



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 April 2023
Centre ID:	OSV-0003291
Fieldwork ID:	MON-0038692

About the designated centre

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

Cork City North 5 consists of three units all located within one large building in a city. Combined the three units can support a maximum of 28 residents. The centre mainly provides a full-time residential support for residents with intellectual disabilities of both genders and over the age of 45 but it also provides one respite place. Individual bedrooms are available for most residents but some twin rooms are in the centre. Other facilities available for residents include bathrooms, sitting rooms, dining rooms, kitchens and linen rooms. Support to residents is provided by the person in charge, nursing staff, care assistants and activation staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 April 2023	09:30hrs to 18:10hrs	Conor Dennehy	Lead
Thursday 27 April 2023	09:30hrs to 18:10hrs	Anna Delany	Support

What residents told us and what inspectors observed

Staff members on duty were observed and overheard to engage pleasantly with residents present in the centre. While one resident was seen to be upset, most residents appeared content on the day of inspection. Areas were seen in this centre which needed further cleaning and maintenance.

This designated centre was comprised of three interconnected units. Combined these three units had a capacity for 28 residents with 26 residents present on the day of this inspection. In total inspectors met 14 of these residents during the inspection. While most of these residents did not engage significantly with the inspectors, some did greet the inspectors who did have an opportunity to observe residents in their home and in their interactions with the staff team who were supporting the residents.

Staff members on duty were seen to engage with residents appropriately throughout the inspection. For example, in one unit an inspector observed that lunch was served to residents in a calm and pleasant manner by staff. In addition, during the inspectors' initial walkthrough in one of the units they met one resident who was upset and wanted to go home. A staff member present sought to reassure the resident and offered the resident a chance to have a cup of tea which the resident eventually accepted. The same resident was later seen being reassured by a different member of staff.

Another resident in a different unit appeared to spend all of their day in bed in their bedroom. When inspectors were present in this unit this resident was heard to vocalise regularly and appeared to be seeking staff's attention. Staff working in this unit, including the person in charge, were observed to enter this room regularly to respond to the resident. On one occasion a staff member was overheard asking the resident if they wanted to leave to their bedroom to go to the unit's sitting room to listen to a visiting music group. This resident declined but other residents, from all three units, were supported to attend.

The residents met during this inspection generally appeared content and well presented. In particular, one resident, who had an interest in fashion and beauty, was observed to be wearing stylish clothes and had manicured nails. Residents were recorded as receiving personal and hygiene care on the majority of the days but an inspector did note some recent records where it was not recorded if residents received such care or not. Staff spoken with indicated that residents did have their personal and hygiene needs attended to on these days but that it had not been recorded due to staff being stretched on those days. Another staff member spoken with though did raise some issues around personal and hygiene care for residents and notes of a recent staff meeting indicated that staff were reminded to ensure that the general care of residents was kept to a high standard.

While inspectors did not get much direct verbal feedback from residents, one of the

residents told an inspector that they were not happy with unfamiliar agency staff working in the centre. In addition, some resident feedback was included within the most recent annual review that had been completed for the centre during November and December 2022. Comments from residents in this annual review included one resident saying that they were sad that they could not go swimming and one resident saying they were not happy, were sick in the centre and could not go out.

Feedback from residents' relatives was also included in the same annual review. This indicated that all responding families were happy with areas such as the quality of care provided, the level of communication and the staff supporting the residents. Some specific comments made by family members included; "I find every single staff member wonderful" and "I am very happy with the care". Some comments were made though raising issues around wanting more activities, hairdressing provided, staff pressures and replacing resident clothes.

Facilities for storing residents' clothes were provided for in their bedrooms such as wardrobes. Most residents had their own individual bedrooms although there was two twin rooms in the centre. Inspectors saw one of these twin rooms and noted that there was a privacy curtain provided in the bedroom between the two resident beds. This bedroom was also bigger than the individual resident bedrooms. Some of individual bedrooms were seen and these were found to be well presented and well-furnished. For example, one resident's bedroom had a television and an arm chair provided with the resident seen to be relaxing in their bedroom at one point.

