



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcoran and East Cork
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0005603
Fieldwork ID:	MON-0045079

## About the designated centre

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

Kilcoran East Cork is a designated centre located in the East Cork region. Residential services are currently afforded to 21 adults with an intellectual disability, following reconfiguration of the centre. The centre is comprised of six bungalows each being decorated in line with the residents' individual preferences and taste. The service operates on a 24 hour, seven day a week basis ensuring residents are supported by staff at all times. Staffing levels in each house are allocated according to residents' assessed needs, as reflected within individualised personal plans. Nursing support is in place as required.

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

Number of residents on the date of inspection:	19
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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
Thursday 23 January 2025	08:45hrs to 17:15hrs	Lisa Redmond	Lead
Thursday 23 January 2025	08:45hrs to 17:00hrs	Conor Dennehy	Support
Thursday 23 January 2025	08:45hrs to 17:15hrs	Elaine McKeown	Support

## What residents told us and what inspectors observed

This inspection was carried out by three inspectors across the six houses in the designated centre Kilcoran and East Cork. Each inspector visited two of the centre's houses, with these individual houses providing a home to between two to four residents. The centre was registered to provide residential supports to a total of 21 residents. At the time of this inspection, 19 residents lived in Kilcoran and East Cork, and each of these residents met with inspectors during the inspection day.

This inspection was an unannounced safeguarding inspection. The safeguarding regulatory programme puts a focus on adult safeguarding in designated centres and it includes the review of specified regulations. This safeguarding inspection was carried out to identify if the registered provider had increased compliance with the regulations following the inspection completed in the centre in February 2024. In some areas, residents had transitioned to new homes within this designated centre and other centres operated by the registered provider in response to safeguarding concerns. Overall, it was evident that this had a positive impact on the lived experience of the residents involved. However, it was noted that in one house, the two residents were not compatible to live together, with one resident verbally expressing their views on their current living arrangement. This will be further discussed throughout the inspection report.

Inspectors used a 'nice to meet you' document to introduce each inspector to the residents they were visiting. This document also explained the reason for each inspectors' presence in the residents' homes. Some residents chose not to engage with inspectors and this choice was respected. A number of residents were unable to verbally express their views on what it was like to live in their home. In these instances, inspectors observed residents' interactions with those they lived with, staff members and their environment. Inspectors also spoke with staff members to ascertain residents' satisfaction in their home.

Three male residents lived in one of the centre's houses. One resident declined to speak with the inspector, however gave a thumbs up gesture to indicate that they were happy with the inspector being in their home. This resident was observed to be relaxing in the sitting room watching television and had plans to visit the library and go for a haircut later in the afternoon. A second resident living here had a visual impairment, and was observed to be supported by staff members to navigate their home in line with their mobility and health requirements. The resident was observed laughing and smiling as they interacted with staff members and it was evident from their body language that they appeared comfortable in the presence of staff members.

A third resident chatted with the inspector as they were supported to have a cup of tea and a biscuit. This resident had a lie-in on the morning of the inspection and engaged in meditation before they started their day. During a discussion with the resident they told the inspector that they liked their home, and that they were

happy living there. During this discussion, the resident began to display some confusion in line with a medical diagnosis and reassurance was provided by staff members at this time. Staff members alerted the person in charge, who was a registered nurse, regarding the resident's presentation at this time.

A fourth resident had moved out of this house in the weeks before the inspection had taken place. Staff members spoken with told the inspector that this had a positive impact on the residents who continued to live in this house as the previous resident was no longer compatible to live with the other three residents. This had resulted in the closure of a number of safeguarding plans in the centre, and at the time of the inspection there were no active safeguarding concerns in this house. It was noted that the atmosphere in this house was calm and quiet, and residents appeared comfortable as they sat in the living room and watched television together.

