Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 14
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0003293
Fieldwork ID:	MON-0044556

About the designated centre

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

Cork City North 14 is part of a purpose-built housing development located in an urban setting. It is located within walking distance of local shops and facilities. The service provides full-time residential support to eleven female adults with a diagnosis of intellectual disability or autism. The centre is comprised of three floors which are interconnected by stairs. Each resident has their own en-suite bedroom located throughout the designated centre on all floors. Each floor has a kitchen, dining area and living room. Laundry facilities, visiting rooms and staff offices are also available. Cork City North 14 can accommodate individuals with a range of medical and physical needs. Residents are supported by nursing and care staff during the day and there are two staff on duty by night in the centre. The multi-disciplinary team are also available to further support residents when required. Residents are supported to access other services such as GP and chiropody as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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 summarize 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
Wednesday 9 October 2024	09:50hrs to 17:20hrs	Elaine McKeown	Lead
Wednesday 9 October 2024	09:50hrs to 17:20hrs	Robert Hennessy	Support

What residents told us and what inspectors observed

This was an short announced focused inspection, completed to monitor the provider's compliance with the regulations and to meet with the residents in the designated centre. This designated centre had previously been inspected in May 2023. The registration of the designated centre was renewed in December 2023 with a non-standard condition attached to the registration. This condition required the provider to take all the necessary actions to comply with Regulation 23: Governance and management, Regulation 5: Individualised assessment and personal plans and Regulation 9: Residents' rights. The provider was requested to submit an updated compliance plan in March 2024. Progress made by the provider and staff team was evident in a number of actions that had been identified during the previous inspection which included governance and oversight issues which were observed to have had actions completed or actively progressing at the time of this inspection taking place.

Due to the assessed needs and the previously expressed wishes of one resident this was a short announced inspection. The person in charge was informed via a telephone call of the planned inspection the day before and was provided with copies of the nice-to-meet you documents of both inspectors so that residents could be informed and aware of the planned inspection. It was noted on the day of the inspection, the staff on duty the evening before had ensured each resident was informed of the planned visit by the inspectors. One resident chose to go to stay with family representatives while the inspection was taking place.

During the inspection, eight residents chose to meet and speak with the inspectors. One resident who was in the designated centre declined to meet with either inspector and this decision was respected by the inspectors. Throughout the inspection, both inspectors were made to feel welcomed by both residents and the staff team. On many occasions during the inspection residents came to ask the inspectors if they would like any refreshments. On two occasions the inspectors had their preferred hot drinks prepared for them. One resident sat and spoke with both inspectors in a kitchen area while the hot drinks were consumed on the first occasion. Later in the day another resident prepared more drinks with one of the inspectors. The resident was observed to ensure their risk of injury was reduced by placing milk in the cups before adding the hot water.

A number of residents spoke of positive outcomes that had occurred since the previous inspection. These included one resident enjoying paid employment in the locality which was going very well for them. They smiled as they spoke about the different aspects of their job which they liked and walked independently too and from the location. Another resident told inspectors they had just completed some work experience in an employee relations department of a large business in the hospitality industry and had plans to link with their job coach to identify other suitable locations for them to gain work experience. In total seven residents were either engaged in work related activities or attending day services. This included two

residents attending an adjacent day service each week and another resident was supported to attend a day service run by the provider in another location. However, staff explained that due to reduced staffing resources at times in the designated centre this resident was not able to attend as scheduled on occasions. The resident had attended their day service on the day of the inspection and had enjoyed participating in activities inspectors were informed when they met this resident at the end of the inspection. The remaining four residents were being supported with their own daily routines by the staff team in the designated centre.

Residents were encouraged by the staff team throughout the inspection to meet and speak with the inspectors. One resident requested a staff member to remain with them while others were happy to chat away to the inspectors about their interests and activities. Inspectors were informed of different community groups and classes that were attended which included cookery classes. Residents went out to local services such as hair dressers and shops. Inspectors were informed by residents they liked to be able to lock their bedroom door and had no issues gaining entry or exiting the designated centre independently. Activities such as rug making, colouring and jigsaws were also frequently enjoyed by a number of residents in the designated centre.

It was evident a number of the residents liked to spend time together and socialise in the community together. For example, one resident informed the staff they were going out to the local community to do some personal shopping in the afternoon. Another resident was invited to go with them as they also had some personal shopping to purchase. These residents did not require any staff support but did have a mobile phone if they required any assistance. Other residents had enjoyed going out in the afternoon with staff support to different locations. One resident had walked to a nearby cafe, others had gone for a spin and enjoyed refreshments. Four residents were observed engaging with staff in the large kitchen on the ground floor in the evening before the inspectors left the building. The group appeared relaxed and were participating in a variety of different activities from choosing food preferences for the evening meal, to completing money balancing of their finances with staff or sitting in their preferred chair chatting with staff.

