

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

Issued by the Chief Inspector

Name of designated centre:	North County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	31 July 2024 and 06 August 2024
Centre ID:	OSV-0003306
Fieldwork ID:	MON-0035311

About the designated centre

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

North County Cork 1 is located in a large rural town and can provide a full-time residential service for a maximum of eight residents. The centre can accommodate both male and female residents from the age of 18 upwards with intellectual disabilities. The designated centre consists of a single-storey wing which is linked to a two-storey Georgian house (only the ground floor of the Georgian House is part of the designated centre). Six single bedrooms and one shared bedroom for residents are located in the single-storey wing. The centre also has a dining room, a kitchen, a sitting room, a living room and bathroom facilities. The staff team consists of the person in charge, nurses, care assistants, activation staff and a domestic staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 July 2024	09:30hrs to 18:40hrs	Conor Dennehy	Lead
Tuesday 6 August 2024	14:00hrs to 15:25hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Seven residents were met during this inspection. While most did not verbally interact with the inspector, feedback received from those that did and from surveys reviewed was largely positive. Staff were seen to interact with residents in a positive and respectful manner.

The first day of this inspection was conducted in this designated centre where eight residents were living. On that day, seven of these residents were present while the eighth was staying with their family and so was not met during this inspection. The seven residents that were present were met by the inspector. Four of these residents did not interact directly with the inspector while a fifth indicated that they did not want to speak to the inspector. The remaining two residents did speak with the inspector during the first day of inspection.

During with a discussion with the first of these residents, they indicated to the inspector that they were going to a town later in the day and that they did this often. The inspector asked this resident some questions about their life in the centre. Although the inspector had some difficulty in making out the resident's responses to some of the questions he asked, the resident did indicate that they liked living in the centre and liked their bedroom. After this discussion, this resident showed the inspector their bedroom and pointed out some family photographs that were hanging on the walls.

The inspector spoke with a second resident in their bedroom in the presence of a staff member. It was noted that there were two separate beds present in this bedroom. As with the first resident, the inspector asked this resident some questions about their life in the centre. In response to these the resident indicated that they felt safe in the centre and liked living in the centre. When asked by the inspector what they liked about living in the centre, the resident responded by saying "dinner". The inspector asked the resident how long they had been living in the centre but the resident was unsure of this.

When asked by the inspector if they liked their bedroom the resident answered by saying "yes". The resident gave the same response when asked if they shared their bedroom with another resident before naming that resident. The inspector went on to ask if this resident liked sharing their bedroom with their peer. The resident answered "no" to this. The staff member present then suggested that the resident might answer differently if the question was asked in a different way. The staff member then asked the resident if they minded sharing with their peer. The resident answered "yes" to this question.

Aside from speaking with the two residents who interacted verbally with the inspector, the views of residents on life in the centre were also outlined in surveys that had been completed for all eight residents. Two of these surveys were completed by staff answering on residents' behalf and three were indicated as being

completed by residents with the support of staff members. The remaining three surveys were marked as being completed by residents with the support of staff members and being answered on behalf of residents by staff.

When reviewing the surveys for one of the residents who shared a bedroom, it stated that "I would prefer to have my own room...but I don't mind sharing". The survey of the other resident who shared a bedroom stated "I'm happy sharing and I like having the room on my own". Other than these comments, all eight surveys asked questions on various areas covering life in the centre with respondents given an opportunity to indicate answers of 'yes', 'no' or 'it could be better'. Overall, the eight surveys indicated 'yes' answers for the vast majority of questions. This indicated positive responses in all areas that included food, safety, money and staff support.

Throughout the first day of inspection, the staff on duty were seen to interact with and support residents in a respectful, positive and warm manner. For example, the first day of this inspection was a warm and sunny day so one resident spent part of the day in a rear garden and patio area with staff seen to regularly check on and interact with the resident while they were outside. Such staff also ensured that the resident was under some shade and offered the resident drinks. When the resident asked for a particular drink this was then brought out to the resident.