While these bedrooms generally appeared well-maintained and some new furniture had been recently purchased for the centre, other parts of the centre required further maintenance to be completed. Of the three units, two of these units appeared more modern in their general appearance compared to the remaining third unit. While some maintenance works had been completed in this unit, including some new flooring and new skirting boards, since the previous Health Information and Quality Authority (HIQA) inspection in October 2022, a number of other maintenance issues were seen in the same unit during this inspection.

These included some walls and doors being chipped and marked, radiators being rusted, the flooring in one bathroom peeling, and a hole in the ceiling of another bathroom. In another unit one bath there was marked as being out of service. While the centre was large in its overall size, it was also noted that some bathrooms throughout the centre were being used for storage purposes with wheelchairs seen to be stored in a number of bathrooms. In addition, one laundry room was found to be cluttered, a wheelchair was seen stored in a room marked as a family room along with some sanitary products and a large quantity of sanitary products was observed stored in a stairwell just outside one unit. Similar observations around storage in the centre were made during the October 2022 inspection.

Areas were also seen during the October 2022 inspection which needed further cleaning and this was again found on this inspection particularly regarding the flooring in parts of all three units. In one unit in two separate bathrooms, an inspector observed very evident brown staining on some toilets which indicated that these toilets had not been thoroughly cleaned in some time. This was highlighted to

the person in charge who demonstrated that these toilets were capable of being cleaned. In another toilet inspectors observed that a shower door was unclean and that a bin for paper towels was full to the top on initial viewing while also containing some unused cigarettes. This bin was seen to have been emptied later in the day.

Aside from matters related to cleaning and bathrooms in the centre, when inspectors were in one unit during the early part of the inspection they observed an unlocked medicines trolley being kept in an unlocked and unattended office. This did not provide assurance that all medicines were being stored securely. This was highlighted and later on the medicines trolley was seen to be locked. However, some prescribed ointments and creams were seen at this time to be left stored on an unlocked shelf on the same trolley while the office where this trolley was located remained unlocked and unattended. A medicines trolley in another unit was seen to be securely stored.

While some of the premises observations made by inspectors detracted from the homely feel of the centre, residents did have access to some outdoor areas. There was evidence that staff were in the process of preparing these outdoor areas for use in the summer, including preparing to pot new plants. It was also notable that following the passing away of some residents in the centre, a small memorial area had been set up in one of the units to mark these residents. Support was provided to residents by staff members to attend the funerals of their peers

In summary, while some work had been completed since the previous inspection, it was apparent that further cleaning and maintenance was needed in this centre. Resident bedrooms seen were noted to be nicely presented with most residents generally appearing content on the day of inspection. Support to residents was provided in a pleasant and caring manner by the staff members on duty.

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

Staffing and governance challenges remained issues in this centre. Some improvement was found to have been made in areas such as staff training and the person in charge arrangements since the previous HIQA inspection.

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and development and Regulation 5 Individualised assessments and personal plan amongst others, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief

Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps that the provider will take to improve compliance in the provider's registered centres. Such regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

HIQA previously inspected this centre in October 2022 where high levels of non compliance with the regulations were found. This was contributed to by three urgent actions being issued around infection prevention and control, fire safety and health care. It was also notable on that inspection that there were recurrent regulatory actions identified in areas such as staffing and personal planning that had not been addressed over a number of years. In response to that inspection the provider submitted a compliance plan response outlining the measures they would take to come back into compliance. Given the levels of non compliance the provider was requested to submit monthly updates on progress with their compliance plan in January and February 2023. Such updates did indicate progress although a cautionary meeting with the provider had to be held in January 2023 after the provider did not submit a complete monthly update that month in a timely despite multiple requests.

