



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 10
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	24 February 2025
Centre ID:	OSV-0003354
Fieldwork ID:	MON-0045618

About the designated centre

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

Cork City North 10 forms part of Cope Foundation's services and is a residential short-break service for children. It is a purpose-built building with a capacity for 8 residents. All bedrooms are en-suite with direct access to an enclosed garden which is landscaped with seating and areas for activities. The house and gardens are wheelchair accessible. The service is for male and female children with varying levels of intellectual disability and/ or autism / other diagnosis / complex medical and or behavioural support needs from 6 to 18 years of age. The centre is open 7 days a week, 24 hours a day, 363 days a year. The centre is staffed 24/7 to ensure appropriate supervision and support of the children and young people accessing the service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 24 February 2025	09:30hrs to 19:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection found that there were systems in place to ensure that the residents availing of respite services in this centre at the time of this inspection were provided with a good quality service that was tailored to their individual needs and preferences. There were local management systems in place that promoted a safe and effective service. Some issues were identified in relation to fire precautions, personal planning, staff training, premises, and governance and management.

Since the previous inspection, the previous resident had transitioned out of the centre and a change in use of the centre had occurred. The centre was now providing respite services to children and young people up to eighteen years of age. Prior to that change occurring, the provider had carried out substantial works to the premises of the centre. This was the first inspection of this centre since those works had taken place and the children's respite service had transferred to this centre. The inspector was told by management and staff that the transition into the centre had been a positive move for the children availing of respite services. This premises provided for enhanced facilities and more indoor and outdoor space for residents than the previous centre the respite service had occupied.

The person in charge was not present on the day of this unannounced risk based inspection and the inspection was facilitated by a clinical nurse manager 1 (CNM1) and a regional manager, who was also a person participating in the management of the centre (PPIM). Some residents had departed this centre for school prior to the arrival of the inspector on the morning of the inspection. In all, the inspector met four residents during this inspection. One resident was still in the centre and met with the inspector for a short period prior to leaving. Four residents were due to stay in the centre that night, and the inspector had an opportunity to meet with and observe three residents later in the day, on their return from school and evening activities. During the inspection, the inspector had an opportunity to view all areas of the centre and meet with staff, some members of management and a family member also.

This centre comprises a portion of a large building located on a campus setting that provides other services under the remit of the provider. The centre was laid out internally and externally in a suitable manner to accommodate children. The house was suitable to provide services to residents with specific mobility needs with accessible shower and bath facilities present. At the time of this inspection, the centre was operating as a respite centre that can accommodate up to eight residents at any one time, although usually five or less children attend at any one time. At the time of this inspection 41 children were listed on the directory of residents as receiving respite supports from this centre.

The centre was seen to be spacious and bright. Overall the centre was clean, although some areas were noted to require some further attention to detail. There were communal areas that were decorated in a manner that suited the age range of

the residents that used it. The hallway of the centre was decorated with murals and sensory boards. Each resident had their own bedroom during respite stays. Bedrooms were large, bright and airy, with en-suite facilities available to residents. Bedrooms had wall mounted televisions available for residents. The bedrooms were noted to have minimal décor that would indicate they were used by children. However, to an extent this was in keeping with the assessed needs of some residents who used the centre. During a walkaround of the centre, the inspector saw that most of the fire doors in the centre had large gaps in the junction between the flooring and the bottom of the door.

There were a number of areas in which residents could relax or play, including a sensory room, a large sitting room and a large dining and seating area located beside the kitchen. The sensory room was seen to be equipped with a range of equipment for residents including a small trampoline, bean bags, exercise/play mats and sensory lighting. There were two large garden areas accessible from the centre, both with lawn areas. One garden had play equipment such as swings, a trampoline and some sports equipment available to residents. Staff told the inspector that they were also fundraising for new playground equipment for this centre and this would further enhance the outdoor facilities available to children visiting the centre.

