



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 March 2023
Centre ID:	OSV-0003296
Fieldwork ID:	MON-0030383

About the designated centre

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

Cork City South 4 provides residential accommodation for adults, with a mild to moderate intellectual disability. The building is a detached two storey house and located on a corner site in a quiet residential estate, adjacent to a green area. Overnight accommodation consists of four single bedrooms. One is located downstairs and three are located upstairs. Downstairs there is a staff bedroom, with an en-suite bathroom. The living area has a front room, dining/sitting room and a kitchen. There is a small patio area at the rear of the building, which is enjoyed by residents for relaxation and leisure when the weather is fine. Staff supports are provided by social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 7 March 2023	09:45hrs to 17:50hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with four residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

On arrival at the designated centre the inspector was introduced to a member of staff by the person in charge. All of the residents had left the designated centre to attend their day services prior to the inspector arriving. The inspector spoke with the staff present and conducted a walk around of the designated centre.

A number of issues relating to the general maintenance of the premises were identified by the inspector. These included damage evident to a fire door which was addressed on the day the inspection. These will be further discussed in the quality and safety section of this report. In addition, the inspector was aware that the provider had not completed planned works for residents to have direct access to a downstairs bathroom. An action from the previous Health Information and Quality Authority (HIQA) inspection on 1 November 2021 had outlined the provider intended to be in compliance with regulation 17 Premises by 14 January 2022. An update submitted by the provider on 26 January 2023 outlined the cause for the delay was due to specific materials not being available to complete the renovation project. The inspector was informed that once the materials were received a commencement and completion date would be put in place. This would be done with the minimal disruption possible for residents.

The inspector was introduced to one resident on their return from their day service in the early afternoon. The resident spoke of their interests which included yoga and swimming. The resident also liked art, with some of their work framed and on display in the designated centre. They attended a day service five days a week and listed a large amount of activities that they enjoyed doing while there which included many different craft works. They spoke about their health and the ongoing management of a medical condition. The resident had been supported to seek a review with their consultant regarding the management of a known condition which required specific medication. Following this review by the consultant and with the consent of the resident, a change was made to one of the medications prescribed. The resident explained to the inspector how this change had a direct and positive impact for them. It resulted in the resident being able to engage in more activities of their choice independently, such as shopping.

The resident explained how they enjoyed spending time with their peers both in the

designated centre and socially. But they equally liked spending time on their own in the designated centre. They spoke about how they had enjoyed a number of trips to other towns. They also met with their family representatives frequently.

However, the resident also spoke about an issue that staff in the designated centre were aware of which was the size of their bedroom. The resident's bedroom was a small box room. They were unable to store all of their personal possessions in the room. They explained that they had no space to store their art or other craft materials. There was no space for a chair in the room, so the resident would either sit or lie on their bed. This had been identified in the provider's own six monthly audit completed on 4 December 2022. The inspector also visited the bedroom during the inspection with the resident's consent. While there was some storage space in the room, it was limited. The inspector observed that the resident had to store some items on the floor and in a box which was located on top of a shelf unit. As mentioned by the resident and identified by the provider's own auditors the bedroom did lack adequate space to meet the needs of the resident.

The inspector was introduced to the other three residents on their return later in the afternoon to the designated centre. All four of the residents chatted with the inspector together in the sitting room. Each resident was respectful of their peers, listening to each other during the conversation. The residents spoke about their day, their particular interests and household chores which were shared among the group. They also spoke about how they all had recently enjoyed attending a social gathering being held by a family member of one of the staff team. The inspector was shown a photograph of the four residents smiling with the person at the event. The residents encouraged each other to talk about particular interests. For example, one resident had purchased tickets to attend a concert in the coming months while other residents had plans to attend a sporting fixture.

Two residents explained how they enjoyed going shopping together in the local area. The residents used public transport regularly. One resident explained that they used public transport to attend their training sessions for a Special Olympics event. This resident also spoke about their place of employment which was located nearby. The residents explained to the inspector that they were very happy with their home and the staff supporting them. They all had their own bedroom. This was a change from when the previous HIQA inspection took place. The residents explained that advanced planning of activities was required by the staff as there is no dedicated transport vehicle in this designated centre. This will be further discussed in the quality and safety section of report.

The residents also spoke about how much they enjoyed being able to engage in individual activities with a staff member. The opportunities for this to occur more regularly had increased in the months prior to this inspection. However, some residents would like more flexibility in their routines to be able to participate in more individual activities each week. For example, delay their weekday morning routine on occasion or to go out for lunch. These were similar to responses that were submitted on three resident questionnaires that the inspector was given to review. This will be further discussed the capacity and capability section of this report.

