

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

## Issued by the Chief Inspector

Name of designated centre:	Cork City North 24
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 January 2023
Centre ID:	OSV-0005623
Fieldwork ID:	MON-0037914

## About the designated centre

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

The centre is a congregated setting on the northside of a large city. The centre comprises of three buildings - a main building of two floors and two individual attached houses. The houses are adjacent to the main building. The designated centre provides residential care services for adult female residents who have a mild or moderate intellectual disability. On the date of inspection there were 21 residents living in the centre and it was closed to further admissions. Many of these residents had been living in the centre for a significant period of time. Residents ranged in age between 24 and 82 years of age, requiring minimum to medium support. The service is led by nursing staff and social care staff supported by healthcare assistants.

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

Number of residents on the date of inspection:	21
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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
Tuesday 17 January 2023	10:20hrs to 17:00hrs	Laura O'Sullivan	Lead
Tuesday 17 January 2023	10:20hrs to 17:00hrs	Lucia Power	Support

## What residents told us and what inspectors observed

Cork City North 24 is a designated centre located in the north side of Cork City. Currently the centre is home to 21 individuals. The registered provider is accepting no new admissions to the centre, as all residents are to transition to the community by October 2023 when the current lease of the property expires. The centre was last inspected in December 2021, where it was identified that there was a requirement for increased resident consultation and improved governance arrangements. While a new governance structure had been appointed since the last inspection there was a continued lack of governance oversight to ensure the centre was operated in a safe and effective manner.

Upon arrival to the centre, the inspectors provided the person in charge with a document to assist residents to understand the inspection process and to be aware of when the inspectors were in their home. During the course of the inspection, from speaking with staff and residents, it was apparent that this had not been shared. One staff stated that they didn't see it and residents also said that they had not seen it. When this was requested from the person in charge in one area for residents to see, it had been locked in the nurses' office where residents do not have access.

Inspectors met with a group of residents in one area of the centre. Following a brief conversation, one resident became anxious so the conversation was moved to the dining area. Residents spoke to inspectors about their proposed move to the new house. They informed inspectors that they had been met with a while back and that they were told two houses had been found but they did not meet anyone in recent times, so they had no idea what was happening. When inspectors asked the residents if they had asked for information they told inspectors "it was not worth it" and that "no one speaks to us". When someone calls to the house they speak to the staff not to them. Residents expressed being angry at this and not liking it.

Inspectors asked the residents if they had house meetings or key worker meetings to have a safe place to ask staff about the upcoming move. Again residents told inspectors that these had not happened in a long time. Documentation evidenced that these meetings had not happened since September 2022. Residents expressed that they did not know what was happening with their new house and were not sure if this was even going to happen, but knew they had to leave in October. Residents said local management spent their time in the office and didn't speak with them. When talking with inspectors one resident became visibly upset and got up from their chair to leave, as they were having difficulty opening the door one inspector provided assistance.

The other residents present reported that this resident does not like the doors closed and that they are normally held open with chairs. Staff had closed the fire doors on the morning of the inspection as HIQA were present. Another resident who utilised a walking frame also expressed that they found it difficult to get around the

house when the doors are closed. The resident expressed to the inspector after leaving the dining area that they do not like their bedroom door or any other door closed, they felt afraid when the door was closed. They had raised this with staff and had been told staff would get a stopper to keep the door open but they had yet to receive it. Inspectors requested evidence of this from the person in charge and they were not aware of it nor of the practice of holding fire doors open. Inspectors requested for this to be reviewed.

Inspectors spoke with the residents about their contract of care they had signed following the last inspection. When asked if they understood the document one resident told inspectors they were told by staff to sign it and they would look after it. Other residents agreed with this. This was a similar situation with regard to their finances. Residents said staff look after it and staff told them that this was easier. One resident told the inspector that they used to get a pay slip when they attended their day service five days a week, but since this was reduced to two days, they no longer receive it. When this was questioned to staff by the resident they did not get a response.

Inspectors thanked the residents for their time. When leaving the dining room a number of residents asked the inspectors if they would be able to find out for them what was happening with their new house and when they would be moving. They would like to know about their new home and to get prepared for it. The inspectors reassured residents that their concern would be raised.