Residents were seen to be provided with good staff supports in the centre, with enough staff on duty to meet the needs of the residents there. On the day of the inspection, residents were generally being provided with 1:1 staff supports. While residents overall did not engage at length with the inspector, they were seen to be content during this inspection. Residents were seen relaxing in the communal areas using tablet devices, eating in the centre dining room, using play equipment and going out for a drive with staff. A parent met with during the inspection reported that they were very satisfied with the care and support that their resident received in the centre. Staff had also completed training in human rights and staff spoken with gave examples of how the service respected the rights of residents, such as through offering choices in relation to food, clothing and activities. Staff interactions with residents were seen to be kind and positive interactions between staff and residents were observed.

There was evidence residents and their representatives were consulted with about the service provided in the centre. Ten annual satisfaction surveys completed in February 2024 by families of the children were viewed. The inspector saw that for the most part these contained very positive responses about the care and support received in the centre and the services and facilities available to residents, particularly in relation to the staff working in the centre. Some suggestions for improvement were noted such as displaying staff pictures in the centre to inform residents about who was working and more communication with family members after a stay. Details of a complaint received from a family member following an incident in the centre was also viewed by the inspector. Although this indicated that the family of this resident were dissatisfied about the circumstances of this incident, there was evidence that the provider had responded to concerns and feedback raised in the centre and taken action where required.

Overall, children were receiving appropriate care and support in this centre to meet

their needs. However, the inspector was told about a small cohort of children that required intensive behaviour supports that were not available to them as part of the services provided in the centre and this was impacting on the service some children received. This will be discussed later in this report. Some issues were also identified in relation to fire safety. 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 in the centre.

Capacity and capability

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. There was a clear management structure present in this centre and the systems in place were ensuring that residents were being provided with a good quality service in the centre. However, at the time of this inspection, the management systems in place were unable to ensure that the service provided was fully safe and appropriate to some residents' needs due to a lack of access to positive behaviour supports. Also some issues in relation to fire safety had not been addressed in a timely manner and some staff training was overdue.

The management structure in the centre was outlined in the statement of purpose. Frontline staff reported to a CNM1 and the person in charge. The person in charge reported to a regional manager, who was also person participating in management (PPIM). The PPIM reported to the chief operations officer, who in turn reported to the chief executive, who reported to a board of directors.

This was an unannounced inspection and was the first inspection of this centre since respite services had commenced there. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were for the most part effective. There was evidence that the provider was identifying issues and generally taking action in response to them. However, issues in relation to fire safety that had the potential to pose a risk to residents had been escalated to the provider in November 2024 and remained outstanding at the time of this inspection. Also, as will be discussed under Regulation 23, site specific positive behaviour supports are not provided to residents and this was impacting the ability of the staff and management team to fully meet the assessed needs of some residents using the centre.

The inspector reviewed a number of incidents that had been notified to the Chief Inspector by the provider and saw that these had been appropriately notified and that there was evidence of learning from incidents, and action taken in response to

incidents where required. For example, the Chief Inspector had been notified that a child had sustained an injury in the centre that was potentially contributed to by potential poor practice of a staff member. The inspector viewed evidence in the centre that this had been robustly responded to and that action had been taken to learn from and respond to the incident and that learning from this incident was disseminated across the staff team. For example, the minutes of a safety meeting completed in January 2025 showed that an important policies in place in the centre had been discussed with the staff team in response to an incident that had occurred and that safeguarding plans and risks identified in the centre were discussed.

On the day of this inspection there were three health care assistants, a staff nurse and the CNM1 present on site to support the needs of the children using the service and the inspector saw that the roster for the week of the inspection, which was unannounced, showed that staffing levels were sufficient to meet the needs of the children using the service. Agency staff were not in use in the centre at the time of this inspection. There were some staff vacancies due to statutory leave and these were discussed with the management of the centre.

Although the person in charge was not present during this inspection, it was evident that this individual maintained a strong presence in the centre and maintained good local oversight of the service provided in the centre. For example, a schedule was in place for team meetings including staff nurse meetings, unit meetings and quarterly infection prevention and control meetings and the minutes of some of these meetings showed that important issues were addressed and discussed including issues identified during audits, specific changes for residents and learning and review of any incidents that occurred in the centre. Staff members spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

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

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider had made an application to vary the conditions of the registration of the centre as required under section 52 of the Act. The centre was now seen to be operating under these varied Conditions as appropriate.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the training needs of staff were being appropriately considered and this meant that residents could be provided with safe and good quality care and support appropriate to their needs. Staff reported good access to training and that the training provided supported them in their work in the centre. A staff member who had recently commenced working in the centre told the inspector that they had been provided with a good induction to the service and that management were very supportive in the centre. Mandatory training provided included training in the areas fire safety, safety intervention and safeguarding. One new staff member had not yet completed some mandatory training and this had been identified on the matrix with details of actions taken such as training requests submitted.