During conversations with residents, it was evident they felt supported by the staff team. Residents spoke of staff helping them with learning new skills such as being supported to manage their medication more independently and managing a newly diagnosed medical condition that required daily monitoring. However, a number of residents also spoke of the adverse impact on the atmosphere in the designated centre by a peer at times which caused them to become withdrawn or anxious. Residents outlined how their relationship with this resident could be difficult with issues arising for example around food, television channels and engaging with staff members. They spoke of how they had witnessed difficult situations being managed by the staff team and spoke of locking their bedroom doors to ensure they were not going to be engaging with the resident during periods of heightened anxiety. These residents were aware that their peer and the staff team were working towards finding an alternative living arrangement but they told inspectors they would like to see the issue sorted. Some of the residents had made complaints regarding these

issues but these had yet to be resolved to their satisfaction.

One resident outlined to both inspectors how they had previously supported their family when living in the family home, which included preparing and cooking their meals. When asked if they were able to cook their own meals in the designated centre they stated this was not happening. They told inspectors they were able to make a choice for their main meal which was prepared off site during the week. The inspectors observed this routine during the inspection. The pre-cooked dinners arrived at the designated centre in the middle of the day. While the resident did outline at times during the weekend, meals were prepared by staff and enjoyed on the ground floor with peers, the resident was not actively preparing or engaged in the activity. They also spoke of how they were able to make hot drinks and had access to items for light evening meals and snacks in the kitchen located on the same floor as their bedroom. They did enjoy attending cookery classes in the community. This was discussed with the person in charge during the inspection. Inspectors were informed a review of the resident's routine could be undertaken to identify times when the resident could engage in such meal preparation if they wished to do so.

Throughout the inspection, the inspectors were provided with many examples from the person in charge of positive outcomes for residents which included a positive change in the supports provided to one resident regarding their personal belongings and another in relation to their preferred hot drink. The ongoing input of the positive behaviour support team and a review of individual support plans assisted with more positive outcomes for residents. In addition, while there were no open safeguarding plans at the time of the inspection, safeguarding protocols were in place to ensure the well being of residents. This included encouraging residents to use a specific stairs if moving between floors in the designated centre rather than the central stairway. This had assisted in reducing the number of adverse interactions between residents in recent months when adhered to.

In addition, staff and residents spoke of a number of social events that had been organised since the May 2023 inspection. Residents had been supported to celebrate milestone birthdays with relatives and friends, go away on holidays if they so wished to do so and attended parties in the community. A number of residents were also being supported to part take in running activities to enhance their fitness and well being with plans to complete the mini marathon.

During the inspection, the atmosphere around the designated centre was found to be relaxed and homely. Each resident had their own bedroom and en-suite facilities. Residents were encouraged to look after their own personal space and personal belongings. This included attending to their own laundry, if they did not wish to have staff support this was respected. The inspectors were informed how one resident required encouragement and support to avoid excessive amounts of products being stored in their bedroom so staff provided the resident with a replacement product once the previous container was empty. This was reported to be working well for the resident.

During the walk around of the premises, changes since the previous inspection were

evident which included replacement of some furniture. The person in charge explained two new couches had been ordered and were expected to be delivered within a short time frame. Other works completed included the installation of additional medication presses on each floor. However, it was observed by an inspector four residents medication files were left on a table in a communal hall space near one such medication press. This was at a time that maintenance staff were carrying out repair works in an adjacent room. While this was addressed immediately by the person in charge it did not demonstrate residents personal information was consistently being stored in a safe and secure manner to protect their privacy and dignity. Inspectors also observed some items, including a box of personal protective equipment (PPE) being stored on the floor in one bathroom. This was immediately addressed by the person in charge. At the feedback meeting at the end of the inspection, the inspectors were informed a solution had been identified to securely store residents medication files and an alternative location found to store excess PPE in the designated centre.

The inspectors were informed by the person in charge of a review that had been commenced of the over all design and layout of the designated centre by the provider in consultation with the building management company. This review was progressing at the time of the inspection and the provider was aware of the regulatory requirements relating to any changes being made to the premises. The inspectors were informed this review was being undertaken to provide possible alternative living arrangements to residents on each floor while listening to their expressed wishes to remain living in the same locality.

The inspectors acknowledge that the person in charge and staff team provided all requested information and documentation to the inspectors throughout the inspection. Some issues identified by the inspectors during the inspection were addressed before the inspectors finished the inspection which included repairs to a damaged wooden structure in a bathroom, revision of a resident's personal emergency evacuation plan and changes to the information documented on the maintenance request form to ensure the date an item was addressed/ completed was documented to enable the auditor to see the time lines taken for issues to be addressed.