Inspectors also visited another area in the centre where residents were being supported by staff to have their lunch. One resident said hello to the inspector and told the staff they didn't want any more lunch. This was respected and the resident was provided with a drink. It was observed that residents did not eat their meals at a group dining table but at individual tables spread across the room. In a number of areas of the centre, mealtimes were not observed to be an inclusive activity for positive interactions between staff and residents.

The centre was an old building which required some significant works, as the centre was to close before the end of 2023 this work was not been completed. However, as part of the walk around, areas of the centre were found to be unclean and unkempt. This was further evidenced in a provider infection control audit.

The inspectors observed and noted that areas such as the corridors and lift were unclean. There was no record available of when a deep clean had last been completed in the centre. The person in charge was not aware when a good clean of the area of last carried out. This was despite the finding of a recent audit stating the centre was impossible to clean and following a recent COVID-19 outbreak.

While Regulation 28 was not inspected on the day of the inspection a number of areas required attention from the provider. A number of fire doors were observed to held open, which was not in line with best practice. For example, the office door and kitchenette door were held open. As discussed previously inspectors were informed it was common practice for doors to be held open with chairs. Also, it was observed that a fire door in one dining room did not close effectively.

This inspection found improvements were required in a number of regulations concerning the care and support of residents to ensure residents were being afforded safe and person centred services that met their assessed needs and rights. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection completed to monitor ongoing compliance with the regulations and the Health Act 2007. This centre was last inspected in December 2021, where a high level of non compliance was found. Following the inspection, the centre entered a period of escalation and were cautioned under the Health Act 2007. The registered provider submitted a compliance plan response which was accepted and a structured plan to ensure the safe de congregation of all residents to the community. The provider also submitted an update of the compliance plan response in May 2022. As part of this inspection it was evidenced that there was non-adherence to both the compliance plan response and de-congregation plan. The de-congregation plan formed part of the information prescribed when making a recommendation to register this centre. On review of the de-congregation plan the provider was outside of the time lines and there was no evidence to support the actions identified in this plan were carried out. For example capacity building for residents and the implementation of social role valorisation for residents was not implemented. On the day of inspection, it was noted that another draft de congregation plan was reviewed in November 2022, this was still under discussion.

Due to the concerns relating to the lack of governance oversight within the centre and non-adherence to the submitted information from the provider, three urgent actions were issued to the registered provider on the day of the inspection to provide assurances of the providers intentions to come into compliance.

The registered provider had appointed a person in charge to oversee the day-to-day operations of the designated centre. The person in charge was not in their role on a full-time basis as is the requirement under Regulation 14. They were supported in their role by the appointed person participant in management. It was evidenced on the day of the inspection however, through conversations with residents and through review of documentation, that there was a lack of governance oversight within the centre from all levels of the organisational management team.

There was also gaps noted in relation to oversight of this centre from the provider and a lack of follow up pertaining to actions that required addressing to bring this centre into compliance with the regulations.

The registered provider had ensured that an annual review as per the regulation was carried out. This had last been completed by the delegated persons in September 2022. While an action plan had been developed to address the areas of concern identified there was no evidence of these actions been reviewed and completed. In one area of the report two residents expressed the wish to have control over their own finances. When inspectors queried this, there was no immediate awareness of who these residents were or what actions had been completed to address this request.

Monitoring systems within the centre were minimal. For example, a financial audit which was required to be completed under the provider's organisational policy had not been completed, the person in charge confirmed that this was not their responsibility. Fire checks completed did not reflect that fire doors were held open by chairs in one area of the centre. While one infection control audit completed by the provider's delegated person identified that a number of actions were required to address areas of concern, a further infection control audit completed on site was deemed to be fully compliant. This was despite areas of the centre being visibly unclean and unkempt, these areas were pointed out to the person in charge on the day of inspection.

As part of the compliance plan response the provider had provided assurance that all staff would be facilitated to complete mandatory training by the end of December 2022. On the day of this inspection, a number of gaps were evident in the providers training matrix. This included safeguarding vulnerable adults from abuse, manual handling and fire safety. The matrix available also did not correspond to the staff rota available on the day of inspection so it not evident what the current staff training needs were needed within the centre.

Another area which was to be brought into compliance following the previous inspection was staffing. However, on the day of this inspection it was evident that the staff rota did not correlate to the figures set out with the statement of purpose document. This was the same issue on the previous inspection. The rota did not clearly set out the skill mix of the team allocated to support the assessed needs of residents.