Each of the residents' homes were observed to be warm and homely. In one of the houses, each resident had their preferred location to spend time which staff outlined to the inspector and was observed during the visit. For example, one resident liked to spend time in the kitchen, with personal items available to them on the table. This included noise cancelling headphones to support them. The resident did not like too many people to be in their personal space at times and this was observed by the inspector to be effective in assisting the resident to remain in their preferred location.

In this house, the inspector was introduced to another resident who was having breakfast in the dining room and then supported to go their day service by a staff member. They spoke with the inspector on two occasions while the inspector was visiting the house. They spoke of enjoying time at home with relatives over Christmas and of going shopping in the local community. They were aware of where their money was being kept safe for them and informed the inspector they were able to access it as they needed it, this included spending money on Christmas gifts in December. However, the resident did not have a bank card or other device for which they could pay for items rather than using cash payments, if they choose to do so. When staff were asked if such alternatives had been considered or if support and education was being provided, the inspector was informed it had not been considered.

Another resident had arranged with a friend to go out for brunch. They spoke with the inspector prior to leaving and outlined how happy they were living in the designated centre. They spoke about their hobbies and interests which included attending sporting fixtures. They were also able to outline how they managed their money with the support of the staff team. However, while the process to support the resident to open a personal finance account had commenced it had not been completed at the time of this inspection.

An inspector visited one of the houses where four residents were living. Upon their arrival there, they were met by a staff member and one of the residents. This resident warmly greeted the inspector and shook their hand before offering the inspector a cup of tea. The inspector accepted this offer and sat with the resident as

the staff member prepared tea for both. This staff member brought a cup of tea to the resident and encouraged the resident to add their own milk which they did. The same staff member also brought a plate with some cake on it for the resident to enjoy. The resident ate this and informed the inspector that they had made this cake earlier in the day and that sometimes they made buns also. This resident was very chatty, upbeat and inquisitive as they spoke with the inspector. The inspector was also able to ask the resident questions about their life in their home. In responses to these the resident indicated that they liked living in the centre because of the staff and got on with the other residents living in the house. The resident appeared very happy throughout this conversation.

Upon arrival at one of the houses where two residents were living, when the inspector knocked at the front door, the door was opened by one of the residents. The inspector greeted the resident and introduced them self while also showing the resident their identification. The resident responded by shaking the inspector's hand and calling a member of staff. This member of staff was overheard reassuring the resident as to why the inspector was visiting the resident's home. After this initial introduction the resident left the house to go get coffee before going to stay with a relative.

While the inspector's interaction with this resident was brief, they had an opportunity to have a conversation with the other resident living in this house in the presence of a staff member. This resident seemed comfortable with this staff member and commented very positively on them and other staff who supported them. When the inspector asked the resident if they liked living in their home they said 'no'. The resident spoke about their experience of living with a peer resident who engaged in behaviours that challenge. The resident stated that this resident was "constantly at it". It was mentioned by the resident that they were "heart-broken" because of this. The resident was asked if they felt safe in their home and they responded 'no'. The resident also told the inspector that they had to lock their bedroom because of their peer. The resident went onto to express that they could not make a home in the house where they currently lived and in doing so highlighted that when their peer had their dinner, the resident would have to go to their bedroom.

This resident told the inspector that they had previously written to a named member of senior management telling them they were afraid of their peer. This member of management met with the resident in response. It was also mentioned by the resident that they had since met other people about this matter and had been told that another member of senior management "was on the case" as a result. The inspector informed by the resident that they would be moved to another house that was part of the centre. The resident said that they were asked about this by person in charge and wanted to move there but the resident did not know when this would happen. Inspectors discussed this with members of senior management on the day of the inspection and this will be further discussed under Regulation 5, individual assessment and personal plan.