Staff on duty helped the residents to go on outings during the first day inspection. This included one resident going for a walk with a staff, some residents being brought to mass and three residents going to have afternoon tea in a hotel in another town. A key-worker (a staff member specifically assigned to support a resident) for one resident who went for the afternoon tea told the inspector they wanted to make such outings more meaningful. As such before these three residents left, it was seen that they changed into different clothes with staff supporting them also changing clothes to better suit the occasion.

To help with such an outing the centre had access to a vehicle. A recent report of an unannounced visit conducted in the centre on behalf of the provider, made reference to this vehicle awaiting replacing. The report further indicated that this matter was "Priority 1 in organizational priority listing." The inspector queried this during the first day of inspection and he was informed by staff and management that the existing vehicle for the centre was operating without issue but was showing its age. The same provider unannounced visit report also referenced that some maintenance was awaited such as internal and external painting.

On the first day of this inspection, it was observed that the external of the centre continued to need painting. However, it was also apparent that the grounds of the centre were being well-maintained with various garden areas, which had colourful plants and flowers, present. The grounds of the centre included areas for residents to sit out if they wished, such as a small gazebo, and a small outdoor sensory area had also been completed specifically for one resident. When reviewing the external grounds of the centre, the inspector also observed two closed-circuit television (CCTV) cameras at the gable of the centre. Near the end of the first day of the

inspection, the inspector was informed that such CCTV cameras were operational

It was then highlighted that the monitoring screen to view the feeds of these CCTV cameras was present in the centre's sitting room in an open corner shelf unit. While this monitor had been turned off for the first day inspection, it was indicated to the inspector that it could be left on at times. When the monitor was turned on for the inspector to review, it was seen that it showed feeds from four different CCTV cameras located externally. This included the area at the centre's front door. While it was indicated that the CCTV cameras were for security, the location of the monitoring screen in a communal room did have the potential to impact resident's privacy in their home environment.

The presence of the monitoring screen could also detract from the homeliness of centre. Aside from this though, the internal of the centre was seen to be well-presented, well-maintained and well-furnished on the day inspection. Resident bedrooms seen were observed to be brightly decorated and personalised while communal areas available offered a lot of space to residents if required. Information for residents in areas such as their rights and advocacy was on display within the centre while some booklets about the Olympics, which was ongoing at the time of this inspection, were also available for residents.

In summary, large areas of the centre and the grounds on which it was located were seen to be well-presented on the first day of the inspection but some external painting was needed. Some residents left the centre during the first day of inspection which included going for afternoon tea. Feedback from residents, through discussions with the inspector or completed surveys, was largely positive. One resident though did indicate to the inspector that they did not like sharing a bedroom with a peer.

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

Capacity and capability

Evidence was found during this inspection that progress had been made with regulatory actions identified from the previous inspection. This indicated that there was appropriate monitoring and oversight of this designated centre.

This centre was registered by the Chief Inspector of Social Services until December 2024 and had last been inspected in February 2023. During that inspection evidence of good supports were found although there were some regulatory actions identified in areas such a staff training, the content of a provider annual review and personal planning. In response the provider submitted a compliance plan outlining actions and time frames for addressing such regulatory actions. Since then the provider had

applied to renew the registration of the centre for a further three years beyond December 2024. The current inspection was conducted to inform such a recommendation. Overall, this inspection found evidence of ongoing good supports to residents and that progress had been with identified actions from the previous inspection. For example, the most recent annual review for the centre assessed the centre against relevant national standards. Staffing was also found to be keeping with the needs of the residents although further assurances were needed around the full-time equivalent (FTE) staff assigned to this centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted, in a timely manner, a complete registration renewal application with all of the necessary documents. This included specific details about the centre and its management.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in a centre must be in keeping with the needs of residents and the centre's statement of purpose. During the introduction meeting for this inspection it was indicated that there was no front-line staffing vacancies for the centre. However, during the previous inspection of this centre in February 2023 it had been confirmed that the staffing FTE for this centre was 14.25 which was comprised of the person in charge, nursing staffing, care assistant, activities staff and a domestic staff. The statement of purpose for the centre as reviewed during this inspection indicated that the FTE for this centre was now 12.65 with the difference appearing to relate primarily to a reduction in the FTE of the person in charge role and nursing staff for this centre.