As such the purpose of the current inspection was to assess the provider's progress in coming back into compliance with an intended primary focus on the specific regulatory actions that were identified during the October 2022 inspection. On the current inspection there was indications that some progress had been made in coming back into compliance. For example, the person in charge for the centre, who was suitably skilled, experienced and qualified to fulfil the role, was now working in a full-time capacity as required. In addition, a sample of records reviewed relating to staff suggested that the staff working in the centre had completed updated refresher training in areas such as infection prevention and control, safeguarding and fire safety although post inspection information was requested and received to confirm this for two staff. It was indicated though that staff not had completed person-centred planning training. As discussed elsewhere in this report, aspects of person-centred planning were identified as an area for improvement on this inspection with a recent provider unannounced visit to the centre also highlighting that staff had not undergone training in this area.

Despite the progress that had been made in some areas, further improvement continued to be required in other areas with some recurrent regulatory actions identified on the current inspection. During the October 2022 inspection it was highlighted how a previous annual review conducted did not assess the centre against relevant standards as required. Another annual review had been completed since then in November 2022 and while, this did contain relevant information and cover areas relevant the safety and quality of care and support provided, the focus on the annual review was mainly on regulations with very brief reference made to some national standards. In addition, the October 2022 inspection highlighted general governance concerns in the centre given the levels of non compliance identified then. The current inspection also identified some concerns around the

governance arrangements in place for the centre.

The local governance arrangements provided for the centre included the person in charge and two additional clinical nurse managers (CNMs) who worked opposite shifts with all three intended to be supernumerary to the rest of the staff team. However, there were indications that staffing challenges in the centre were impacting this. While it was acknowledged that there was a general staffing crisis in the health and social care sector, staffing must be in accordance with the centre's statement of purpose and needs of the resident. Documentation reviewed indicated that the majority of residents living in this centre required high levels of supports around their health, supporting activities of daily living and to facilitate social or community engagement. As such specific minimum levels of staff per unit to support residents were outlined but from speaking with staff and reviewing records there were times when staffing levels in some units were lower than outlined.

This posed issues as some staff spoken with indicated that if staffing was lower than required it would be challenging for staff to meet the needs of residents particularly at certain times. In addition, when staffing was reduced whichever CNM was on duty, or occasionally the PIC, would be required to work on the floor which impacted their ability to support the governance of the centre. This was a concern given that this centre was large, both in its physical size and capacity. Other staffing challenges were also noted. This included there being some staff vacancies and a reliance on agency staff. In addition, the centre had only one kitchen staff and one dedicated activation staff who both worked in the centre Monday to Friday. As noted during the October 2022 inspection, the centre's statement of purpose provided for three activation staff. While this was not in place at the time of this inspection, it was acknowledged that efforts had been made to recruit additional activation staff and it was indicated that two such staff were due to start shortly after this inspection.

The provider was aware of the governance and staffing challenges present in this centre. In particular, it was noted that the centre had an escalated risk in place around governance in the centre which highlighted that such concerns had been raised in August 2022. Similar escalated or red rated risks had also been identified regarding staffing and the premises provided from an infection prevention and control perspective. Given the responsibilities of the provider under the regulations, the provider would need to appropriately respond to such high risks to ensure that residents were provided with safe, consistent and effective care that was appropriate to their needs. The provider must also ensure that staff are supported and performance managed but on this inspection it was evident that some staff had not undergone annual performance appraisals in a timely manner. Responsibilities for doing these with staff was assigned to the person in charge and CNMs in the centre but their ability to do these was impacted by the staffing and governance challenges noted.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for this centre only and worked full-time.

Judgment: Compliant

Regulation 15: Staffing

There were some vacancies in the centre and there was a reliance on agency staff to fill these. Based on discussion with staff members and records reviewed, there were times when minimum staffing levels per unit would be lower than required. This would make it challenging for staff to meet the needs of residents particularly at certain times. Staffing in the centre had been risk assessed as being a high or red rated risk. This did not provide assurance that suitable staffing arrangements were in place to meet the needs of residents on a consistent basis.