Overall, the residents living in five of the houses in Kilcoran and East Cork told

inspectors that they felt happy and safe in their homes, with one resident telling the inspectors they 'loved' living in their home. Residents were observed being provided with supports from staff members that promoted their dignity and privacy. Interactions were respectful in nature and residents displayed physical signs of comfort and familiarity with staff supporting them. Where one resident was unhappy with their current living arrangement, they were supported to highlight this to senior management and this was being reviewed.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection noted an increased level of compliance with the regulations following the inspection in February 2024. Inspectors reviewed the compliance plan response submitted after the inspection completed in February 2024 with the registered provider. It was evidenced that actions outlined including assigning regular staff to the designated centre, improved provision of staff training and the establishment of a rights review committee had been completed. However, it was noted that improvements were required for the protection of residents relating to their financial affairs. This will be discussed in this report under Regulation 9, residents' rights.

Residents were supported by a team of clinical nurse managers, social care workers, staff nurses and health care assistants. The registered provider had ensured that there was a clearly defined management structure in the designated centre. Two clinical nurse managers supported the person in charge in the monitoring and oversight of the designated centre. Each clinical nurse manager held the role for three houses each, and they reported directly to the person in charge.

To ensure effective monitoring of the six houses within Kilcoran and East Cork, the person in charge was in the process of developing a master action plan which tracked the actions outlined following all auditing and review carried out in the designated centre. This included actions relating to residents' goals, and the implementation of a standardised format of personal plans for all residents. This also included the progression of actions to ensure compliance with the regulations following the inspection of the centre in February 2024.

## Regulation 15: Staffing

Inspectors reviewed the staff rota for four of the centres houses on various dates. These evidenced that the staffing arrangements outlined to inspectors were



observed to be present on the day of inspection. Minor issues where recent changes to the planned rota had not been documented on the actual rota were rectified on the day of the inspection. These rotas reflected the hours of duty for staff members, planned training, over-time and planned leave.

Where nursing support was required in line with the assessed needs of residents, this was provided. There was evidence that regular staff was provided to ensure continuity of care for residents. There was an example where due to unplanned leave of one staff member, a staff nurse changed their planned night shifts to work in the house for the day time shift to ensure regular core staff aware of residents needs was present. There was also evidence that a clinical nurse manager had worked in one of the centres houses to ensure nursing support was provided.

Regular relief staff were also provided in addition to a pool of regular agency staff. Inspectors met with agency staff in one of the centres houses and it was evident that they worked in the centre regularly with a core staff member, and that they were aware of the needs of residents.

Staffing levels in the centre took into consideration the safeguarding needs of residents. In one of the houses, staff members staggered the start time of their shift to ensure that the hand over could take place while a staff member was able to monitor and support the residents living in the house.

The registered provider had ensured that they had obtained all of the information pertaining to staff members as outlined in Schedule 2 of the regulations. This documentation included written references, full employment histories, evidence of registration with professional bodies, and evidence of Garda Síochána (police) vetting. During the course of this inspection, the files of eight staff members, including nursing staff, care assistant and social care workers, were reviewed by inspectors.

Judgment: Compliant

## Regulation 16: Training and staff development

Inspectors reviewed the training matrix for 53 staff members working in the designated centre. Mandatory training provided to staff members included;

- Fire safety
- Management of behaviour that is challenging
- Children's First
- Feeding, eating and drinking
- Risk Management
- Dignity at Work
- Safe administration of medicines.

While all staff members had received safeguarding of vulnerable adults and

children's first training, it was identified that there were some minor gaps in other mandatory training for staff. This had been identified by the registered provider and risk assessed.

It was highlighted by the provider that there had been issues of non-attendance by staff members and there were plans in place to address this issue. For example, additional trainers had been procured by the registered provider to increase the opportunities for staff members to engage in training. It was also noted that recent planned training had been rescheduled due to weather warnings to ensure the safety of all involved.

While in one of the houses an inspector observed a copy of the Health Act 2007 and guidance issued by the Health Information and Quality Authority about adopting a human rights based approach.