The staff spoken to during the inspection were very familiar with the assessed needs of the residents and had known them for many years. They spoke about the many different community activities the residents enjoyed which included attending a dinner dance, sporting fixtures, markets and holidays. The staff also outlined the arrangements in place regarding access to transport from a day service located nearby. However, this did require to be pre-planned in advance as outlined by the residents.

The staff were observed to interact in a professional and respectful manner with the residents during the inspection. The inspector was informed the staff team supported residents' to develop skills such as cooking and baking. The inspector was shown photos of the residents and staff participating in activities together such as gardening. However, not all residents were being supported to manage their finances as per their expressed wishes. Some residents had requested during their personal planning meetings in August 2022 to have greater control over their personal finances. While, the inspector acknowledges some actions had been taken in the weeks prior to this inspection, the matter had not been resolved for those residents at the time of this inspection.

In summary, the findings of this inspection found residents were provided with care and support from a dedicated staff team. However, the staffing resources available at times impacted residents' choice to engage in regular individual or small group activities if they wished. Also, residents' control over their personal finances and access to transport to facilitate engagement in community based activities required further review.

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

Due to concerns in relation to Regulation 23 Governance and management, Regulation 15 Staffing, Regulation 16 Training and development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Rights, 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 the provider will take to improve compliance in the provider's registered centres. These regulations were reviewed on this inspection and this inspection report will

outline the findings found on inspection.

The inspector met with the person in charge and one other staff member during the inspection. Both demonstrated their awareness of their roles and responsibilities within the designated centre. They were familiar with the assessed needs of the residents and shared responsibilities. The person in charge had a remit over one other designated centre at the time of this inspection.

There was a core group of social care staff supporting the residents. There also a number of regular relief staff available to support the residents as required. One staff member had recently commenced working in the designated centre and was being supported by familiar staff during their induction period. The inspector reviewed a number of actual and planned rotas which reflected changes that were required due to unforeseen/unplanned circumstances. However, the detail of some shifts required additional information. For example, the inspector was unsure of what time the sleep over staff ended their shift the following morning. This was discussed with person charge during the inspection. Additional information was added to the description of the shifts completed in the designated centre during the inspection, so that the rota contained sufficient information regarding the presence of staff in the designated centre at all times of the day and night.

The residents outlined how they were limited in their choice of engaging in activities in the evening time and on some weekends when only one staff was on duty. The group did explain to the inspector that they enjoyed some social activities together such as going to the cinema. However, if one resident did not wish to take part, the rest of the residents would not be able to go on a planned activity if only one staff was on duty. As previously mentioned in this report residents had been supported to engage in more individual activities in the weeks prior to this inspection. For example, two staff were on duty on the weekend of 18 and 19 February 2023. Residents were able to spend time at their preferred activities during these days. But on 22 January 2023 only one staff was on duty for the day. The inspector was informed individual preferences were supported where possible and choice offered when additional resources were available.

The person in charge had completed scheduled supervisions of all staff since the beginning of 2023. They met with the staff team regularly and scheduled monthly staff meetings. The most recent meeting had taken place on 28 February 2023. Topics discussed included the importance of reviewing residents care plans regularly, the introduction of a new format to document goal progression and introducing a key worker system.

The provider had ensured that internal six monthly audits and an annual review had been completed in the designated centre as per the regulation requirements. The inspector acknowledges that the provider has reviewed their overall governance and management oversight including in this designated centre as part of an ongoing service improvement plan. However, a number of issues in this designated centre had been repeatedly identified on audits and remained unresolved at the time of this inspection.

These included residents being supported to manage their financial affairs in line with their expressed wishes. As previously mentioned in this report, some residents had indicated during their personal planning meetings in August 2022 that they wished to have more control over their personal finances. The six monthly audit completed in April 2022 did not review residents finances. The audit completed in August 2022 referenced that no audit of residents' finances had taken place. Residents' finances were reviewed in February 2023 as part of the annual review. Following this a referral was sent on behalf of one resident to the provider's social work department. A solution agreeable to another resident regarding their personal finances was been considered at the time of the inspection.

Another action that remained unresolved was the availability of adequate bathroom facilities in the designated centre. The February 2023 annual review improvement action plan of this designated centre outlined the provider was responsible to ensure the required renovations were to take place without restrictions to the residents by 30 March 2023. The inspector was informed of the reason for the current delay to completing these works which were outside of the provider's control due to the unavailability of a particular material. However, this issue had remained unresolved for a prolonged period of time. The findings of previous HIQA inspections in March 2020 and November 2021 had highlighted the lack of sufficient bathroom facilities in the property. An occupational therapy (OT) report from October 2021 and a subsequent OT environmental assessment completed in May 2022 outlined the required changes to be made to the property to ensure the provision of suitable and adequate facilities to support all of the residents' levels of mobility and accommodate changes in residents' functional status.