Judgment: Not compliant

Regulation 16: Training and staff development

A sample of staff records reviewed indicated that staff had completed updated refresher training in areas such as infection prevention and control, safeguarding and fire safety. It was indicated that staff had not completed person-centred planning training with a recent provider unannounced visit to the centre also highlighting that staff had not undergone training in this area.

Judgment: Substantially compliant

Regulation 23: Governance and management

The local management of the centre was impacted by staffing challenges and a risk around governance of the centre had been escalated to the provider. Some staff had not undergone annual performance appraisals in a timely manner. While there was some improvement on this inspection, a number of regulatory actions remained despite previous time frames given. The focus of the most recent annual review was mainly on regulations with very brief reference made to some national standards.

Judgment: Not compliant

Quality and safety

While some improvement had been made since the October 2022 inspection, in areas such as personal planning, some areas still continued to need improvement. These included cleaning, the premises and aspects of the food provided. Further assurances were also needed regarding aspects of the fire safety arrangements in place.

The previous inspection in October 2022 had raised initial concerns around the fire evacuations in place in the centre which prompted an urgent action to be issued in this area. In the days following that inspection the provider submitted fire drill records indicating that the three individual units of the centre could each be evacuated under four minutes as part of a zoned fire evacuation plan. When conducting a zoned fire evacuation it is important that there is suitable fire containment measures in all relevant zones to ensure that those evacuating a centre are provided with a protected evacuation route. One of the measures to provide for fire containment is to have fire doors in place which are intended to contain the spread of fire and smoke. As such, bar some exceptions, all bedroom doors, doors located along escape routes and doors to high-risk areas should be fire doors.

Throughout all three units of this centre fire safety systems were in place including fire hoses, emergency lighting, fire alarms and fire extinguishers which were being serviced to ensure that they were in proper working order. However, as referenced earlier in this report, there was a notable difference in the visual appearance of one unit compared to the other two units and this also applied to the fire doors in place. In the latter two units, the fire doors appeared more modern although, as was seen during the previous inspection, some of these fire doors had noticeable gaps around them. In the third unit of the centre, the doors there were noticeably older in appearance while it was unclear if all of the doors in this unit offered the same standard of fire containment as was in the other two units. In the same unit, a broken 'break glass' key unit was seen beside an exit door although the key to this door was in the unit.

Since the October 2022 inspection the provider had sought confirmation of the fire containment zoning for this unit but was unable to locate this. As such the provider engaged the services of a suitably qualified competent person who conducted a review of the fire safety systems in this unit only. The report of this review concluded that the unit was provided with effective fire safety management systems and that the unit was safe for occupancy. It was noted though that the report did not consider all fire containment measures with only certain doors located in corridors considered. As a result not all doors that were located along evacuation routes nor doors to high-risk areas were considered. The report also highlighted that certification to confirm what level of fire containment all of the doors in this unit offered was not available.

During the inspection, an inspector noted that some oxygen cylinders, which can be extremely combustible, were stored in a room in this unit that was located along an

evacuation route. While this oxygen was stored to be in an upright position and was not located beside an obvious source of ignition, the door to this room was noticeably different to the doors in the unit's corridors. As such it was unclear if this door was a fire door or not and after highlighting this to the person in charge, it was indicated that these oxygen cylinders had been moved. While this immediate action was acknowledged, given the number of and assessed needs of the residents living in this centre, the provider would need to ensure that effective fire prevention and containment measures were in place throughout all areas of the centre. Oxygen stored in the other two units of the centre was indicated as being stored behind a fire door.