The inspector viewed a training matrix for eighteen staff that were actively employed in the centre at the time of the inspection, including the person in charge. This matrix showed that overall staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff but that some training was due to be completed.

For example, two staff did not have up-to-date training in the area of behaviour support and one staff member was overdue refresher training in Fire Safety. All staff had up-to-date safeguarding training and most staff working in the centre had completed up-to-date Children's First training but one staff member listed on this matrix had not yet completed this.

A schedule was viewed that showed that staff were provided with regular performance management reviews and that additional formal sessions were scheduled with staff if required to respond to any areas of concern and support staff in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, this inspection found that the provider was ensuring that this designated centre was adequately resourced to provide for the effective delivery of care and support in accordance with the statement of purpose. Management systems in place were ensuring that the service provided was appropriate to residents' needs. For example:

- There were staff of a sufficient number and skill mix rostered to ensure that residents' needs were met during respite stays in the centre.

- Transport was available to residents

- The premises was overall suited to the needs of residents and well maintained

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and

their family members. Unannounced six-monthly visits were being conducted by a representative of the provider and a report of the most recent visit completed by the provider in November 2024 was reviewed by the inspector. It was seen that this report assessed a number of relevant areas related to residents' care and the governance of the centre. An action plan was in place that outlined any completed or outstanding actions required to address any issues identified.

Staff and management of the centre identified that more supports were required to equip staff with the information and expertise to safely manage all residents' behaviours of concern. Children availing of respite services in this centre did not have access to positive behaviour supports that were tailored to the centre and the guidance available was not always suitable to fully meet their needs in the designated centre. Some children received support in this area through their children's network disability team, but not all children had regular access to this support. The inspector saw incident reports that indicated that a referral for positive behaviour support had been made by the centre to the children's disability network team but this support had not yet been provided. Behaviour support guidance in place was not sufficient to ensure that some residents could be always safely supported when in the designated centre. The inspector was told about, and saw incident reports and risk assessments that detailed that two serious incidents had occurred recently in the centre. During these incidents staff had been injured, and the service provided to a resident had been curtailed due to the provider being unable to meet their needs in this area. While this issue had been escalated to the Senior Executive Team and a draft protocol for responding to crisis behaviours had been compiled by the local management team, the service remained unable to fully meet the assessed needs of some residents due to an ongoing lack of supports available to residents in the area of positive behavioural support.

Also, an issue relating to the fire doors, that presented a risk to residents in the event of an outbreak of fire, had been identified almost 12 months prior to this inspection and a maintenance request submitted by the person in charge. This was escalated to the provider in November 2024. While works were planned to address this issue at the time of the inspection, there was little evidence to show that prompt action had been taken by the provider to address this risk.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured that a statement of purpose was prepared in respect of the designated centre that contained all of the information as specified in Schedule 1 of the regulations. This document was available in the centre and was reviewed by the inspector during the inspection. The statement of purpose contained all of the information as specified in the regulations, was seen to accurately reflect the information about the services and facilities provided in the