Judgment: Compliant

### Regulation 23: Governance and management

Staff members spoken with were aware of who management of the centre was and also of the availability of a 24 hour on-call number. This number could be used to get in contact with a clinical nurse manager in the event that staff required additional support or a matter had to be reported. Such staff members also indicated that management were regularly present in the houses with some documentation reviewed suggesting similar. For example, in one house, a visitors log reviewed indicated that a management visit to the house had taken place on 29 occasions from 1 October 2024 up to the date of this inspection.

An annual review of the service provided to residents was carried out by the registered provider in August 2024. This report was comprehensive in nature and included reviews of areas such as training, action planning, notifications submitted to the office of the chief inspector and person-centred planning. The annual review noted that there had been compatibility issues in the designated centre in two of the centres houses. While the compatibility issues in one house had been addressed, it had not been fully addressed in the second house. An action plan had been developed following the review and this was part of the person in charge's master audit tracker.

Notes of staff team meetings reviewed in one house indicated that such meetings had taken generally taken place monthly until September 2024. These notes indicated that a member of the centre's management attend these meetings where various topics such as residents, safeguarding, governance arrangements, fire safety and infection prevention and control were discussed. Since the staff meeting in September 2024, only notes of one further meeting in this house from November 2024 were provided during the inspection, however there was a clear rationale for this. The November 2024 meeting was also attended a member of management

with similar topics indicated as being discussed.

Judgment: Compliant

## Quality and safety

The commitment of the staff team to ensure the well-being and safety of the residents was evident while assisting residents to attain their personal goals. These were found to be reflective of individual preferences such as visiting farms, buildings of interest and social activities. It also included advocating to have the voice of the residents heard regarding their living arrangements and any planned changes. Staff demonstrated their awareness of safeguarding and protocols that were in place for individual residents. This included supervision of particular residents if sharing the same communal space and supporting quieter environments and alternative locations within the houses.

Residents were supported to access a variety of members of the multi-disciplinary team. This included access to their general practitioner (G.P), psychiatry, chiropody, occupational therapy, speech and language therapy, physiotherapy and ophthalmology.

All staff spoke of the arrangements in place to manage residents' finances. All residents had a patient's private property account and protocols were in place to ensure resident's had access to their finances as required. However, inconsistencies were noted with respect to the use of the residents' house kitty, despite this being identified as an area of non-compliance on the inspection of the centre in February 2024. It was noted that although actions in this regard had been carried out with respect to the financial accounts held by residents and their individual contracts of care, these actions had not addressed all areas relating to residents' finances.

## Regulation 10: Communication

Residents were supported to have communication passports which provided guidance for staff members on how best to communicate to residents. Staff were observed to be familiar with gestures and vocalisations made by residents who communicated with limited verbal communication. For example, offering the choice of known preferred drinks to one resident, or showing another resident the options they had for their midday meal.

It was noted that behaviour support strategies in place for residents focused on effective communication including the type of language and key words to enhance effective communication with the resident when required. This indicated an

awareness of residents' behaviour as a form of communicating their support needs.

Residents were supported to access media in line with their individual preferences. One resident had a newspaper subscription and when their newspaper was delivered to the centre, staff members brought this to the resident. Residents living in each of the six houses had access to the Internet. The registered provider noted that WiFi boosters were required for residents living in three of the centres houses to improve the coverage of Internet in their homes and these were ordered and awaiting delivery.

In five of the houses the residents did not pay for WiFi, however in one of the houses residents did. Inspectors advised that this the choice of these residents to ensure they could access streaming services of their choosing.

Judgment: Compliant

## Regulation 17: Premises

All six houses which made up this centre were visited by inspectors during the course of this inspection. Overall, these were all seen to be clean, well-furnished and well-maintained while also being generally presented in a homely manner. A hand rail had been installed in the hallway of one house to support the unsteady gait of residents. Three residents participated in weekly pottery classes in the community and there were many pieces on display of the finished products throughout their home. Residents' personal items including photographs were displayed throughout their homes in the designated centre.