The person participating in management and the person in charge were informed during the feedback meeting that revised floor plans and statement of purpose would need to be submitted to reflect the structural changes to the bathroom facilities.

The provider had reduced the number of beds in this designated centre from six to four in the recently submitted application to renew the registration of this designated centre. Respite care was no longer provided in the designated centre. This has resulted in all residents being provided with their own bedrooms.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team available to support the needs of the residents, which was in –line with the statement of purpose and the size and layout of the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents. However, the presence of two staff to support residents to engage in activities as per their choice was limited each week and required further review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed training including refresher training in fire safety, safeguarding and infection prevention and control. The person in charge ensured ongoing review of the training requirements of the staff team with training scheduled for 2023. In addition, all staff had attended scheduled supervision in 2023 with further dates scheduled during the remainder of the year.

Judgment: Compliant

Regulation 19: Directory of residents

The provider has ensured a directory of residents was maintained in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately

insured.
Judgment: Compliant
Regulation 23: Governance and management
There was evidence of governance, leadership and management arrangements in the designated centre. The provider was actively progressing with a number of actions as outlined in their service improvement plan submitted to HIQA. This included increased oversight by senior management of internal audit findings in the designated centre. However, while the inspector acknowledges that some actions had been taken in the weeks prior to this inspection, not all residents had access to their finances or direct access to adequate bathroom facilities downstairs in the designated centre.
Judgment: Not compliant
Regulation 24: Admissions and contract for the provision of services
The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to each resident availing of services in the designated centre. On the day of the inspection, one contract had an incorrect detail on the front cover. This was rectified by the person in charge before the inspection ended.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge during the inspection.
Judgment: Compliant
Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy which had been subject to recent review in January 2023. Residents were aware of the process to make a complaint and had access to information regarding complaints within the designated centre. The inspector reviewed the complaints log since the previous inspection. One complaint had been resolved to the satisfaction of the complainant in February 2022. The person in charge also followed up as documented eight weeks later to ensure the complainant was happy with the outcome.

Judgment: Compliant

Quality and safety

The services provided within the designated centre had changed since the previous HIQA inspection. All four residents in the designated centre were in receipt of full time residential services. Respite services were no longer provided which facilitated all residents have their own bedroom. However, some actions from previous HIQA inspections relating to premises remained unresolved. In addition, access and control over personal finances for some residents was not supported in-line with their expressed wishes.

While completing the walk around of the designated centre the inspector observed a damaged fire seal on a fire door under the stairs. The person in charge was not aware of the issue and following a review of the fire door checks no issues had been identified or documented on fire doors checks that were completed in the weeks prior to this inspection. The inspector further reviewed the weekly fire door checks, which documented that the automatic closure mechanisms of three specific fire doors downstairs were being checked. However, the condition and effectiveness of all fire doors within the designated centre were not being routinely checked by staff. During the inspection the person in charge had contacted the relevant personnel who came to review the door. The seal was replaced and the person in charge provided written assurance that the issue had been addressed to the inspector the day after the inspection.

The designated centre was found to be warm and generally clean. Residents and

staff worked together to complete cleaning duties. There was evidence of some good infection prevention and control (IPC) measures within the designated centre which included staff knowledge and regular audits such as an IPC monthly quality improvement audit completed by the person in charge. The provider had contracted dedicated cleaning staff to commence working each week in the designated centre. The inspector was informed this was due to commence on the week of this inspection. The person in charge had also completed regular reviews of the Health Information and Quality Authority (HIQA) self-assessment. Residents were supported to remain safe and self-isolate when required due to COVID-19 infection during March 2022. However, a post –outbreak review had not been completed. A centre specific contingency plan had been subject to recent review in February 2023. Up-to-date information and guidance on IPC was available to staff including acute respiratory infection in residential care facilities

A number of issues relating to IPC were identified during the inspection. Some of these were resolved during the day which included eliminating rust marks that were evident on a bathroom radiator. However, other issues could not be resolved on the day. These included the flooring in the dining room and kitchen which had gaps evident. This adversely impacted effective cleaning of these areas and there was evidence of debris build -up in some of these gaps. This will be actioned under Regulation 17 premises. In addition, the cleaning of a number of electrical appliances were not part of regular cleaning duties, this included the cooker extractor fan. This was discussed with the person in charge during the inspection.