centre, and had been updated to reflect management changes that had occurred.
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The person in charge had notified the Chief Inspector of Social Services in writing, as appropriate, of any incidents that had occurred in the designated centre. The inspector reviewed a sample of four months incident reports and saw that these indicated that the Chief Inspector had been notified of injuries and any allegation of confirmed or suspected abuse in the centre that were recorded. From speaking to staff and management and reviewing other documentation in the centre, the inspector was not made aware of any incidents that had not been reported.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The registered provider had in place a complaints policy and had nominated individuals to oversee the management of complaints. Easy-to-read guidance in relation to how to make a complaint was available to the residents and was viewed by the inspector in the centre. When speaking with some of the staff working in the centre, they presented as familiar with the complaints procedures in place. The PPIM spoke about some of the complaints that had been received in the designated centre and how these were responded to. There was evidence that residents and/or their representatives would be supported to raise issues or concerns and that these concerns would be taken seriously and used to inform ongoing practice in the centre.</p> <p>The complaints log was reviewed by the inspector in the centre and three complaints had been documented since the function of the centre had changed. It was seen that complaints were recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint, and the satisfaction of the complainant. For example, a family member had made a complaint following an incident in the centre and it was seen that this had been recorded in line with the complaints procedures in place.</p>
Judgment: Compliant
Quality and safety

The welfare and wellbeing of residents that used this centre was for the most part maintained by a good standard of evidence-based care and support. The evidence reviewed during this inspection indicated that while overall the service provided was good quality, safe, and appropriate to residents' needs, some risks had been identified and escalated to the provider. These have been discussed previously under Regulation 23: Governance and Management and will also be discussed under Regulation 28: Fire safety precautions.

The centre had been brought back into a good state of repair internally and externally since the previous inspection. The centre was seen to be overall clean, although some areas were noted to require cleaning. It is acknowledged that the staff working in the centre had a very large area to maintain and clean on a daily basis due to the size and layout of the centre.

Staff spoken with and observed in the centre presented as overall knowledgeable about the residents that used the services in the centre well and aware of their individual support needs. Two staff members present on the day of the inspection spoke with the inspector and the inspector also had brief interactions with other staff present. These staff presented a positive overview of the care provided in the centre and how these management systems in place contributed to this.

The inspector was told about how the staff prepared prior to each shift. A 'safety pause' was completed to consider and discuss the needs of the children that were using the service and any changes that had occurred. The PPIM told the inspector that there were plans to reintroduce a pre-admission checklist to ensure that prior to each visit any changes to residents assessed needs, medications or other important information was communicated to the service. Staff and management spoken with confirmed that the compatibility of residents was carefully considered when planning how respite services were provided. Personal plans were in place. These were seen to be comprehensive and provide very good guidance to staff but did not include details on identified goals.

Staff told the inspector that residents had access to transport and that there was usually staff that could drive the service transport were rostered on to facilitate residents leaving the centre if they wished. The inspector was told that as much as possible staff made efforts to facilitate children's preferences. Staff had received training in human rights and spoke about how residents' rights were promoted in the centre through offering choice and respecting the communication styles of residents.

While information about supporting residents to manage their behaviour was viewed in residents' files, residents that used the centre did not have access to positive behaviour supports that were tailored or site specific to their respite service. The plans in place therefore did not always provide sufficient guidance to staff to support residents to manage their behaviour and keep themselves and others safe. This meant that staff did not always have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Staff spoke about the challenges in meeting the needs of a small number of residents who presented with significant behaviours of concern on

occasion. Emergency services (An Garda Siochana) had recently been to attend the centre to support staff during a recent incident that staff were not fully equipped to deal with. While Garda intervention was subsequently not required on this occasion, this incident did result in the curtailment of respite services to a resident and other residents were reported to have been impacted also, although not significantly. This issue was outside the control of the person in charge and had been escalated by the local management in the centre to the provider at the time of this inspection and is covered under Regulation 23: Governance and Management.

Regulation 13: General welfare and development

Overall, the registered provider was providing each resident with appropriate care and support in accordance with evidence-based practice. Some issues in relation to fully meeting the needs of residents are discussed under Regulation 23: Governance and Management. As mentioned in the first section of this report, efforts were being made to consult with residents and their families to inform how they would be best supported while in the centre. The registered provider was providing access to facilities for recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The registered provider had also ensured that children had opportunities for play. There was indoor and outdoor play equipment available to residents and a large sensory room available for the use of residents, as well as number of communal areas with access to multimedia and games. The inspector saw that the residents in the centre on the afternoon of the inspection were offered activities that they enjoyed and had opportunities to spend time outside if they wished.