When this was queried further during the first day of inspection, it was indicated that since the February 2023 inspection, one staff nurse had left the centre without being replaced. As a result, some nurse shifts would be covered from nursing staff taken from the staffing FTE of another of the provider's centres in the locality while the FTE for the person in charge was also being explored further. The inspector was also informed that a review of staffing for the provider's centres in the locality had been undertaken which could have some bearing on the FTE of staff support for the current centre. The outcome of this review was not known at the time of this inspection. As such at the time of this inspection, it was unclear if the stated staffing FTE for this centre was accurate or not. This is actioned under Regulation 3: Statement of purpose.

Outside of this, discussions with staff members and rosters reviewed for May, June

and July 2024 indicated that the minimum staffing levels in the centre were being maintained. The centre had dedicated domestic staff and activities staff that were generally available on a Monday to Friday basis, which was positive particularly in helping residents go on outings. As such staff were not present in the centre during weekends, staffing levels in the centre did decrease at such times. It was highlighted that this did not present an issue in residents getting out from the centre unless staffing levels dropped to just two staff by day. The inspector was informed by both staff and management that this rarely happened.

Aside from staff rosters, under this regulation specific documentation relating to all staff working in a centre must be obtained. This documentation includes written references, full employment histories, evidence of registration with professional bodies, and evidence of Garda Síochána (police) vetting. In advance of this inspection, which was originally intended to be a one day inspection, the inspector requested such documentation be made available for review. It was indicated though that such documentation was held in the provider's head offices and could not leave there. As a result, the inspector attended the provider's head office on 6 August 2024 for a brief second day of inspection to review the required documentation.

During this second day of inspection, six staff files were reviewed which for the most part were found to contain all of the required information. It was noted though that the photo identification of one staff member had expired while there was no evidence of a qualification that they had previously completed. A second staff member's file did not have any written references, evidence of identification that included a recent photograph nor evidence of a previously completed qualification. All of the documentation for a third staff member was present that included evidence of Garda vetting from August 2020. There was documentation provided for this staff member which indicated that more recent Garda vetting for this staff member had been requested on 1 August 2024. The inspector had previously been informed that the provider's staff were to be Garda vetted every three years.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A staff training matrix was provided during this inspection which listed 21 different staff who had worked in the centre. This matrix indicated that the vast majority of these staff had completed training in keys areas such as fire safety, safeguarding and de-escalation and intervention. Some gaps were noted though which included;

- Two staff not having done fire safety training
- Two staff not having done safeguarding training
- Four staff not having done e-escalation and intervention training and one staffing being overdue refresher training in this area

- Four staff not having done training in personal protective equipment (PPE)

The matrix review indicated that such staff were booked to receive some of this training in August and September 2024. It was also highlighted to the inspector that some of the staff on the matrix were new staff employed by the provider who were due to work in another designated centre in the locality in the coming months.

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the registration renewal application for the centre, documentary evidence of appropriate insurance arrangements for this centre had been submitted to Chief Inspector.

Judgment: Compliant

Regulation 23: Governance and management

Key regulatory requirements under this regulation were being met. These included:

- Three unannounced visits to this centre had been conducted at least once every six months since the February 2023 inspection. These had taken place in July 2023, December 2023 and June 2024.
- Reports of these unannounced visits were provided to the inspector. These reports indicated that the quality and safety of care and support provided in the centre was being assessed. The reports also included a plan to address any concerns identified.
- The most recent annual review for the centre, as completed during April 2024, also assessed the quality and safety of care and support provided in the centre while taking into account relevant national standards.
- A report of this annual review was provided to the inspector and it was noted that the annual review completed did provide for resident and family consultation.