In summary, residents were actively being encouraged to engage in meaningful activities such as paid employment, work experience and be part of local community groups. The staff team and provider were actively seeking to support two residents to live in alternative living accommodation in-line with their expressed wishes. There was evidence of improved governance and oversight within the designated centre since the previous inspection in May 2023 which had a positive impact on the lives of the residents. However, not all residents spoken to during the inspection felt safe and secure in their home at times of heightened anxiety being displayed by a peer resident. This has been an ongoing issue in this designated centre. The provider and staff team were aware of residents concerns and endeavoured to ensure each residents voice was being heard and the required supports in place for each resident. This included providing residents with the opportunity to make complaints. However, inspectors reviewed the complaints log. A number of complaints had been documented as being resolved locally and closed out but the complainant was not

always satisfied the issue had not been resolved. In addition, while residents were supported to be independent and learn new skills, previously attained skills from other social roles were not always being supported such as preparing and cooking meals.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in some positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of oversight and monitoring in management systems that were in place with progression evidenced by the provider to ensure the residents received a good quality and safe service. The provider had endeavoured to address all of the actions identified in the previous inspection of this designated centre in May 2023. Where barriers had been encountered this was documented by the person in charge with ongoing review taking place. This included liaising with external parties and agencies regarding the allocated staffing resources for one resident and the application to attain an alternative living arrangement in line with the resident's preference and expressed wishes.

During this inspection the person in charge demonstrated how the provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. This included ensuring all staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a core team of staff members with some regular relief staff known to the residents assisting where there were gaps in the roster.

The inspectors observed kind, caring and respectful interactions between residents and staff throughout the inspection. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, prior to leaving the designated centre one resident ensured staff were aware of their plans. Another resident was given time to discuss their morning activities at work with a staff member who was observed to actively engage and respond to the resident during the conversation. Another resident was discreetly reminded by a staff member to put on safe footwear before descending the stairs

for their own safety.

The provider had previously informed the Chief Inspector that six monthly internal audits had been missed due to the implementation of an organisation wide electronic monitoring system and changes to the internal provider led audit process in March 2024. This designated centre was one of these affected centres. The provider had ensured a 2023 annual report had been completed as required by the regulations. Actions that had been identified were documented as having been completed or in progress if barriers had been encountered outside of the provider's control. Actions completed included the appointment of a dedicated person in charge to the designated centre, staff training requirements had been reviewed and scheduled. An internal provider led audit had been completed in the designated centre in July 2024 but there had been a delay in the report being finalised and the person in charge had a meeting scheduled with the auditor of that report for the week after this inspection to review the findings of that audit.

The registered provider had taken actions to address ongoing issues identified in previous inspections undertaken by inspectors of social services on behalf of the Chief Inspector in May 2023 and October 2022 relating to governance and management. The renewal of registration for this designated centre had been progressed in December 2023 with a non-standard condition attached to the conditions of registration. The provider was to ensure necessary actions were taken to attain compliance with Regulation 23: Governance and management, Regulation 5: Individualised personal plans and Regulation 9: Residents' rights. From the findings of this inspection there was evidence of improved governance and management since the previous inspection in May 2023. While progress had been made to attain compliance with all regulations barriers had been encountered outside of the provider's control. However, some residents still reported experiences that adversely impacted on the quality of life for them. The inspectors acknowledge that the provider and staff team were actively seeking solutions to address issues where possible. These will be further discussed in the quality and safety section of this report.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time in the designated centre and that they held the necessary skills and qualifications to carry out their role. Their remit was over this designated centre.

- Throughout the inspection they demonstrated their ability to effectively manage the designated centre. They were able to demonstrate the ongoing oversight and review of services being provided in the designated centre while ensuring the voice of the resident was listened to.
- On review of documentation during the inspection including staff meeting

notes, internal audits and resident forums, the person in charge consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.
- They were supported in their role in this designated centre by a consistent core staff team. Some duties were delegated among team members with oversight by the person in charge including, scheduled audits, review of personal plans and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured actions identified in the previous HIQA inspection had been adequately addressed and there was evidence of ongoing review by person in charge and management within the organisation.

- The person in charge had ensured there was an actual and planned rota in place. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. Staff attending training was also reflected on the planned rotas. Staffing resources where in line with those outlined in the statement of purpose and to the number and assessed needs of residents.
- The inspectors met and spoke with seven members of the staff team during the inspection, which included two persons participating in management, the person in charge, nurses both qualified and students and a member of the cleaning staff. All demonstrated their awareness of their roles and responsibilities and were familiar with the specific assessed needs of the residents for whom they were providing support. For example, at the start of the inspection one resident preferred not to engage with the inspectors and the staff supporting them considerately assisted the resident to leave the room when they began to indicate this in their body language.
- There was a core consistent staff team working in the designated centre. The person in charge outlined some recent changes that had taken place on the staff team to the inspectors but expected all three newly recruited staff to commence by the start of November 2024. Once these new staff commenced their roles, the inspectors were informed there would be no staff vacancies. In addition, the person in charge was supporting the training and development of student nurses in the designated centre. There were two such candidates who were supernummery on the planned roster on the week of the inspection.
- The person in charge outlined periods where difficulties had arisen due to facilitating staff training, planned and unplanned leave. However, a minimum number of three staff had been identified as being required to ensure the safeguarding of residents within the designated centre. This minimum staffing

level had been consistently maintained. However, where possible four staff would be on duty during the day when most residents were present. For example, on Sundays four staff were scheduled to work to assist residents to engage in their preferred activities such as enjoying a meal in a social setting with peers.