Residents were supported to participate in regular advocacy meetings which discussed many topics including human rights and financial independence. Residents were supported to actively participate in decision making in the house. This included selecting furniture for communal areas. An easy-to-read newspaper was also available for residents to keep up-to-date on local topics including the opening of a new food store in the locality.

All of the residents personal plans were subject to a review by the staff team, as there was a change in process and documentation being planned by the provider. This included reviewing the documentation and progress of personal goals. The inspector reviewed an assessment questionnaire that had been completed by one of the residents. It was reflective of a person centred approach to ensure the specific needs of the resident were being met including social and medical needs.

All residents had been supported to identify short and long term goals. These were reflective of personal interests, such as attending a concert or sports match. Staff had documented the progress being made in achieving these goals in a stepped process which assisted in the review of goals being meaningful to the resident and attained in a timely manner.

However, as previously mentioned in this report the provision of adequate bathroom facilities had not been resolved. One resident was assessed as requiring to have their bedroom on the ground floor due to a mobility issue. The inspector was informed that this issue was being well managed and the resident currently did not have any issue using the upstairs bathroom facilities. While there was access to a

downstairs en- suite bathroom this was through the staff bedroom/office. The inspector was informed the resident was required to use the upstairs bathroom if they needed to use the facilities during the night. The provision of accessible, suitable and adequate bathroom facilities downstairs was required to ensure the provider complied with the provision of matters set out in Schedule 6 of the regulations.

In addition, the size of one bedroom for a resident did not provide them with adequate space or storage for their personal belongings. There was no room for them to have a chair in their bedroom should they wish to sit down. They could not engage in their preferred craft activities in their own personal space and were limited in the amount of personal possessions that they could have in their bedroom.

Not all residents were been supported to have control and manage their finances in-line with their expressed wishes. Some residents had arrangements in place to manage their finances, to which they consented to. Other residents had informed staff that they wished to have more control over their personal money. At the time of this inspection, staff had to request money from family representatives of two residents. On occasions these requests had to be repeated before the resident was provided with the required money to engage in activities or shopping. The inspector was informed engagement with family representatives and the provider was ongoing at the time of this inspection.

The inspector was also informed that one resident did not have a travel pass available to them at the time of this inspection. The resident regularly uses public transport independently to attend training sessions for a Special Olympics event and for recreational purposes. The previous travel pass belonging to the resident was mislaid/lost during the pandemic. While the person in charge had made arrangements for a new travel pass to be obtained for the resident, a family representative had advised they would get the matter resolved. The resident was using their own money to pay for public transport while waiting for this matter to be resolved.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Residents were also provided with assistive technology to support their communication needs as required.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to visit their family representatives regularly and to have visitors to the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

Not all residents had adequate space to store their personal possessions and property.

Judgment: Not compliant

Regulation 17: Premises

The registered provider had not made provision for the matters set out in Schedule 6. This included the provision of a sufficient number of accessible bathroom facilities. This action has remained unresolved since the inspection findings of March 2020. In addition, not all areas of the designated centre were kept in a good state of repair.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. It had been updated to reflect the current services provided in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk in the designated centre. Individual risk assessments for residents were also completed and subject to regular review. However, not all risks identified for some residents were reflective of the individual. For example, the risk of a person leaving without staff knowledge had been assessed as likely to occur but the resident had no previous history of being at risk of such actions. Another resident had a risk identified regarding the use of the stairs, with a control in place that remodelling of the downstairs toilet was planned. This remodelling had not yet taken place but the level of risk was not reflective of the current situation in the designated centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections which included IPC audits and regular cleaning of frequently touched areas. However, further review was required to ensure all appliances were subject to regular cleaning such as the cooker extractor fan. The person in charge had ensured regular review of the designated centre's contingency plan but a post-outbreak review had not been completed in the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider ensured that there was systems in place for the management of fire and safety, including fire alarms and emergency lighting. All residents had personal emergency evacuation plans in place and had participated in regular fire drills. However, not all weekly fire safety checks were adequate. For example, checks on fire doors in the designated centre were incomplete with only three fire doors being reviewed for the effectiveness of the closing mechanism. In addition, one downstairs store room fire door did not have an intact fire seal at the time of the inspection, this was resolved prior to the inspection ending.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. All residents had been supported to express their preferences and wishes regarding the self-administration of their medications. Staff provided support in –line with the expressed wishes of the residents. Medication audits were conducted with actions completed in a timely manner. One unopened tube of medicated cream which had an expiry date of February 2023 was located in the medication press during the inspection. This was immediately discarded appropriately by the person in charge.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured all residents had been supported to have a comprehensive assessment of their health, personal and social care needs by appropriate health care professionals. These had been subject to regular review. The provider was seeking to address the ongoing issue relating to the suitability of the designated centre to meet the assessed needs of the residents. This will be actioned under Regulation 17 premises