However, it was noted that the homely feel of one house was reduced somewhat by there being some locked presses were present in a kitchen-dining room which were used to store documentation. This was despite the same house having an office available at the time of this inspection. In another house, the re-positioning of a radiator in the hallway was evident. The exposed wall required to be re-painted. In addition, the old copper heating pipes while cut and capped remained above the surface of the flooring. The inspector was not assured the risk of injury from these exposed pipes to a resident should they fall had been considered.

Each resident in the centre had their own individual bedrooms. The resident bedrooms that were seen by inspectors were observed to well-furnished with storage for clothes provided, such as wardrobes, while also being personalised. For example, one resident had a big interest in Liverpool Football Club and numerous signs and posters about this were on display in their bedroom. The bathrooms in the houses were also seen to be of a good standard while communal space was provided in each house such as living rooms, sunrooms and kitchen-dining rooms.

Given that each house provided a home for between two and four residents, the houses varied in size and layout. During the February 2024 inspection it was identified that one house, where three residents lived at the time, was relatively

small. As part of the previous inspection it was also observed that the bedroom for one resident was small, compared to every other bedroom in the centre, while a staff desk was located in the house's living room. On the current inspection, it was found that only two residents were living in this house with the small bedroom having been vacated. This small bedroom was now being used as an office which meant that an office area was no longer located in the living room. While this was positive, inspectors were informed that the use of this small bedroom as an office was temporary and that the provider intended to keep the capacity for this house at three. This was despite a plan to transition one of the existing residents to another house and an acknowledgement from a senior member of management that the remaining resident was not compatible to live with others. Such matters are linked to the findings of Regulation 5 Individualised assessment and personal plan.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had developed a risk management policy that had been reviewed in August 2022. This policy included the information as specified under regulation 26.

The person in charge discussed risks in the designated centre including risks that had been escalated to senior management. This included a risk assessment for medicines errors. It was noted that this included national stock shortages of specific requirements and the resulting impact whereby residents had received the correct medicine via the incorrect route of administration. There was evidence of controls in place which included plans to focus on the provision of further training in the safe administration of medicines for staff members.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Inspectors reviewed the personal plans for five of the 19 residents who lived in Kilcoran and East Cork. Each resident had a personal plan which outlined the care and support they received in their home. Annual multi-disciplinary reviews had also taken place with referrals to allied health care professionals such as physiotherapy being completed in a timely manner. However, one resident had a referral sent for ophthalmic review in March 2024 but no details of follow up or progress were documented regarding this appointment.

Documentation reviewed within residents' personal plans indicated that, as part of the personal planning process, goals for residents had been identified through the

person-centred planning process. Personal goals were reflective of individual preferences, such as sporting activities. Such documentation also indicated that residents had been supported to achieve identified goals. One resident had been supported to go on a break to a town while another goal to make a trip elsewhere was being progressed. For another resident it was read that their goals had been identified in February 2024. While attempts to progress these goals were indicated in review comments, such comments also indicated that all goals were being put on hold in April 2024. As such some goals, such as attending a hurling match, had not progressed since then even though other goals, such as going to a horse show, had been achieved. From the documentation reviewed it unclear why some goals for this resident had been progressed and others had not. However, on discussions with the person in charge it was identified that the resident's goals had been put on hold due to their current clinical presentation in line with multi-disciplinary guidance

Residents were supported to maintain links with family members and friends. In one instance a resident was to be supported to meet family members to celebrate their birthday, this had been achieved and additional progress documented of a further two occasions where the resident had been supported to meet in a social setting, one being documented as a surprise for the resident before Christmas which went very well. The staff team assisted residents to phone relatives regularly. For example, one resident spoke with a sibling on a particular night each week. Another resident visited an elderly relative regularly in the family home.

Aside from the requirements relating to personal plans, this regulation also requires that arrangements are in place to meet the needs of the resident and that a designated centre is suited to meet such needs. As referenced in the 'What residents told us and what inspectors observed' section of this report, one resident clearly told an inspector that they did not like nor felt safe living in their current home because of a resident they lived with. Based on discussions it was evident that the registered provider was aware that these residents were not suited to live together. Senior management were aware of the incompatibility and discussed this with inspectors, while a staff member stated that the residents were "completely incompatible".