- The person in charge was able to outline the skill mix of the staff on duty on each shift which included ensuring that at least one staff was qualified or trained in the safe administration of medications.
- The person in charge and the person participating in management had reviewed the staffing resources in the designated centre in recent months and this was subject to ongoing review in line with the assessed needs of the residents
- Staff also demonstrated their flexible approach to supporting residents which included a change to the scheduled support hours for one resident. The person in charge explained that the resident had indicated they would prefer their dedicated staff resource to start earlier in the afternoons. This was facilitated and the resident was being supported from 15:00 hrs to 21:00 hrs during the week. In addition, if there was any change to the resident's usual weekly routine, this was also facilitated. For example, if they returned to the designated centre on a Sunday the person in charge ensured the resident had the support of a dedicated staff. The inspectors were informed that there were regular relief staff available when required to fill gaps in the roster. This was consistent with the staffing resources outlined on the actual rotas reviewed during the inspection. One inspector reviewed actual and planned rotas from the 2 September 2024 to 20 October 2024 (7 weeks).
- While some residents were independently engaging in a variety of community and social activities, staffing resources during the daytime were reflective of when the designated centre was usually busy. For example, in the afternoons and evenings the additional staff resource for one resident enabled the remainder of the staff team on duty to assist other residents to attend classes such as cookery and swimming or go shopping. The available staffing resources ensured residents could engage in such activities either individually or with a peer if they choose to do so.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team comprised of a total 12 staff members which included the person in charge, nurses and health care assistants at the time of this inspection. This also included regular relief staff who were familiar to the residents.

- The person in charge had an effective system in place for identifying and monitoring the upcoming training needs of the staff team and these were

scheduled in advance. Documentation provided for review during the inspection outlined all staff had completed mandatory training to support residents living in this designated centre. This included 100% of the current team had up-to-date training in fire safety, safeguarding, manual handling, safety intervention, infection prevention and control.

- The staff team had all completed non -mandatory training which included human rights, advocacy supporting decision making and consent.
- In addition, there was scheduled refresher training planned for a number of staff in the weeks following this inspection which included two relief staff scheduled to attend positive behaviour support training. One staff was also scheduled to attend medication management training.
- The person in charge had also identified additional training to support the assessed needs of the residents. This included mental health and one staff member was progressing with training in the assisted decision making mentor programme. It is envisaged this staff will be able to provide additional support to the residents and staff team. Also consideration was being given to provide staff with additional training to support one resident who had recently been diagnosed with a medical condition that would require ongoing monitoring, education and support.
- The person in charge demonstrated how they had ensured training was accessed by the staff team while maintaining adequate staff resources in the designated centre. Some scheduled training had to be cancelled earlier in 2024 due to staff resource issues in the designated centre and this was escalated to the person participating in management.
- The inspectors were also informed of a review under way by the person participating in management of the job descriptions and roles of staff working in the designated centre. Conversations with residents were also in progress around staff roles, including key worker roles.
- The inspectors were also informed of how provider plans to progress oversight of the training requirements within the organisation by commencing an electronic training matrix in 2025. The new system will provide alerts to both the relevant staff member and the person in charge in advance of when training is required to be completed.
- However, the person in charge had not completed structured supervision with all members of the staff team in the previous 12 months. The inspectors were informed there had been a delay to the release by the provider of a new staff supervision template, which the person in charge had planned to use. One inspector reviewed a selection of supervision records for the staff on duty on the day of the inspection. One of the staff had not had a supervision documented since 16 May 2023, another staff had last completed supervision on 13 October 2023.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured a directory of residents was being maintained in the designated centre. All actions outlined by the provider in the compliance plan submitted to the Chief Inspector after the HIQA inspection in May 2023 and in the update submitted in March 2024 were found to have been adequately addressed.

There was documented evidence of monthly reviews consistently being completed by the person in charge and there had been no issues identified in recent months prior to this inspection.

In addition, support and guidance was being provided to the staff team by the person in charge to ensure the directory was correctly maintained which included the correct terminology that was to be used when filling in the details for each resident.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

- There was a management structure in place, with staff members reporting to the person in charge. The remit of the person in charge was over this designated centre only. The person in charge was also supported in their role by a senior managers within the organisation.
- The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. This included weekly and monthly audits which the person in charge had oversight of to ensure all actions were addressed in a timely manner.
- The provider had introduced an organisation wide auditing system in March 2024 and this schedule was been adhered to in this designated centre.
- The provider ensured the views of residents were considered regarding the service delivery in this designated centre, this included the annual report which had been completed for 2023. A change to the frequency of resident forum meetings during 2024 had also been facilitated as requested by the residents. These were occurring monthly at the time of this inspection.
- The provider had addressed all actions outlined to the Chief Inspector following the May 2023 inspection relating to Regulation 23: Governance and management including providing an additional work space for the person in

charge who worked full time on site in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that written notifications as outlined in the regulations were being submitted to the Chief Inspector within the time lines. The person in charge and the provider had ensured all actions identified in the previous inspection in May 2023 had been addressed.