Aside from these there was evidence of management systems in operation to ensure that the centre was effectively monitored, safe and appropriate to residents' needs. Such systems included audits in various areas such as personal plans, risk and infection prevention and control (IPC). Staff and management meetings related to this centre were also occurring on a regular basis from notes provided. These notes indicated that matters related to the operations of the centre and the supports for residents were being discussed. The current inspection on behalf of the Chief inspector found an overall good level of compliance. This indicated that the

management systems in operation for this centre were ensuring good supports for the existing residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is required to be in place for a centre. This is an important governance document as it describes the services and supports to be provided to residents. Under this regulation, the statement of purpose must also contain specific information such as details of the staffing arrangements in FTE, a description of rooms in the centre and details of the arrangements for residents to attend religious services. The statement of purpose provided during the course of this inspection was found to be present inside the centre and had been reviewed during July 2024. When read by the inspector it was found that the statement of purpose contained all of the required information.

However, as referenced already under Regulation 15: Staffing, this statement of purpose indicated that the staffing FTE for the centre was 12.65. This was a notable reduction from the staffing FTE of 14.25 that was stated in the statement of purpose that was seen during the February 2023 inspection. Information that was provided to the inspector verbally during the current inspection, raised a query as to whether the staffing FTE figure of 12.65 was accurate particularly regarding the person in charge and nursing staff roles. As a statement of purpose forms the basis for a condition of registration, the provider would need to ensure that the staffing FTE in the statement of purpose used to inform the registration renewal application for the centre was accurate.

Judgment: Substantially compliant

Quality and safety

Residents were being supported to participate in activities. Some of these activities were identified as goals for residents to achieve. While there were means for residents to be consulted, the inspector did identify some matters which needed further consultation with residents.

As referenced earlier in this report, some residents left the centre during the first day of inspection to attend mass or to go for afternoon tea. Aside from these outings, documents read and discussions with staff indicated that residents were supported to participate in other activities away from the centre such as going swimming or going to the cinema. Some of these activities had been identified as

goals for residents to achieve through the personal planning processes in the centre. Amongst such goals were for some residents to attend Disneyland in Paris with residents supported to renew or obtain their passports as part of this. Aside from personal planning, residents were asked their choice of activities on a weekly basis through resident forums meetings that were held. While these forums were a means to consult with residents, the inspector did identify some areas where consultation with residents could be improved upon. These related to the use of CCTV, the use of some restrictive practices and around two residents sharing a bedroom.

Regulation 12: Personal possessions

At the time of the February 2023 inspection, residents did not have access to or full control over their finances. During that inspection it was highlighted that the finances of some residents were managed by the residents' families which required requests for residents' money to be made to their families. For the remaining residents, it had been indicated that their accounts were held by the provider. For these residents to access their money, this required a requisition form to be completed and the collection of residents' money from the provider's main office (which was located appropriately 50 kilometres away from the centre).

During the current inspection, it was indicated that progress had been made for residents who had their accounts held by the provider. This had involved one resident being provided with a new card which enabled them to have greater access to and control over their own finances. The inspector was informed that this resident had been the first resident within the provider to receive such a card as part of a trial and now similar cards had been obtained for a further four residents in this centre. These cards were in the process of being set up at the time of this inspection which was a positive development. However, it was highlighted that two residents' finances continued to be managed by their family. While the inspector was informed that there were no issues in requesting and obtaining money for these residents, the requirements of this regulation were not being complied with in terms of these residents' access to and control over their own finances.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Some residents had access to a day services during the week. For the residents that did not, activities staff were available in this centre on a Monday to Friday basis. Such staff helped in residents availing of activities in the local community and further afield. From discussions with staff and documentation reviewed such activities included going to the cinema, swimming, going for afternoon tea, attending mass and stays away. At the time of this inspection some residents were

being supported with a goal to attend Disneyland in Paris. As part of this, these residents had been assisted to obtain or renew their passports. Further documentation reviewed and discussions with staff also highlighted that residents were supported to maintain contact with and see their relatives away from the centre.

Judgment: Compliant

Regulation 17: Premises

The internal of the premises provided was seen to be well-presented, well-maintained and well-furnished. Communal areas provided included a living room, a sitting room and a dining room. The grounds on which the centre was located was well-presented also but the external walls of the centre were seen to need painting in some areas. For example, parts of some walls were chipped or weathered.