Judgment: Compliant

Regulation 6: Health care

Residents were supported with appropriate health care within the designated centre and attended allied healthcare professionals as required.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the

safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured the dignity of all residents was consistently supported. Residents did not consistently have the freedom to exercise choice and control in their daily lives. Access to personal finances for some residents was not supported in-line with their expressed wishes. Regular engagement in individual activities and interests was impacted by current staffing ratios. Not all residents who used public transport were supported to avail of their free travel entitlements resulting in a resident using their own personal money to fund their transport costs. While arrangements were in place for access to transport vehicles, there was reduced flexibility to engage in spontaneous activities, most had to be pre-planned in advance to ensure a transport vehicle was available.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City South 4 OSV-0003296

Inspection ID: MON-0030383

Date of inspection: 07/03/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing in CCS4 was discussed at the registered providers allocations meeting and it was agreed that a specific part time role would be advertised to support residents in a person centred way across evenings/ weekends to engage in activities of their choice.</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> <p>A CASS referral has been prepared & submitted in line with a resident wishes to request Social Work support to address their access to their personal finances.</p> <p>The provider has commenced work on a p card/debit card system. This is currently being trialed in another designated centre. If this system meets the wishes of the residents following the trial, the provider aims to roll out the system across the organization which will include CCS4. The projected timeframe for this solution is 15/01/2024.</p> <p>Downstairs Bathroom renovations have commenced on the 18th April 2023 and will be completed by 5th May 2023.</p> <p>Bathroom renovation works will be completed in line with recommendations and specifications as stated on an Occupational Therapy environmental assessment completed in May 2022. This will ensure accessible bathroom facilities are available and</p>	

suitable in this designated centre.	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>PIC & Facility Manager with the resident will review current space and explore what options would be available to create storage solutions for the resident's personal possessions and property.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Downstairs Bathroom renovations have commenced on the 18th April 2023 and will be completed by 5th May 2023.</p> <p>Bathroom renovation works will be completed in line with recommendations and specifications as stated on an Occupational Therapy environmental assessment completed in May 2022. This will ensure accessible bathroom facilities are available and suitable in this designated centre.</p> <p>Facilities Manager to be requested to complete a property walk through with PIC to identify any works that need to be completed. All PEMAC requests will followed up on.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC will review risk register and individual risk assessments and will make necessary changes to reflect both the designated centre and for the residents living here.</p> <p>Downstairs Bathroom renovations have commenced on the 18th April 2023 and will be completed by 5th May 2023.</p> <p>Bathroom renovation works will be completed in line with recommendations and</p>	

specifications as stated on an Occupational Therapy environmental assessment completed in May 2022. This will ensure accessible bathroom facilities are available and suitable in this designated centre.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 The PIC will ensure that as part of the IPC audits that appliances will be included to ensure they are reviewed and receive regular cleaning. Some appliances are not considered part of an IPC audit. These identified appliances will form part of cleaning checklists/audit.

The person in charge will ensure that in the event of a COVID outbreak that a post-outbreak review will be completed in this designated centre in line with up to date HSE guidelines.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The PIC will ensure weekly fire checks are up to standard and will include reviewing fire doors to ensure that fire seals are intact and closing effectively.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 A CASS referral has been prepared & submitted in line with a resident wishes to request Social Work support to address: (1) their access to their personal finances and (2) to avail of their free travel entitlements. The register provider is trialing a new system in another designated centre to ensure residents have access to their finances. Learnings from this trial will inform roll out across the organization including this designated centre.

Current staffing ratios were discussed at the registered providers allocations meeting and

it was agreed that a specific part time role would be advertised to support residents in a person centred way across evenings/ weekends to engage in activities of their choice.

The registered provider will ensure that a specific vehicle will be identified in nearby day centre and will be available to the residents to use at evenings, weekends and holidays. Second key will be requested from the transport manager and will be held in the designated centre so that residents can engage in spontaneous activities without the need to pre plan to ensure a vehicle is available.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Not Compliant	Orange	30/06/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/08/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet	Not Compliant	Orange	05/05/2023

	the aims and objectives of the service and the number and needs of residents.			
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	23/06/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	05/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Not Compliant	Orange	30/06/2023

	needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/06/2023
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.	Substantially Compliant	Yellow	05/05/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	05/05/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	30/06/2023

	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.	Not Compliant	Orange	30/06/2023