- These included the submission of quarterly notifications. The person in charge ensured three monthly reviews of restrictive practices were taking place at staff meetings. All restrictive practices including environmental and personal rights restrictions were reviewed in Feburary 2024 in line with the provider's policy and with the positive behaviour support team. In addition, a restriction relating to the safe storage of a particular kitchen utensil had been removed for one resident that was no longer required.
- The inspectors were aware that a large number of three day notifications relating to adverse interactions between residents had been submitted since the previous inspection. Over 50 such incidents had been reported to the Chief Inspector. There was evidence that efforts were being made by the staff team to ensure the ongoing safety of residents and providing supports to those impacted. The implementation of effective positive behaviour support plans and ongoing review of safeguarding plans was reflective of improvements for residents. However, some adverse impact of behaviours that challenge were still affecting a number of residents and this will be actioned under Regulation 9: Residents rights.
- On review of the documented incidents within the designated centre since the previous inspection, inspectors were assured the Chief Inspector had been informed of adverse incidents as required by the regulations

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a number of actions had been addressed with an aim to attain compliance with this regulation following the inspection of May 2023 in the designated centre. This included additional training completed by the complaint's officer and the person in charge during 2023. The provider updated the organisation's complaints policy in December 2023 and this was circulated to the staff team. In addition the provider's quality officer visited the designated centre in

April 2024 to assist the staff team's understanding of the policy.

- All staff in the designated centre had completed on-line training regarding effective complaints handling and feedback.
- Residents had requested that the frequency of their forums be decreased to monthly and staff were to ensure any concerns/complaints raised during these meetings would be logged as a complaint. Residents were also provided with a format of the complaints procedure, which included an easy-to-read version if required.
- In addition, residents were consistently informed, in particular after an adverse incident of their right to make a complaint. This was evidenced in details provided in some of the notifications submitted to the Chief Inspector.
- There was documented evidence of the person in charge reviewing complaints at a minimum every month or more frequently if required. This included residents making complaints regarding the adverse impact on them due to the behaviour of a peer resident. Some complaints had been successfully resolved locally to the satisfaction of the complainant, this included when a resident had entered a peer's bedroom un-invited in August 2023 due to a mis-understanding and the resident apologised.
- While some residents declined to make complaints on previous occasions it was evident the staff team were providing support and education on each resident's right to live in their home without the actions of others adversely impacting them. During 2023 a number of adverse events had been reported in notifications to the Chief Inspector where residents had stated to staff that there was "no point in making a complaint" or "they did not want to cause any trouble". This mindset had changed in the designated centre and residents were being supported to make complaints regarding issues of concern. There was evidence of local resolutions where possible such as providing alternative entry/exit points and safeguarding protocols to ensure residents could enjoy a more peaceful environment in their home.
- At the time of this inspection, the inspectors were informed there was one open complaint. It was relating to a resident seeking to have their own home. The person in charge, staff team and the provider were seeking to address this issue for the resident with some barriers that had been encountered documented and outlined to the inspectors.
- However, on review of the complaints log, it was evident not all complaints had been resolved to the satisfaction of the complainant or processed in line with the provider's policy on the management of feedback, comments, complements and complaints, December 2023. For example, a complaint was made by a resident on 26 March 2024 regarding the adverse impact of a peer's behaviour on them having a quiet environment, free from shouting and arguing. On 25 April 2024 this complaint was escalated following a discussion with the resident, the nurse manager and the designated officer. On the 30 May 2024 the issue was again documented as being escalated. A case conference of co-ordinated supports was held and the resident received a verbal report back. The documented response of the resident was that they did not want the matter forgotten about". As the issue remained unresolved to the satisfaction of the complainant the current process of closing out complaints in the designated centre required further review.

- The inspectors were informed at the time of the inspection where a complaint was escalated to management it was documented as being resolved locally in the designated centre. It was unclear if any complaints had progressed via the provider's complaints management system and an informal or formal investigation process had been undertaken. The inspectors acknowledge that the provider and staff team are striving to address known incompatibility issues within the designated centre. However, on the day of the inspection, the inspectors were informed by residents the behaviours of others were adversely impacting them at times resulting in them choosing to spend time in their bedrooms rather than interacting with their peer.

Judgment: Substantially compliant

Quality and safety

Overall, there was evidence of improvements to provide a quality service to all residents. The provider had demonstrated actions had been taken to attain compliance with Regulation 5: Individualised assessment and personal plans and Regulation 9: Residents rights by 31 December 2023 as outlined in the current registration conditions of this designated centre.

Overall, the residents were being supported by a dedicated core staff team. There was evidence of review and monitoring of the services being provided with improvements in recent months. This included residents making informed choices regarding personal goals reflective of new experiences the staff team had facilitated. For example, work experience in areas of interests to residents. The staff team were supporting residents to maintain their best health with ongoing monitoring and attending regular appointments with health and social care professionals such as dentists, psychologists, SALT and psychiatrists when required.