Judgment: Substantially compliant

Regulation 20: Information for residents

This centre had a residents guide that was seen to be presented in an easy-to-read format. When reading this guide the inspector found that it contained all of the required information such as how to access inspection reports and the arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

As part of the risk management processes for this centre, a specific risk register was in place for the centre. This had been reviewed in July 2024 and contained risk assessments relating to identified risks. Each assessment outlined existing controls in place to mitigate the risk and any additional controls required. When reviewing this it was seen that the only additional controls required for this centre related to the provision of some training for de-escalation and intervention. A process was also in operation for any incidents occurring in the centre to be recorded and reviewed. Such a process forms a key role in identifying any trends or new risks while also assessing if control measures in place are effective.

Judgment: Compliant

Regulation 27: Protection against infection

Cleaning records reviewed for this centre for June and July 2024 indicated that some cleaning was generally recorded as being done most days. However, such records also indicated some days when certain rooms were not cleaned or there was variance on a week-to-week basis as to when some rooms were cleaned. It was acknowledged though that in the weeks leading up this inspection, cleaning schedules for this centre had been changed to provide more clarity for staff as to when specific cleaning tasks were to be done. Cleaning records reviewed indicated that there had been a greater consistency in cleaning since this happened. It was seen that the centre was largely clean on the first day of the inspection but ceiling vents in two bathrooms were visibly dusty and in need of further cleaning.

The centre had also been provided with products to support IPC practices. These included the presence of wall mounted hand sanitiser dispensers and stocks of PPE present in the centre such as gloves, gowns and face masks. While the vast majority of PPE was found to be in-date, the inspector did identify four boxes of face masks that had expiry dates of July 2023 on them. This included one box of face masks that was present inside the centre's front door.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The building where this designated centre was located was comprised of two floors but only the ground floor of this building was part of this centre. When reading the report of the provider unannounced visit to the centre from June 2024, the inspector read that a review was underway by an external fire consultant relating to the building's first floor. When queried, the inspector was informed that this had been done with a view to determining what works would be needed to make the first floor fire compliant were it to be added to the centre. While the inspector was informed that such works would not be progressing, management of the centre also told the inspector that there were no concerns relating to fire containment between the ground and first floors.

Fire containment measures provided within the footprint of the centre included fire doors. The centre was also provided with fire safety systems including a fire alarm, emergency lighting, a fire blanket, fire extinguishers and a fire hose. Such systems were subject to maintenance checks to ensure that they were in proper working order. The procedures to be followed in the event of a fire were on display while records provided indicated that fire drills were carried out regularly in the centre. The drills record provided indicated that these drills were done at varying times

including at times when minimum staffing levels would be on duty with the maximum number of residents. Low evacuation times were recorded although it was seen that the drills records contained limited narrative of the drills scenario. It was acknowledged though that there had been some evacuations during the night in recent months prompted by a fault with a fire alarm sensor. Records of these also indicated low evacuation times while the fault in the fire alarm sensor had been corrected.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individualised personal plans in place. When reviewing a sample of these it was noted that goals identified for residents had time frames and responsibilities assigned for helping residents achieve such goals. Personal plans for residents were also available in an accessible format. Both of these areas had been identified as needing improvement during the February 2023 inspection. The content of the personal plans seen during this inspection indicated that the personal plans had been reviewed during 2024 and also provided guidance on how to meet residents' needs. The overall findings of this inspection indicated that appropriate arrangements were in place to meet the assessed needs of residents. There were however indications that the needs of some residents were increasing, particularly from a health perspective, so this would need to be kept under close review.

Judgment: Compliant

Regulation 6: Health care

Records reviewed during this inspection indicated that residents were supported to attend or avail of appointments or reviews with various health and social care professionals such as general practitioners, dentists and psychiatrists. The inspector read records of residents being supported to avail of vaccines also. Guidance on supporting residents with their assessed health needs was contained within their personal plans. Hospital passports were also in place which contained key information relating to residents' health in the event that they required to be admitted to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Guidance on supporting residents to engage in positive behaviour was available. Staff spoken with demonstrated a good awareness of such guidance. Records provided indicated that most staff had completed in-date training relating to positive behaviour and de-escalation and intervention. Some gaps though were noted which are addressed under Regulation 16: Training and staff development.