Issues around resident compatibility in the house where these two residents lived had been raised during the February 2024 inspection in the context of one resident's presentation negatively impacting others. At that time three residents were living in that house and since then one of these residents had moved elsewhere. While this was positive for that resident, a March 2024 compatibility assessment highlighted that the remaining two residents could adversely impact one another. This included one resident's behaviours causing the other resident to become "volatile, aggressive and experience anxiety". The same assessment also indicated that the two residents' current home was suited to their needs but only if they could live on their own. Interactions between these residents had previously resulted in safeguarding incidents.

Following these safeguarding plans were put in place which remained in effect at the time of this inspection and were described as working well. It was also acknowledged that the provider had engaged an external body to support the needs

of one of these residents, provided one-to-one staff support for both residents and that a move to another of this centre's houses was being considered for one resident. Such a move was being considered as part of wider review of residents' needs across the centre. Despite this, the evidence gathered indicated that the two residents highlighted were incompatible with one another, something which had been known for some time. As such, in their current home arrangements were not in place to meet their needs nor was their current home environment suited to meet these needs.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Guidance around how to support residents to engage in positive behaviour was contained with residents' personal plans. Inspectors reviewed this guidance for three residents. These plans detailed fast and slow triggers relevant to each resident. A traffic light system with details of reactive and proactive strategies were clearly documented. For two residents, staff members consistently documented when residents displayed periods of anxiety or other behaviours and outlined the effectiveness of the strategies used. This included if the administration of medication was required.

For one resident, it was seen that such guidance included specific reactive strategies to adopt with the resident as part of a response plan depending on their presentation. A staff member spoken with, who supported this resident, demonstrated a good knowledge of these strategies. However, when reviewing a log to monitor the effectiveness of this response plan, the inspector noted that there had been three recent incidents where a specific strategy was used but had not worked. No other strategy was recorded as being attempted on this log for these three instances. It was acknowledged that the provider had and was continuing to engage with an external body to support the resident in this area with the inspector that new responses for the resident were being trialled.

Psychiatry input was provided to residents as required, with a number of residents having a psychiatry review on the day of the inspection. An inspector spoke with the psychiatrist who outlined that they were reviewing medicines prescribed for residents to ensure they met the residents' assessed needs and that the side-effects of such medicines were not negatively impacting on residents. They noted that they worked closely with the clinical nurse specialist for behavioural support and they noted this as a positive working relationship which positively benefited residents living in the centre.

Judgment: Compliant

## Regulation 8: Protection

During this inspection the following positive aspects were identified regarding safeguarding practices in the centre;

- The provider had a safeguarding policy in place which was seen to be present in the houses.
- Four designated officers were available to the centre. The role of such designated officers was to review any safeguarding allegations or incidents that arose.
- Contact information about the designated officers was seen to be on display in the houses of the centre.
- Staff members spoken with were aware of the identities of these designated officers and demonstrated a good awareness of how to report safeguarding concerns.
- Such staff also had a good understanding of the different types of abuse that can occur and the signs that abuse could be occurring.
- Training records provided following this inspection confirmed that all staff had completed safeguarding training.
- Where any safeguarding allegations or incidents had occurred, safeguarding plans were developed that outlined the measures to take to ensure the safety of residents.
- Such safeguarding plans were seen to be present in the houses of the centre where required. In one house, two different versions of one such plan were seen with one outlining additional safeguarding measures.
- The safeguarding plans seen had been recently reviewed while staff spoken with demonstrated a strong awareness of active safeguarding plans and the safeguarding measures to follow.
- Residents had intimate personal care plans provided which provided guidance for staff in supporting the needs of residents in such areas.
- Safeguarding procedures were contained within the induction folder given to new staff in two of the centres houses. These procedures outlined relevant information pertaining to each resident. This included how to effectively support a resident if they were in the presence of another peer, or when mobilising or adhering to the sequence of a daily routine.