The person in charge reported to inspectors that they did not complete formal supervisory meetings for the staff team working with in the centre. Inspectors were also informed that there was no staff supervision policy to adhere to. However, later in the inspection inspectors were presented with a performance management policy for all staff members to appear formal review annually. This was not adhered to in the centre. Staff meetings were completed in the centre, however, these were completed in accordance with each staff member's role. Meetings reviewed evidenced differing discussion topics which was not consistent with continuity of care for residents currently residing in the centre.

From the previous inspection in December 2021 the provider had committed in their compliance plan that they would liaise with residents and their advocates regarding their individual assessment of the cost of care. During the current inspection it was noted that contracts of care and financial assessments were carried out. However



there was no evidence to support that residents had the opportunity to review these contracts with their advocates and the contracts did not outline the charges as stated in the financial assessments. This action was to be completed by 30/04/22, however this action was still ongoing.

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge to oversee the day-to-day operations of the designated centre, however, they were not full time in their role as is the requirement under Regulation 14.

Judgment: Not compliant

#### Regulation 15: Staffing

The staff rota did not correlate to the figures set out with the statement of purpose document. This action had not been addressed from the previous inspection.

The rota did not clearly set out the skill-mix of the team allocated to support the assessed needs of residents.

Judgment: Not compliant

#### Regulation 16: Training and staff development

The person in charge had not ensured all staff were supported and facilitated to receive mandatory training as required to support the assessed needs of residents.

Effective measures were not in place for the appropriate supervision of staff in accordance with organisational policy.

Judgment: Not compliant

#### Regulation 23: Governance and management

The registered provider had not ensured the management systems within the centre

ensured the service provided was consistent and effectively monitored. The registered provider had not adhered to the compliance plan which was submitted following the previous inspection of December 2021. Also, there was evidence of non adherence to the de-congregation plan for the centre submitted as part of the registration of the designated centre in February 2021.

While a governance structure had been appointed, lines of accountability were not evident on the day of inspection resulting in a lack of oversight in all levels of the organisational governance structure.

Judgment: Not compliant

#### Regulation 24: Admissions and contract for the provision of services

Contracts of care had been drafted for all residents and financial assessments reviewed to determine fees to be charged. However, the provider in line with their own compliance plan did not consult with residents or their advocates as per the provider's commitment made in the compliance plan.

Judgment: Not compliant

#### Quality and safety

This was an unannounced inspection completed to monitor ongoing compliance with the regulations and Health 2007. This centre was last inspected in December 2021, where a high level of non-compliance was evident including the rights of residents. Following discussion with residents and review of documentation it remained evident that residents were not consulted in the operation of the centre. House meetings were not consistently completed to obtain residents opinions and concerns the last recorded meetings evidenced to inspectors was in September 2022.

The designated centre has a de congregation plan in place with all residents due to move to their new homes by October 2023. As already cited in this report the provider had a plan outlining how this was going to be addressed with a key focus on supporting capacity, rights and social valorisation. The actions and impact of this plan were not evident on this inspection, nor was consultation with residents. This was evidenced by speaking with residents, staff and reviewing documentation. It was noted on the day of inspection that the document plan was no longer active within the centre.

The lease of the current building is not due to be renewed after October 2023, transitional plans were in place for three residents only. Upon review of these "my moving story plans" it was evidenced that these were not individual to the resident's

individual needs. Photographs utilised were the same for all three plans telling the story of what the resident likes to do. The moving on story did not encompass any multi-disciplinary input or skills training, which may be required to assist the resident to ensure a smooth transition in line with their individual assessed needs.

Where further residents had been identified for transition to the community, no individual plans were in place to support them in the lead up to the transition. Consultation and discussion with the residents was not evident, with some residents not being met with to discuss their new home since August 2022 and others since October 2022.

Other residents within the centre had not been met at all by the governance team or the allocated transition co-ordinator. This was causing visible distress to some residents who verbalised their anxiety and frustration to the inspectors and their disappointment with this. Some expressed being fearful that there was no plan in place for their future. For one resident, a business case had been submitted by the provider for funding for particular living arrangements, however this was completed with no consultation with the resident or their representative as to what their personal wishes for their home was. The resident was unaware of the intended plan for their future.