Aside from fire safety, the October 2022 inspection also raised concerns around the cleaning and infection prevention and control practices in the centres. Some improvement was found in this area including in a specific area of the centre which was subject to an urgent action during the October 2022 inspection. At the time of the current inspection the centre did have dedicated cleaning hours which was divided between the three units on a Monday to Friday basis. However, as referenced earlier in this report, areas were seen during this inspection where further cleaning was needed while the storage of wheelchairs in bathrooms increased the potential risks of cross-contamination. Some gaps in cleaning records and in Legionella checks were noted while some staff spoken with also raised some cleaning concerns. A number of maintenance issues were evident that made effective cleaning harder in places also. Management of the centre were aware of such matters and efforts were being made to address these. For example, it was indicated that a schedule of maintenance works would be completed in the centre by the end of June 2023.

It was noted though that in response to the October 2022 inspection, the provider had indicated that they would be in compliance with Regulation 17 Premises and Regulation 27 Protection against infection by the time of this inspection. Based on the observations of the inspectors, this was not the case and such areas needed to be improved particularly given the needs of residents living in this centre. The provider had also indicated that they would be in compliance with Regulation 18 Food and nutrition by 31 December 2022 after some need for improvement had been identified in this area during the October 2022 inspection. Since then it was found that more meals were now being prepared within the centre while residents were being asked for their choice around meals in resident forum meetings that had commenced in recent months. Following a suggestion from a resident one such forum, there was evidence that the provider was facilitating residents to order take-away food at the weekend.

While other meals were prepared in the centre, lunches were delivered to the centre each day on a Monday to Friday basis having been prepared in a nearby canteen operated by the provider. Inspectors observed some of these lunches on the day of this inspection which were reasonable in appearance. It was highlighted though that lunches for Saturdays and Sundays were delivered to the centre on a Friday and would then be reheated for eating during the weekends. Two staff members spoken with raised concerns around the residents not having access to freshly prepared meals at these times. Some complaints around the quality of food had been made in

recent months with similar complaints noted during the October 2022 inspection. Efforts had been made to respond to such complaints with the person in charge engaging with the canteen where lunches were prepared. Facilities were present in the centre for food to be stored in but a temperature recording sheet for some fridges in one unit's dining area indicated that the temperature exceeded 5°C on a number of occasions recently (these fridges were seen to be empty on the day of inspection).

Information around required diets for residents was contained within their individual personal plans but it was noted though that for some residents their personal plans contained contradictory information around their recommended diets. For example, the front page of one resident's personal plan indicated that they followed a specific modified consistency diet but a hospital passport contained within the same plan indicated they did not follow any modified consistency diet. While this needed to be reviewed, this inspection did find that progress had been made in updating residents' personal plans since the previous inspection with various care plans around residents' needs and intimate personal care having been reviewed and updated in recent months. Updated information and evidence of consultation around specific healthcare decisions was also in place for most residents involved. It was indicated though that an external advocate had been sought for one resident in this area.

Residents and their families had also been facilitated to be involved in the development and review of personal plans through a person-centred planning process. A number of these processes had been completed in recent months which were used to identify goals for residents to achieve. However, while some goals were community focused and it was acknowledged that the residents in this centre had particular needs, some goals identified for residents were not meaningful and were instead focused on health. For example, one resident had a goal to attend an eye appointment while another had an identified goal to manage their pain. Other goals lacked evidence of progress. For example, one resident had a goal to have protected time with staff to go bowling or play snooker with staff but the goal's review sheet had no entries while staff spoken with were unsure if this happened.

In addition, when reviewing other records related to resident's activities it was noted that there were some days where residents were not indicated as being offered nor having done any activities. This was a similar finding to the previous inspection in October 2022 also. As referenced above, since that time the centre had continued to be have less activation staff working in the centre than was provided for in the centre's statement of purpose. As such it was hoped that the addition of extra activation for this centre would result in residents having increased opportunities to avail of activities both inside and outside of the centre. However, in the absence of such staffing, Regulation 13 General welfare and development remained an area in need of improvement based on the findings of this inspection.