This centre was staffed on a 24 hour basis and this afforded staff with time to complete administration duties and some cleaning and housekeeping duties when residents were not present, such as when children were at school. Although the centre could accommodate up to eight residents on respite, generally five or less children were accommodated at any one time, depending on their assessed needs. This meant that the service provided was being tailored to meet the needs of residents and that residents could be provided with a person centred service while availing of respite breaks. The inspector was told about how new residents were supported in their transition into the centre. Typically, residents would visit the centre first and spend a few hours by day in the centre, with this progressing to overnight stays at the child's pace. Management told the inspector that compatibility among resident cohorts was reviewed regularly to ensure a safe service could be provided to all residents.

At the time of this inspection one resident was receiving supports in hospital at the time of this inspection and was choosing not to avail of services in the centre. The inspector was provided evidence that the provider was maintaining contact and that this resident was provided with opportunities to attend the centre for respite breaks if desired.

Staff in the centre were committed to providing an appropriate environment for the children that used the service and told the inspector about plans to fundraise for playground equipment to further enhance one of the garden areas of the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Significant works had been completed since the previous inspection to renovate the centre. The centre was accessible to residents that used mobility equipment and was spacious to accommodate the needs of children using the service. Adequate bathroom and kitchen facilities were provided. Some communal areas were seen to be decorated in a manner that reflected the resident profile of the centre but bedroom décor was noted to be bare. Suitable storage facilities were provided to residents. There was suitable outdoor areas available for the use of residents and play equipment, such as swings, a trampoline and outdoor toys for residents were observed. The inspector was told that some further works were planned for one external area of the centre and that it was hoped that more playground equipment that would be accessible to residents would be installed in this area.

While overall, the centre presented as clean, some further efforts were required to ensure that all areas were regularly cleaned and checked. Also ongoing maintenance was required.

-evidence of incomplete cleaning was noted in a number of lesser used areas of the centre.

-a broken toy was observed outside

-storm debris was noted to be present in some areas of the garden that were accessible to residents

-some bathroom fittings were noted to be stained and required deep cleaning.

-Some areas of flooring were observed to be damaged.

-Some paintwork was required to cover areas where fittings had been relocated

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge was ensuring that there was adequate provision for residents' food to be stored in hygienic conditions and that residents could be provided with choices and variety while staying in the centre. Ample storage for food was viewed in a kitchen and utility area that included a fridge, freezer and storage shelves for dry goods. Cooking facilities were provided in the kitchen of the centre and this was observed to be kept clean. Ample supplies of fresh, frozen and dry foods were observed. The inspector viewed a system of food labelling was in place to ensure that food was safely stored and disposed of if required. The inspector saw that foodstuffs were available in the centre to provide for choices and a variety of foods were available to residents. Some records, such as fridge and freezer temperature records and individual records of food provided were viewed and seen to be maintained. The inspector saw that residents were offered meals and refreshments regularly and were provided with support if required in this area.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place that provided for the identification, assessment and review of risk in designated centres under its remit. The same policy also outlined control measures for specific risks as required including self-harm and accidental injury. A system was in operation for the recording and review of incidents occurring in the centre and risk management systems were in place. A site specific risk register was reviewed by the inspector. This had recently been reviewed by the person in charge and identified a number of risks and the control measures in place or action required to mitigate against identified risk in the centre. Any open risks in the centre had specific actions outlined that were underway. Individual risks were also identified for residents and this meant that staff were provided with the information they needed to manage risk in the centre and keep residents, staff and visitors safe. Risk assessments were seen to be updated following incidents in the centre and risks were escalated to the provider if required.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured that fully effective fire safety management systems were in place in this centre at the time of this inspection. Appropriate containment measures were not in place. Fire doors observed throughout the centre

were seen to have significant gaps underneath. This meant that residents would not be fully protected from the spread of smoke in the event of an outbreak of fire in the centre. While this had been identified by the provider prior to the inspection, it was not evidenced that this had been addressed in a timely manner. This issue had been raised by the person in charge of the centre almost a year prior to this inspection and the inspector was told this had been escalated in November 2024 and remedial works were planned and were due to be completed in the weeks following the inspection.