Each resident had an individualised personal plan in place there was no evidence to demonstrate that these plans were been reviewed in line with the residents goals and wishes. Residents did tell the inspectors that they had key workers, however there was no evidence to support that the keyworker meetings were ongoing and the goals were been reviewed. Documentation reviewed evidenced that these meetings were not occurring, with some not completed since September 2020. Assessed needs of residents were not consistently documented within their personal plan including such areas as wishes in the area of finances, transition to the community and skills training.

The registered provider had developed a system for the collection of resident's monies and this was carried out by a member of staff, who had robust system in place to carry out this function. However there was no evidence that the residents consented to this practice pertaining to their finances. Recording of residents finances was entered into an overall sheet, this included money being collected on behalf of the residents and split to the individual resident accounts. While a check of monies on-site ensured finances present in the centre were accounted for there was no follow up consultation with residents. The inspectors requested a breakdown of current fees been charged to residents from the person in charge and this was not provided.

Residents informed inspectors they were not aware of the fees they were to be charged. As stated previously, two residents had requested to have control over their finances in September 2022, however, on the day of inspection no actions had been taken to address this with no plan in place in either of the residents' personal plans. These processes did not ensure residents were supported to control their finances in accordance with their choice and right.

Regulation 12: Personal possessions
The person in charge had not ensured residents were supported to have control over their finances. Practices within the centre did not support all residents to have the supports required to manage their finances in accordance with their choice.
Judgment: Not compliant
Regulation 25: Temporary absence, transition and discharge of residents
The person in charge had not ensured residents received the required supports in preparation for the transition between residential services, including the provision of information and the provision of life skills required for new living arrangement.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
The person in charge had not ensured that all personal plans were reviewed to reflect the assessed needs and changing circumstances including transitions and finances. Personal plans had not been developed or reviewed through consultation with residents, with plans not developed in an accessible format to support resident involvement.
Judgment: Not compliant
Regulation 9: Residents' rights
<p>The registered provider had not ensured that the designated centre was operated in a manner which respected the rights of all residents currently residing there.</p> <p>There was not evidence on the day of inspection that residents were supported to participate in and consent to decisions about their care and support, to have the freedom to exercise choice and control in their daily lives and to exercise their political and legal rights.</p>

On the day of inspection, it was not evident that all residents were consulted in the day-to-day operations of the centre and in making larger life decisions.
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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Cork City North 24 OSV-0005623

Inspection ID: MON-0037914

Date of inspection: 17/01/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: <ul style="list-style-type: none"><li>• The RP will ensure that a PIC is appointed on a full-time basis to the Designated Centre by 01ST March</li></ul>	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• Planned and actual Roster was reviewed and amended to identify the different skill mix of staff in each section. These are currently in place and being reviewed regularly.</li><li>• WTE figures set out in the SOP have been reviewed and staffing gaps identified. Staff map was recently also reviewed which has enabled the development of business cases/funding application for staff required.</li><li>• Management will endeavor to ensure consistency of staffing across the centre and this will be reflected in the centre's roster. While continuing to review support needs of the residents.</li></ul> Ongoing review of staffing will take place throughout the de-congregation of Vincent's centre.	
Regulation 16: Training and staff	Not Compliant



development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• There is a training schedule in place to ensure all staff will be supported to receive mandatory training. This has begun with the facilitation of face to face training including, SAMS, Manual Handling and CPR. Currently staff have completed a range of mandatory training including Manual Handling, CPR and online safeguarding 2/3/2023.</li> <li>• Safeguarding training will be completed by staff on HSEland.</li> <li>• PIC will ensure to keep staff training records onsite, these have been reviewed and updated the matrix.</li> <li>• Schedule of formal supervision of staff has been developed and will commence on 20th February 2023 and estimated that this process will be completed by the 20th April 2023.</li> <li>• The PIC, CNM1, Community transition coordinator (CTC) are currently undertaking the Enhancing Quality in Transition – national training programme.</li> <li>• The PPIM will be delivering inhouse training – The One leadership Programme commencing in March 2023.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PPIM is based two days a week at the centre.</li> <li>• Schedule of fortnightly meetings in place with the PIC, PPIM and ADON.</li> <li>• There are also weekly meetings between PIC and PPIM frequency will be reviewed of 3 months.</li> <li>• Staff meetings are now scheduled and inclusive and not based on grade. Supervision scheduled developed and will begin 20th of February 2023.</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• The Advocacy officer has begun engagement with the residents and an easy to read contract of care has been developed - 10th February 2023.</li> <li>• The PPIM and the Advocate Officer are having regular engagement with the individuals and their external advocates.</li> </ul>	