Regulation 13: General welfare and development

While the centre continued to have less activation staff than required to support residents, as had been found during the October 2022 inspection, there were some days where residents were not indicated as being offered nor having done any activities.

Judgment: Not compliant

Regulation 17: Premises

A number of maintenance issues were still present in the centre while there also appeared to be insufficient storage with items seen stored in a stairwell, bathrooms and a family room amongst others.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

More meals were now being made in the centre and residents were being asked for their choice around mealtimes. Two staff spoken with raised concerns around the quality of lunches in the centre particularly at weekends while complaints in this area had also been made. A temperature recording sheet for fridges in one unit's dining area indicated that the temperature exceeded 5°C on a number of occasions recently.

Judgment: Substantially compliant

Regulation 27: Protection against infection

While some improvements had been made, areas were seen during this inspection which needed further cleaning. These included some of the floors in the centre and some bathrooms. Some gaps in cleaning records and in Legionella checks were also found. The storage of wheelchairs in bathrooms increased the potential risks of cross-contamination. Such findings did not provide assurance that suitable infection prevention and control practices were being followed in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

While a fire safety review had been conducted in one unit of the centre, it did not consider all fire containment measures in that unit and it was unclear if all doors along evacuation routes, including the door to a room where some oxygen was seen to be initially stored, offered sufficient level of fire containment to ensure a protected evacuation route if needed. Aside from this unit, some fire doors elsewhere in the centre were observed to have noticeable gaps around them which could impact their effectiveness. As such given the needs of residents in this centre and given the use of a zoned evacuation procedure, the provider would need to ensure that effective fire prevention and containment measures were in place throughout all areas of the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While this regulations was not considered in full, in one unit inspectors initially observed an unlocked medicines trolley being kept in an unlocked and unattended office. While this medicines trolley was later seen to be locked, some prescribed ointments and creams were seen to be left stored on an unlocked shelf on the same trolley while the office where this trolley was located remained unlocked and unattended.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While personal plans had been reviewed since the previous inspection, some goals identified during person-centred planning processes were not meaningful and were focused on health. Some residents' personal plans contained different information around specific diets that these residents were to follow.

Judgment: Substantially compliant

Regulation 6: Health care

Since the previous inspection there was updated information and evidence of

consultation around specific healthcare decisions.

Judgment: Compliant

Regulation 8: Protection

Intimate personal care plans had been reviewed and updated since the previous inspection. While residents were seen to be well presented on the day of inspection, there had been some recent days where some residents were not recorded as having had their personal and hygiene care attended to while one staff member spoken with did raise some issues around this area. Were residents not to receive appropriate personal and hygiene care in a consistent manner it could negatively impact their dignity and bodily integrity.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cork City North 5 OSV-0003291