Aside from this, fire safety equipment such as emergency lighting, fire alarms, fire extinguishers, fire blankets, break glass units and fire doors were observed by the inspector during a walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers and a schedule of alarm servicing and testing viewed confirmed that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained. Staffing levels by day and night were sufficient to provide for safe and timely evacuation of residents and residents had direct evacuation routes from their bedrooms.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that personal plans were in place for residents as required under the regulations. Individualised plans were in place for residents that set out the health, social and personal supports required by each resident and support plans in place. A sample of five personal plans were reviewed in detail during the inspection. Plans in place reflected residents' assessed needs and these were being reviewed and updated to reflect changing circumstances and support needs. These contained relevant guidance for staff about the assessed needs of residents and these were being updated at least annually but as required to reflect changes in circumstances. This meant that the care and support offered to residents was evidence based and overall person centred.

However, plans in place did not clearly set out the supports required to maximise the residents' personal development in accordance with his or her wishes. For example, while annual person centred planning meetings were documented as taking place there were no personal goals identified or tracked in the personal plans arising from these meetings.

The registered provider was ensuring that overall arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Resident numbers and groupings were considered to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents. Some issues were identified in relation to access to positive behaviour support that was impacting on the providers' ability to fully meet the needs of some residents in

<p>this area. This has been covered under Regulation 23: Governance and Management.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 6: Health care</p>
<p>Resident information viewed indicated that residents were supported to access healthcare and medical services if required. Given that this was a respite service, residents' healthcare appointments were generally managed by their families and guardians. Healthcare plans were in place that provided good guidance for staff to support residents with their healthcare needs. Nursing care was provided in the centre if required by residents and usually a staff nurse was available to residents 24 hours a day, with additional nursing supports available through the management team or on-call arrangements if required.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>The registered provider had systems in place to protect residents from abuse and to keep residents safe in this centre.</p> <p>All staff had up-to-date safeguarding training and most staff working in the centre had completed up-to-date Children's First training. One new staff member listed on this matrix had not yet completed this and there was evidence that this had been actioned by the person in charge.</p> <p>Staff spoken with during the inspection were familiar with safeguarding procedures in the centre and told the inspector that they would be comfortable to report any concerns they had and that they felt concerns would be robustly responded to. They told the inspector that they felt residents were very safe in this centre and were well protected. For example, any safeguarding concerns between children were closely monitored and well managed and staff were provided with information they needed to keep residents safe, such as support needs or individual risks management plans. Safeguarding and individual risks were discussed during the daily safety pause and safeguarding and learning from incidents was discussed during team meetings in the centre.</p> <p>There were no open safeguarding concerns identified by the provider at the time of this inspection. The PPIM was familiar with any previous safeguarding concerns that had been notified to the Chief Inspector and discussed how these were managed.</p> <p>Staff and management told the inspector that the groupings of children</p>

accommodated at any one time were carefully considered and that this meant resident groups tended to be compatible.

The inspector had been informed of an accident that had occurred in the centre that had been contributed to by a staff member not adhering to the policies and procedures in place in the centre. A resident had sustained an injury that required medical intervention as a result of this. This was seen to have been responded to by the provider and a number of actions taken to prevent reoccurrence. There was evidence that the residents' family had been communicated with and their views and concerns taken on board following the incident.

Judgment: 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	
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cork City North 10 OSV-0003354

Inspection ID: MON-0045618

Date of inspection: 24/02/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• 1 staff member is due back from statutory leave on 24/5/2025. This staff will complete refresher fire training on their return.• All staff have completed training in children's first.• Positive behaviour support training is booked for 6 staff members to complete with aim for completion in November 2025.• All staff will have safety intervention training completed by the end of August 2025.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Positive Behaviour Support In order to address the identified deficits in behavioral support provision and to ensure safe and effective service delivery, the following measures will be implemented: <ul style="list-style-type: none">• Development of Site-Specific Positive Behavioural Support (PBS) Plans – the respite team will develop individualised, site-specific PBS plans for any children who require enhanced behavioural supports while attending respite. These plans will be informed by the unique needs of each child. Records will be maintained throughout children's respite	

visits including preferred activities, sensory preferences, known triggers / sensory aversions, any incident reports, general observations and activities of daily living etc. Any behaviours of concern documented will help to inform the content of the PBS plans.