- Residents will be supported to engage with the easy read through their keyworkers beginning 20th February 2023.
- Consent booklets have been received and updated - 9th February 2023
- Keyworkers will be supporting the development of the residents understanding of consent and the importance of their will and preference across all aspects of their lives.
- All contracts of care will be reviewed through an inclusive pathway with each individual resident for their transition beginning March 2023.
- Due to the transition process, each resident will be supported to review their care/support needs within their new community home setting. This process will be ongoing until the final individual moves out of Vincent's in October 2023.

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- With the development of the new consent booklet, each resident is being supported to understand consent around financial arrangement. Each week keyworkers are meeting with individuals to support them to explore and engage with the concept of managing their finances. All conversation with regard to financial management are now being record within educational and learning record. This process commenced the 20th of January 2023.
- The PIC and finance department will be conducting an audit of the resident's finances and the current processes in place.
- PIC has commenced individual audits of each resident's finances.
- Each resident is being supported to access their own bank card and account. Currently there is three individuals who have opened their account but are still waiting on bank cards.

Each individual is currently being supported to set up direct debits in order for them to have control over their finances, bills, spending and savings. Each individual will be supported to complete and develop a financial passport – an accessible document of their income, expenditure and potential savings.

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

- There is 6 weekly MDT transition support group meetings taking place to explore supports for the transition process - before during and after, November 2022.

- Ongoing clinical reviews are taking place to review changing needs through meetings with ADON - February 2023.
- Individual skill assessment have been completed 27/2/23, for all residents. These assessment will inform how we support the transition for each individual.
- The transition coordinator has scheduled meetings with the residents – weekly meetings now being recorded - 23rd January 2023.
- As part of the transition process, supporting moving to a new home social stories have been developed - January 2023. An easy to read moving story template specific to each new home has been developed January 2023 and will be tailored to the specific resident and home.
- ANP and Positive Behavioral support staff member with experience of the supporting transition is currently reviewing compatibility assessments of each resident – began 9th February 2023. Residents are being supported to develop their understanding and practical life skills through ongoing engagement with their staff within their support plan. This process has been supported through easy to read guides.
- Supports and review of supports will be completed on a ongoing basis until the completion of de-congregation of Vincent's.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Since the inspection an audit of each resident's support plan has been completed. An action plan has been developed and progress is ongoing. The process will be completed by 22nd February.
- All support plans have been reviewed and audit schedule in place for 2023. Due to the transition – individuals support plans will be reviewed and up-dated ongoing until the transition is complete.

As each individual moves into their new home, their support plan and PCP will be again reviewed and up-dated. Due to the gradual dates for each individual to move this process will be completed at different stages depending on when the resident moves. This means that as a process it will not be completed until the final move.

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

- Consultation meetings with residents are taking place on a weekly basis – all conversations around transition are now documented.

- There is a schedule in place for residents to meet and articulate their will and preference with the team around their transitions to their new homes.
  - Consultation and engagement between the residents and management/CTC is captured through recording each meeting.
  - Consultation and engagement with individuals and their families will commence 6/3/23, this is offered to all individuals and their families but is not mandatory.
- This process began in January 2023 it will not be fully completed until the final resident moves from Vincent's Centre which is estimated October 2023.

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/05/2023
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	01/03/2023
Regulation 15(1)	The registered	Not Compliant	Orange	28/01/2023

	provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/01/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	21/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/08/2023
Regulation	The person in	Not Compliant		30/04/2023

16(1)(b)	charge shall ensure that staff are appropriately supervised.		Orange	
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	28/02/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/02/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	28/04/2023
Regulation 25(3)(a)	The person in charge shall ensure that	Not Compliant	Orange	04/10/2023

	residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.			
Regulation 25(3)(b)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:where appropriate, the provision of training in the life-skills required for the new living arrangement.	Not Compliant	Orange	04/10/2023
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.	Not Compliant	Orange	28/02/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Not Compliant	Orange	31/03/2023



	is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	04/10/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	28/04/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his	Not Compliant	Orange	31/03/2023

	or her daily life.			
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.	Not Compliant	Orange	31/03/2023
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	31/03/2023