Inspection ID: MON-0038692

Date of inspection: 27/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • There are currently 4 vacancies in the centre. Recruitment is ongoing to fill vacancies, staff have been interviewed and are going through the recruitment process. • Minimum staffing numbers by day are 9 WTE (mix of nursing and care staff) • Minimum staff numbers by night are 5 WTE (mix of nursing and care staff) • Regular agency staff are rostered in the centre and the PIC in conjunction with the PPIM will ensure that the centre is staffed in accordance with figures outlined in the SOP through the use of regular, familiar agency staff until staff come through recruitment. <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>16(1)(a): Mandatory Training remains on-going within the designated centre. PCP training is due to commence. Localised personal plan training will be provided by the PIC and management team within the designated centre.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A schedule of performance management has been compiled and the PIC has commenced formal supervision of staff. • Recruitment is ongoing to fill the 4 vacancies in the centre and regular agency staff are being utilized to fill gaps in the roster. The agency staff working in the centre are familiar with the resident’s support needs. • Governance arrangements are under review by the provider as part of an organizational skill mix review. • The next annual review will endeavor to reflect national standards and best practice <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>13(2)(c)</p> <ul style="list-style-type: none"> • Two staff have been identified in recruitment to provide activation support to residents in the centre. One staff will be commencing July 2023 • Start date for the second staff has not yet been confirmed as this staff is internal and awaiting a new staff to come through recruitment to backfill in another designated centre. • Residents’ forums capture residents choices with regards to community participation <p>13(2)(b)</p> <ul style="list-style-type: none"> • Residents are offered activities in line with their choice and individual preferences. Gaps in activation records have been discussed with staff in the centre and the PIC and local management team will ensure that staff are completing documentation for each resident appropriately. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 17(1)(b)</p> <ul style="list-style-type: none"> • Schedule of works commenced on 29/05/2023. • Provider aims to have outstanding works completed by the 31/08/2023. <p>17(7)</p> <ul style="list-style-type: none"> • Storage of items: Some residents do not wish for their wheelchair to be in their bedroom while they are in bed, their wheelchair will be stored in an area that is unused, this has been passed by facilities and will not cause any obstruction to fire exits 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Regulation 18 (1)(b) Signage has been placed on each fridge with step guidelines of what to do in the event temperatures are outside of recommended ranges. Full Food Safety inspection completed 24/05/2023 awaiting report.</p> <p>18(2)(b) Meeting will be scheduled with PIC and catering manager to discuss food options for weekend food. The designated center has been identified as a pilot area for roll out of new food options in conjunction with the MDT team and catering team who have been trained by a chef who is highly skills and an expert in the area of modified foods / diets.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The PIC and PPIM held a meeting with cleaning contractors to discuss improvement plans regarding standards within the centre. 16/05/2023 new clearer has commenced. • A protocol will be developed in relation to IPC documentation and appropriate completion of same including daily cleaning records, legionella checks etc. • Lead worker representatives for IPC will be appointed by the PIC (one per shift) to ensure effective oversight of all IPC controls in conjunction with the local management team in the centre. • Corrective action plan regarding contract cleaning has now commenced. This entails a cleaning schedule for the centre, the cleaning contractors will provide pictures of best practice/ quality cleaning. A supervisor from the cleaning contractors will meet with the 	

PIC or delegate weekly, regular audits will be carried out by the cleaning contractors and sent onto the PIC or delegate for review. The PIC and the supervisor will carry out a joint audit for 3 months post meeting.

- Wheelchairs will be stored in the resident's bedroom if they choose not to they will be stored in a safe area as per regulation 17.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Regulation 28 (30(a) Full review of the Fire Safety of the designated centre has been completed and provider is awaiting on official report from external fire engineering consultant. Preliminary findings suggest some fire doors may need to be replaced. The Provider has commenced initial procurement process in this regard based on preliminary findings. The provider is awaiting full official report from external fire engineering consultant.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Regulation 29 (4)(a): Signage has been placed on each drug trolley in each area to inform relevant staff not to leave trollies unattended this has also been addressed with staff locally

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Regulation 5 (6)(c) PCP training to commence with staff within the centre. Personal plans remain in progress and goals will be reviewed by management and staff. Localised personal plan training will be provided by the PIC and management team within the designated centre.

Regulation 5 (6)(d) Individual assessments have been reviewed and updated to take into account changing needs of residents

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
Regulation 8 (6) All residents receive personal and intimate care however it has been highlighted to staff that all documents are to be completed daily.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/07/2023
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	31/07/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Not Compliant	Orange	31/12/2023

	number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2023
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	31/08/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2023
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	24/05/2023
Regulation 18(2)(b)	The person in charge shall ensure that each	Substantially Compliant	Yellow	31/07/2023

	resident is provided with adequate quantities of food and drink which are wholesome and nutritious.			
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	31/12/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	08/06/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and	Not Compliant	Orange	31/12/2023

	safety of the services that they are delivering.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/08/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	08/06/2023
Regulation	The person in	Substantially	Yellow	30/09/2023

05(6)(c)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2023
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	31/07/2023