However, not all residents reported to the inspectors that they felt safe in their home at all times. They also outlined the concern they had for the staff team but indicated they wished the best for their peers and hoped a solution could be found sooner rather than later. Residents spoke of not liking the atmosphere at times and spent time in their bedrooms rather than engage with a peer when their peer was in an anxious state. The inspectors were informed how the provider was actively seeking to resolve the issue but it was evident at the time of this inspection there was still an adverse impact to some residents living in the designated centre. Two residents had previously made a request to leave the designated centre. When discussed further with the person in charge individually both had indicated they wished to remain living in the locality and in the designated centre but did not like the interactions taking place at times with particular individuals.

The person in charge outlined plans for a psychology assessment to be completed

on all of the residents living in the designated centre. They also outlined the ongoing supports and protocols to ensure the safety and well being of residents while alternative suitable accommodation was identified for a resident who wished to live in the community.

Regulation 17: Premises

The designated centre was observed to be clean, comfortable and well maintained. Actions from the previous inspection including repairs and replacement of damaged furniture had been addressed with two new couches also expected to arrive in the days after this inspection.

General maintenance issues were documented as being addressed. However, it was unclear what the time lines were for actions being completed once the issue had been identified by staff members. This was discussed during the inspection with the person in charge and inspectors were informed a date of completion would be added to the information being documented going forward.

During the walk about with the person in charge it was evident regular cleaning was taking place. There was a dedicated cleaning staff working in this designated centre which was assisting the staff team to ensure cleaning duties were completed regularly. Daily cleaning duties were also shared among the staff team and clearly identified which shift was required to carry out specific duties. Residents also supported where they expressed a wish to assist with cleaning duties. If a resident expressed a preference for staff not to enter their bedroom this was also respected and staff only entered with the permission of that resident.

Some minor issues were identified on the day of the inspection, which included visible damage to a wooden structure in a bathroom. The person in charge ensured this was addressed immediately and the issue was resolved before the end of the inspection.

The inspectors were also informed the provider was actively progressing with a review of the current layout of the designated centre to seek to attain an agreeable resolution for residents currently living in the designated centre to ensure their assessed needs were consistently being supported in a safe environment.

Judgment: Compliant

Regulation 26: Risk management procedures

There were processes and procedures in place to identify, assess and ensure ongoing review of risk. This included ensuring that effective control measures were in place to mange centre specific risks. The person in charge ensured regular

reviews were being completed, with the most recent documented to have been completed on 7 October 2024.

The provider had ensured all of the actions outlined in the compliance plan response provided to the Chief Inspector following the May 2023 inspection had been addressed, this included providing staff training in the safe administration of medicines.

There was one escalated risk at the time of this inspection relating to staff resources. The person participating in management was aware of the escalated risk and had held discussions with the person in charge. As previously mentioned in this report all current staff vacancies were expected to be filled in the weeks after this inspection.

Individual risk assessments were also found to have been subject to regular review and control measures reflective of the supports being provided to each resident and their specific needs. These included health related risks which had previously been identified during a provider led internal audit in November 2023 as not being in place for some residents. In addition, the inspectors were informed one resident whose sight had deteriorated was expressing feelings of being unsafe on the stairs. The person in charge had addressed the issue by getting additional lighting installed on the stair well to assist the resident. This was evident to be in place on the day of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured the actions outlined in the compliance plan response provided to the Chief Inspector following the May 2023 inspection had been addressed, this included ensuring all staff had up-to-date training in infection prevention and control (IPC). At the time of this inspection one newly appointed relief staff member was in the process of completing all of the required on-line modules.

The designated centre was found to be generally clean.

There were multiple locations throughout the designated centre where residents and staff could attend to hand hygiene

Information was available in easy-to-read format for residents to be informed of safe practices and maintaining their health regarding infection prevention and control measures.

The storage of PPE on the floor of one bathroom was addressed immediately by the person in charge during the walk around with the inspectors and an alternative location identified before the end of the inspection for the safe and correct storage

of such items.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective fire safety management systems were in place. The provider had ensured the actions outlined in the compliance plan response provided to the Chief Inspector following the May 2023 inspection had been addressed which included-:

- All staff had up-to-date fire safety training completed at the time of this inspection.
- Additional staff training had been provided on the use of fire evacuation aids which led to a further review of the fire evacuation procedures and the suitability of the aids to safely evacuate particular residents with specific assessed needs.
- Following this review of fire evacuation procedures taking place, "refuge points" were identified external to the designated centre but within the structure of the building to afford a safe location for residents to be evacuated to on the level of the building where they are located while awaiting the response of emergency services.
- Floor plans had been updated on each of the three levels to reflect the refuge points where required.
- Residents PEEPs were updated to reflect up-to-date information to ensure staff were aware of the assistance required, emergency aids and other relevant information to support the timely evacuation of all residents.
- Regular fire drills including minimal staffing drills had taken place.
- Residents were informed of new routes of evacuation (closest exit to them at the time of the alarm being raised) and supported to exit these routes during planned fire drills.
- Fire safety was discussed regularly with residents during meetings.