The noted incompatibility of two residents in one of the centres houses is actioned under Regulation 5, individual assessment and personal plan.

Judgment: Compliant

## Regulation 9: Residents' rights

The overall findings of this inspection indicated that efforts were being to promote



the rights of residents. For example:

- Residents were supported to avail of independent advocacy services. Inspectors observed residents in one of the centres houses being supported to meet and speak with the advocates individually. In another house, when one resident had missed the visit by the advocates, staff members provided reassurance that they would arrange for them to meet with them on another date.
- Based on notes reviewed, meetings were held with residents regularly to give them information in areas such as meal planning, finances, activities and safeguarding.
- A resident told an inspector that they had been asked about a potential move to another house.
- A staff member was overheard informing and explaining to a resident about a medical appointment that had to be rescheduled.
- Staff responded to requests made by residents such as when one staff member took a resident to the hairdressers.
- Staff, in their general interactions with residents, were seen and overheard to be respectful to residents throughout the inspection in all houses visits.
- It was evidenced that individual routines and schedules changed to suit residents. For example, one resident was being provided with rest days rather than attending day services each week day due to their changing assessed needs and presenting as tired on occasions.
- A rights committee had been introduced and was reviewing rights restrictions in place for residents. This had been completed for one of the six houses in Kilcoran and East Cork at the time of the inspection.
- A residents' committee was being developed to include residents who were interested in advocacy to support the promotion of their human rights. One resident had been supported to attend a training course in self-advocacy, and there were further plans to introduce similar training to residents if they wished.

One resident did not have a personal finance account to access their finances. The person in charge outlined the process involved in the discussions with family representatives during the introductory meeting. However, the issue remained unresolved. Another resident told an inspector that they would like to have a bank card, rather than having to use cash all the time. There was no evidence that they had been supported to get a bank card at the time of the inspection.

During the February 2024 inspection it was found that each house of the centre operated a 'kitty' which residents contributed to. This was despite the provider's policy in place at the time indicating that residents' money was not to be pooled. The February 2024 inspection also identified that there were inconsistencies in the uses of such kitties and that there was a lack of clarity as to what the money contributed to for this kitties was to be used for. Such matters had been the subject of further regulatory engagement during 2024. This included a governance and management plan submitted by the provider in October 2024. This indicated that such kitties covered all meals, snacks and other household items and that each resident contributed €80 per week to their respective house kitties. Staff members

spoken with during this inspection indicated that these kitties were to be used for household items and grocery shopping with records reviewed in most houses indicating that this was the case.

However, in one house an inspector was informed that one resident living there contributed €110 each week to the kitty which included €30 for television subscription charge. However, a contract for the provision of services for the same resident indicated that their television subscription charge were €60 a month so it was unclear why the resident was contributing €30 each week to the house kitty for this. For example, based on the January 2025 kitty transaction log for this house, at the time of inspection, the resident had already paid €60 for their television subscription despite contributing €90 for this based on their weekly kitty contributions. In addition, it was indicated that the use of the house kitty was to mutually benefit all residents living in a house. However, an inspector was informed that the resident's television subscription was for their use only.

Another resident living in the same house was contributing €220 every two weeks to this kitty with their rent being paid out of the kitty also. It was unclear how the first resident's television subscription charge and the second resident's rent were mutually beneficial to all residents living in this house. Aside from this when reviewing the January 2025 kitty transaction log for this house, an inspector noted a transaction which indicated that a meal out had been paid out of this kitty. This transaction seemed generally inconsistent with other transactions recorded in this log and in the kitty logs of other houses. When the inspector queried this with a staff member, they were informed that this meal out should not have been paid out of the house kitty transaction.

