gaps in documentation relating to closed safeguarding plans was also evident for two

residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with allied health care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

The inspector reviewed two positive behaviour support plans. One plan had been reviewed in July 2024 and clearly outlined the possible triggers and strategies to assist the resident. Proactive and reactive strategies outlined the importance of daily activation for this resident with many suggestions of what the resident was interested in doing. However, equally important to support the well being of the resident was the requirement for external activities to occur randomly to avoid the risk of the resident expecting particular activities on occur on particular days. This was evident to be occurring in the log of activities for the resident which varied from internal and external activities on different days of the week. Information also documented when the resident declined to participate in activities that were offered to them.

A co-ordinated supports meeting was held in December 2024 and a specific mental health protocol was developed to support one resident during the Christmas period which was historically a difficult time for them. The detailed protocol provided information regarding the environment, familiar staffing supports and specific indicators that may be evident if the resident was experiencing increased anxiety or difficulties. The protocol also gave details of opening times during the holiday period of support services if required by the staff team . The inspector was informed the resident had coped very well during the recent holiday period.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. The inspector was also informed a further review was planned to take place of all

intimate care plans as part of the overall review of each resident's personal plan.

Residents were provided with relevant information in a suitable format and supported to discuss safeguarding at their key working and/or residents meetings.

There was one active safeguarding plan at the time of this inspection. A response was awaited from the safeguarding and protection team following the submission of a preliminary screening and interim safeguarding plan on 6 January 2025. This plan had been further reviewed by the designated officer and the person in charge on the day before this inspection. A further review was planned to identify possible triggers to reduce the risk of adverse interactions taking place going forward.

The inspector reviewed documentation contained within a safeguarding folder during the inspection. Gaps in documentation for a number of closed safeguarding plans were identified by the inspector. For example, there was no documented response from the safeguarding and protection teams following the submission of a preliminary screening in June 2024. This was discussed with the person in charge during the inspection. This will be actioned under Regulation 5: Individual assessment and personal plans

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

All residents were being supported in single occupancy bedrooms which had been decorated in line with individual preferences. A local protocol in place in this designated centre ensured all residents were afforded a quiet restful environment at night time. Due to the location of the laundry facilities near one resident's bedroom no laundry was being completed once that resident retired to bed to aid a restful night's sleep.

The provider had resources in place to support each resident to attend their preferred activities regularly, this included community groups and social activities.

Residents had daily and weekly planners which were reflective of personal interests while ensuring attendance at their day service if they wished to attend. Staff spoke of how they were respectful of residents choices regarding attending their day services. Alternative arrangements and activities could be scheduled if required. For example, on the day of the inspection, one resident attended the day service in the morning, but preferred to remain in the designated centre completing their

preferred activity in the afternoon.

Two residents were being supported to commence or progress with the processes involved with the Assisted Decision Making Act 2015.

However, further review of the arrangements in place regarding the safeguarding and management of the finances for two other residents was required. It was not evident at the time of this inspection that either resident had been supported by advocacy services to determine their will and preference regarding the management of their finances. While consents had been signed by both residents in June 2023, details of information about their rights regarding this matter were not evident to have been provided by advocacy services. In addition, the current arrangements required the staff team to request money on behalf of these residents required further review to ensure it did not adversely impact either residents freedom to exercise choice and control in their daily lives.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for North County Cork 4 OSV-0003294

Inspection ID: MON-0045846

Date of inspection: 28/01/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure the premises of the designated centre internally and externally are designed and laid out to meet the aims and objectives of the service and the number and needs of residents the following was identified following a walk around with the facilities manager and the PIC on 18.02.2025 • Identified painting to be carried out of ceilings in two en – suites and two bathrooms. Completed on 18.02.2025 • Flooring identified to be replaced. To be completed by 30.03.2025 • Layout of visitors room reviewed. New couch to be purchased . To be completed by 30.06.2025 • Staff lockers to be relocated within the residence . Staff personal items to be stored in lockers. To be completed by 15.04.2025 • A new schedule for laundry will be developed by the PIC and discussed with residents at the residential forum.This was completed on 19.02.2025 • A new industrial washing machine and dryer has been purchased.Completed on 6.02.2025	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: There is a process through risk management systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. To ensure same the following were identified for completion: • The risk register has been viewed by the PIC . On review no identified high risks identified. Completed on 1.02.2025 • All individual risk assessments to be reviewed as per policy guidelines. To be completed by 30.04.2025	

• Hseland training on risk assessmets to support risk rating to be completed by the staff team. To be completed by 11.03.2025
• Language within one residents personal plan to be reviewed. To be completed by 28.02.2025

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:

To come into compliance with regulation 5: Individual assessment and personal plan will be scheduled for review annually or as required:
• The PIC is in the process of auditing all personal plans. A schedule will be developed by the PIC for all personal plans to be reviewed and updated. To be completed by 31.05.2025
• A schedule of PCPs has been created by the PIC. Goals identified will reflect the persons interests and be more person centred. stepped approach to PCP goals will be reflected within PCP goal setting. All PCPs to be completed by 15.04.2025
• Documentation will be updated to reflect the current management structure. All documentation will be reviewed and older documentation will be filled away. To be completed by 15.04.2025
• Training on PCP goal setting will be completed by the staff team 31.05.2025

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

To come into compliance with residents' rights : Advocacy services and information will be shared with residents about his or her rights.
• PIC to carry out financial audit to include review of financial assessments and consent around finances. To be completed by 31.03.2025
• Internal advocacy officer will support residents around personal finances. Introduction meeting scheduled for 18.02.2025. Further meetings arranged for 05.03.2025 and 10.03.2025 to provide education and tools necessary to ensure informed decision and consent is being given to residents with regards to finances. Referrals to social work will be submitted to support this process. To be completed by 30.09.2025
• External advocacy will be applied for if a resident so wishes.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	30/04/2025

	ongoing review of risk, including a system for responding to emergencies.			
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	31/05/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	15/04/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Not Compliant	Orange	31/03/2025

	disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/06/2025
Regulation 09(2)(d)	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 access to advocacy services and information about his or her rights.	Not Compliant	Orange	30/06/2025