In addition, on review of relevant documentation by one inspector it was noted that all fire equipment checks were documented as being completed as required by the provider such as daily, weekly and monthly checks. Also, no exits were observed to be obstructed during the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines was consistently adhered to in the designated centre.

- Local protocols had been updated regarding the ordering, storage and returns of medications in line with the organisation's medication policy.
- Additional locked medication presses had been located within the designated centre. There was one press located on each floor to ensure the safe administration of medications to the residents located on each floor of the designated centre.
- All staff, including relief staff eligible to attend safe administration of medications training had completed this training at the time of this inspection
- The person in charge ensured at least one staff member on duty on each shift was up-to-date in their training to safely administer medications including medicines as needed (PRN) promptly if required. .

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge demonstrated how actions identified in the previous inspection had either been addressed or were actively being progressed by the staff team and the provider. Barriers to progressing with two actions were detailed with documentary evidence provided for inspectors to review regarding engagement with external parties, which included advocacy, social housing and legal representatives.

- The person in charge had ensured all residents personal care plans had been reviewed in the previous 12 months. These were found to be reflective of the residentsspecific assessed needs and person centered. For example, personal goals were documented as being progressed which included short breaks, supported to gain work experience and paid employment. In addition, one resident to attain a new home was also identified as a personal goal for them
- Attendance of residents at their multi-disciplinary (MDT) meetings had been reviewed since the last inspection. While the request for residents to attend could not be facilitated due to a lack of the MDT capacity, guidance was provided. This outlined how staff were to capture the voice of the resident and their natural supports during their personal planning meetings and any issues to be shared with the MDT at the annual review. The person in charge subsequently reviewed the statement of purpose to ensure this was reflected as the process taking place in the designated centre.
- One resident had been supported to submit an application for social housing in July 2024. This was in progress at the time of the inspection. The inspectors were informed the process had been delayed due to the necessity to complete a discovery process with the resident and gain their consent to proceed.

- Where required ongoing support from the speech and language therapist (SALT) was being provided to assist residents with their discovery process to determine their will and preference regarding their preferred living arrangements for the future. A number of residents had indicated they wished to live elsewhere previously and this was subject to regular review.
- The specific funding allocation for one resident to support their assessed needs had not been resolved but there was evidence documented of ongoing engagement with external parties since the previous inspection with a planned meeting the week after this inspection to try to seek a resolution to this issue.
- A psychology assessment of all residents currently living in the designated centre had either been completed or was planned to review the impact and compatibility of behaviours with residents who share their home.
- Support strategies had been identified in conjunction with the SALT to develop effective communication pathways for a resident to engage with their peers.
- Residents and the staff team had engaged with an internal advocate and attended social role valourisation training since the previous inspection.
- Residents were provided with an accessible format of their personal plans including their health plans, in line with their expressed wishes.
- The person in charge demonstrated ongoing review of the design and layout of the designated centre to ensure it was suitable to meet the assessed needs of each resident.

The inspectors acknowledge that the provider had actively sought to attain compliance with this regulation by 31 December 2023 as required by the non-standard condition of the designated centre's current registration. The provider had encountered barriers outside of their control but was able to demonstrate at the time of this inspection of ongoing engagement with the residents living in the designated centre and external parties. The actions that remain to be fully resolved will be actioned under Regulation 9: Residents rights.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured all restrictive practices were subject to regular review, risk assessments and for the impact on individual residents.

- All staff had attended relevant training including human rights, advocacy and safety intervention training.
- Positive behaviour support plans were in place for residents who required such supports. The plans provided clear guidelines to staff to enable them to effectively support the resident for whom they were providing support at

times of increased anxiety for example. This included the documentation of the traffic light system which clearly informed staff how to recognise different phases and appropriately respond.
- There was evidence of restrictions being reduced or removed when longer required to support the assessed needs of particular residents.
- Temporary restrictions were documented to be in place for the shortest time required, this included increased supports with money management where required with the consent of the resident documented.

Judgment: Compliant

Regulation 8: Protection

There were no open safeguarding plans in the designated centre at the time of this inspection. There were a number of safeguarding plans and protocols in place that were subject to regular internal review.