- Multidisciplinary Collaboration – the respite team will liaise closely with Children’s Disability Network Teams, schools, families and other relevant professionals to ensure a comprehensive understanding of each child’s support needs and promote continuity of care across all settings. This process will ensure that the the PBS plan is child-centred, evidence based and tailored to the unique environment of respite, enabling the team to provide safe and effective support for children when they are accessing the service.

- Inclusion of Tailored Crisis Behaviour Protocols – the management team have developed a crisis behavior protocol specific to the respite centre. All staff are aware of the protocol and when to implement for the safety of children and staff in the centre. Each PBS plan will include a child-specific crisis behavior protocol outlining clear reactive strategies to be followed in the event of high-risk behaviours including immediate safety measures for staff to implement, a child-specific safety plan where appropriate, notification of senior management, family etc. These protocols will prioritize safety, consistency and de-escalation and will ensure staff are confident in responding effectively to behavioural crises.

- Staff Training and Capacity Building – the Person in Charge will provide regular onsite guidance and oversight to support staff in the practical implementation of PBS strategies outlined in the child’s plan. This includes coaching, modelling and ensuring staff feel confident and supported in responding to behaviours of concern in line with the PBS plans that are tailored to the respite environment. All staff receive safety intervention training as mandatory and positive behavior support training. The Person in Charge also actively sources and coordinates external specialist training opportunities for staff, particularly in areas that support children with complex needs to strengthen compliance with relevant regulations and best practice frameworks.

- Ongoing Review and Monitoring – PBS plans will be reviewed on a quarterly basis (or sooner if required) in consultation with families and CDNT to ensure they remain effective and appropriate for the child. Adjustments will be made based on observed outcomes and any changes in the child’s needs or presentation.

Fire Safety

- Works commenced on the outstanding fire issues on 5th March 2025 and all works will be completed by 31st May 2025.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A cleaning schedule is in place in the centre and cleaning standards are audited regularly as part of the overall organisational audit schedule. The Person in Charge will identify a staff member dedicated to monitor cleaning standards of lesser used areas of the centre and ensure that these areas are included on the centre’s cleaning schedule.

<ul style="list-style-type: none"> • All outdoor areas accessible to children are checked daily for debris or any potential hazards. • All stained bathroom fittings have been deep cleaned and ongoing checks are part of routine maintenance to identify and resolve issues promptly. • A volunteer artist has been identified to come onsite and complete some works to make the centre more child friendly. This person is currently going through the Garda vetting process with aim to commence in May 2025. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Works commenced on the outstanding fire issues on 5th March 2025 and all works will be completed by 31st May 2025. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Given the nature of respite care, a 'Short Breaks Passport' document has been developed and is being implemented across all respite services in the organisation.</p> <p>The Short Breaks Passport captures essential information for each child including;</p> <ul style="list-style-type: none"> • The child's strengths, preferences and interests. • Specific support needs during their respite stay. • Communication methods and sensory considerations. • Key priorities identified by families / carers to ensure meaningful engagement during respite. <p>These passports are developed in collaboration with families and reviewed regularly to ensure they reflect the child's evolving needs and preferences. They enable staff to deliver personalised and responsive care for each child availing of respite.</p> <p>Additionally, the outcomes of annual Person-Centred Planning meetings held by the Person in Charge of the Designated Centre and annual MDT meetings held by the child's disability network team (CDNT) are used to inform the content of the passport, ensuring alignment with broader developmental goals without duplicating efforts or creating unrealistic expectations within the scope of respite provision.</p> <p>Through the use of Short Breaks Passports, the service aims to enhance consistency of care, maximise the quality of each child's experience and ensure that personal supports are clearly outlined, accessible and actionable by all staff involved.</p> <p>The Person in Charge and staff team are working on transitioning all children's personal</p>	

plans to Short Breaks Passports with aim for completion of all plans by 31st August 2025. Any new child allocated a respite service will have a Short Breaks Passport developed within 28 days of their first admission to the Designated Centre.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2025
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively	Not Compliant	Orange	31/08/2025

	monitored.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/05/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/08/2025