In another house, it was identified that in a period of one week in September 2024, €98 of the house kitty had been spent to complete residents' laundry at a self-service launderette. The designated centre's statement of purpose dated 20 January 2024 noted that laundry facilities were provided to residents as part of the services they received in their home. Management in the centre advised that they had reimbursed some monies that had been incorrectly used from the house kitty to complete laundry when there were issues with the washing machine in the centre. However, they had been unaware of this instance and the amount of money that had been spent to launder the residents' clothing until identified on the day of the inspection.

Such findings indicated that the use of house kitties was inconsistent in some aspects and required further review. There was no written guidance for staff members on the use of the house kitty, other than the residents' contracts stating that the house kitty was to be used for items that mutually benefit residents such as ingredients for meals. It was not included in the policy relating to residents' finances and the socialisation fund in the centre.

Other documentation reviewed in residents' personal plans also confirmed that financial assessments had been conducted for residents since the February 2024 inspection. That inspection also highlighted inconsistencies in regarding Wi-Fi payments for residents. On the current inspection, inspectors were informed that

residents in five houses were not paying for Wi-Fi but residents in one house were. It was indicated that the residents in this house had requested this in order to avail of certain Internet services without interruption.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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 Kilcoran and East Cork OSV-0005603

Inspection ID: MON-0045079

Date of inspection: 23/01/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The items raised by the inspector in regard to storage of documentation in the kitchen was addressed on the 24/01/2025.</p> <p>The exposed capped pipes and a wall which requires painting have been reviewed by the management team and an appropriate action was implemented by the provider including relevant risk assessments – February 14 2025.</p> <p>Any works identified in line with the relevant risk assessment will be undertaken by HSE Maintenance department by 31/05/2025.</p> <p>The findings in regards to residents compatibility is addressed under Regulation 5.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>As it is stated in the report one resident had a referral sent for ophthalmic review in March 2024 but no details of follow up or progress were documented regarding this appointment. The Ophthalmic review was carried out on 12/06/2024 and due to an Administrative error this was documented in the incorrect section of the personal support plan but has been updated within the Health Assessment on 13/03/2025.</p> <p>Regarding the resident who stated that they did not like nor felt safe living in their current home because of a resident they lived with, this resident, following consultation and with the full consent of the resident, transferred to a new location. This was completed on 14/03/2025.</p>	

There was a centre wide review of all health needs and nursing supports within the designated centre this review was undertaken and completed by the Governance team and members of the Multi-disciplinary team.

Any proposed changes were ratified at the Admission Discharge Transfer committee Independent advocates, the persons themselves and families were all consulted and involved in the process.

There was increased advocacy support to residents, Existing staffing levels were maintained following the transfer of one resident to a new home.

CBT continues to be provided to the residents by a counselor separate to the designated center.

External positive behavior support had during this time provided support in assessing the needs of the identified residents and providing staff support sessions and resident specific training to the staff.

Training for residents on self-advocacy is being sourced by the provider.

As explained on the day of the inspection regarding the resident whose goals had been identified in February 2024. These were paused in April 2024 on the recommendation of the external Positive behaviour therapist support as it was stated that awareness of these goals would increase the residents anxiety levels. One goal, that of going to the RDS show was completed on 15/08/2024 because the resident was aware of this goal. Support for this resident has been transferred to the centres own Positive Behaviour support CNS once completed, will determine the best approach to provide person centred goals to this resident without causing undue anxiety. This will be completed by 30/06/2025.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Regarding the resident who expressed the wish to open a personal finance account, this action was completed by 24/03/2025.

A Standard operating procedure (SOP) is being developed to provide written guidance for staff on the correct and consistent use of house kitties will be completed by 31/05/2025. On completion, this SOP will form part of the standing agenda for staff meetings going forward.

All staff have been advised to inform management immediately if there are any issues with household appliances (i.e. laundry).

## 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 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in	Not Compliant	Orange	30/03/2025



	accordance with paragraph (1).			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/05/2025
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	17/03/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Not Compliant	Orange	31/05/2025

	of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	30/04/2025