- These reviews were being completed by the person in charge and regular meetings with the designated officer were taking place. The most recent review of safeguarding plans had taken place in July 2024.
- Safeguarding plans were monitored for their effectiveness. Where required plans had been updated and the Health Service Executive safeguarding team informed.
- To ensure the ongoing safety of residents protocols such as relating to the use of the internal stairs were put in place which assisted with managing and reducing adverse situations that had been occurring within the designated centre.
- The person in charge had ensured all actions outlined in the compliance plan submitted to the Chief Inspector following the May 2023 inspection had been addressed.
- Residents had chosen to hold monthly meetings where they could voice their will and preference and raise any issues of concern. The person in charge reviewed these meeting notes to inform if any required actions needed to be taken.
- All residents had intimate care plans in place which were subject to regular review and were reflective of individual assessed needs while assisting with maintaining independence where possible.
- The person in charge had completed a self assessment in safeguarding in July 2024 with one of the actions identified to improve the practice of discussing residents rights, restrictive practices, safeguarding and complaints with residents.This was documented as occurring in the most recent resident meeting notes .

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had actively sought to attain compliance with this regulation. A number of actions outlined to the Chief Inspector in the compliance plan following the May 2023 inspection and the compliance plan update submitted in March 2024 had been addressed. These included -:

- A review of the requirement for nightly checks to be completed. This involved risk assessments and residents being consulted. If a nightly check was determined to be required for health reasons this was documented in the rights restrictions in place for the resident.
- Advocacy services both internal and external were available to residents to engage with if they so wished.
- Staff had been provided with bespoke person centred planning training with a focus on positive social role development
- Residents were supported to identify positive social roles and the staff team were supporting with the progression of these which included relationships with friends and family.
- Residents were supported to access meaningful activities in line with their expressed interests.
- A resident had been supported to submit an application for social housing in July 2024 in line with their expressed wishes.

Inspectors were informed of positive outcomes for residents since the previous inspection in May 2023 which included a dedicated person in charge who worked on site and was available to support them. Increased opportunities to engage in community activities and social roles was also spoken about. However, not all residents felt safe in their home during periods of heightened anxiety being displayed by a peer and this was having an adverse impact on their positive experiences within their home at times.

- Residents reported to inspectors that they sometimes retreated to their bedrooms and at times were unable to make choices regarding watching their preferred programmes on television. While protocols have been reviewed to provide support and re-assurance to residents this required further action.
- A resident had not always been able to attend their planned/scheduled day services in another location due to staffing resources in the designated centre. The inspectors acknowledge that the person in charge outlined that all staf vacancies were planned ot be filled in the weeks after this inspection.
- Residents right to privacy regarding their personal information had not consistently been supported during the inspection when four residents medication recording charts were observed to have been left on a table in a communal hall way.
- The participation and engagement of residents in preparing their own meals in the designated centre required further review to ensure skills and

independence in this area was encouraged and enhanced in line with the expressed wishes of residents.

The provider and staff team continued to seek a resolution to the ongoing issue relating to previous funding allocations and staffing resources for one resident. However, while progress was evidenced to have been made during 2024 the matter had not yet been resolved.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City North 14 OSV-0003293

Inspection ID: MON-0044556

Date of inspection: 09/10/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Scheduled training in SAMs Medication Management is planned for 9th & 10th December 2024 for 1 staff. • A nurse tutor delivered diabetes training on 13th November 2024 for 9 staff members. A further session will be planned to with the team. To be completed by 15.01.2024. • The PIC has completed a schedule for staff performance management with the staff team. To be completed by 15.01.2025	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • The organisations complaints management system is being reviewed. To be completed by 31.12.2024. • The PIC will maintain records of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. One open complaint to be reviewed under the complaints policy when the policy is undated. To be completed by 31.01.2025	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • One resident who has been identified as the PACC within a number of safeguarding	

concerns has recently been supported to make an application for social housing. Awaiting on update from the social housing department. A business case has been submitted to the HSE for some hours of 1:1 support for this resident to become a more active member of her community. A future business case was also been submitted should this resident receive a home of her own. Completed on 08.10.2024

• One resident who is prioritised to live in a home of her own and who has allocated funding has been identified on the social housing list as a priority 3. To support this resident, a follow up with social housing will be completed by social worker. To be completed by 31.01.2025.

• Clarification regarding one resident's awarded funding has been received. The staff team will continue to engage with social housing and the Property Requisition Manager to support securing a home for this resident. Should the separation of the designated centre into three separate apartments with three separate entrances take place this resident will be given the choice to remain in one of the apartments, if the resident so wishes

• Residents personal information will be prioritised to be stored in a secure place within the designated centre. A PEMAC for 3 locked cabinets has been requested from the facilities department. In the interim personal information will be stored in the drug press regarding medication administration records. To be completed by 30.11.2024.

• Residents who wish to make own meals will be supported by the staff team to become more actively involved in planning menus, shopping within their local community and cooking meals. This was discussed in the resident's forum on 1.11.2024. Two residents said they would like to participate

• The current designated centre is under review from a facilities perspective to separate the three floors into three individual apartments. If this is a successful outcome, residents would be afforded a more private personal living space rather than a large shared space. Cope Foundation and the owners of the property are in discussions. Review to be completed by facilities by 31.03.2025

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/01/2025
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	31/12/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/01/2025
Regulation 09(2)(b)	The registered provider shall ensure that each	Substantially Compliant	Yellow	31/03/2025

	resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/03/2025