Systems were in operation for the review of restrictive practices in the centre. This ensured that the use of these was subject to regular review based on the records reviewed during this inspection. However, it was unclear from such records if residents had been consulted around the use of restrictive practices or not. This is discussed further under Regulation 9: residents' rights.

Judgment: Compliant

Regulation 8: Protection

Guidance was available on supporting residents with their intimate personal care. No safeguarding concerns were identified during this inspection although some training gaps in safeguarding were noted. This is addressed under Regulation 16: Training and staff development. A member of staff spoken with though was aware of how to respond to a safeguarding concern if it arose. The centre also had access to a designated officer (person who specifically reviews safeguarding concerns) with records provided and discussion with staff and the person in charge indicating that the designated officer had been accessed when needed.

Judgment: Compliant

Regulation 9: Residents' rights

During this inspection staff on duty were observed and overheard to interact with residents in a respectful manner. Documentation evidence was provided that residents were being consulted and given information. For example, resident forums were happening on a weekly basis which indicated that residents were asked about what activities they wanted to participate in and what meals they would like amongst others. Such forums were also used to discuss matters like complaints and health and safety with residents. Aside from these forums, resident advocacy meetings were occurring on a monthly basis. These were also used to consult with residents with meeting notes indicating that residents were asked about maintenance works in the centre and about whether the person in charge would talk to residents' families to get feedback for an annual review.

Despite these, the inspector did identify some areas where there was either limited

consultation with residents or where further consultation was needed. These areas were:

- When reviewing restrictive practices documents for the centre, it was recorded that some residents had “reported no issue” around some restrictive practices in use. However, from the wording used it was unclear if such residents had actually been consulted about these restrictive practices or not. As such the inspector requested further evidence of consultation in this area. The inspector was subsequently provided with notes of a resident forum from February 2023 which indicated that restrictive practices had been discussed with residents but the notes indicated that only five residents had attended this forum.
- While most residents had their own individual bedrooms, two residents shared a bedroom. The inspector was informed by management and staff that both residents liked sharing and had never raised an issue about this. However, the contents of completed surveys suggests that both residents might prefer their own bedrooms while one of these residents expressly indicated to the inspector that they did not like sharing their bedroom. The inspector requested evidence of consultation with this resident about this sharing arrangement. Although it was suggested that there might have been some evidence of this, none was provided on the first day of inspection. The inspector was also informed that responses given by this resident to the inspector were the first time that they had raised an issue around the sharing of their bedroom. Such responses and the completed surveys indicated that further consultation was needed in this area. It was acknowledged though that during the February 2023 inspection, the same resident had indicated to the inspector that they liked sharing their bedroom.
- The centre had restrictions log which included matters which could impact on residents’ rights. One of these was night-time checks which were carried out for particular reasons with documents provided indicated that residents had been consulted about these checks. However, it was noted that the restrictions log did not include the use of CCTV cameras. Given the locations of CCTV cameras and the monitoring screen for these, the use of CCTV had the potential to impact residents’ privacy in their home environment. When the inspector queried if residents had been consulted around this, he was informed that residents had not been consulted about this since the CCTV cameras were installed 10 years previously.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for North County Cork 1 OSV-0003306

Inspection ID: MON-0035311

Date of inspection: 31/07/2024 and 06/08/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• An analysis of the staff funded WTE has been completed by HR and an appointed person by the Chief Operational Manager. This funded number will be shared with the PIC and PPIM. To be completed by 10.10.2024• The statement of purpose will be reviewed and updated with the WTE staffing number. If there are any identified staffing discrepancies this will be escalated to HR through hire requisition form. Completed on 02.09.2024• The photo identification of one staff required does not work in this area. HR will follow up to complete.• One staff members personal file has been updated to include references, recent photo identification and qualification completed on 05.09.2024• One staff members garda vetting will be completed on 04.09.2024	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none">• The identified staff with gaps in training matrix are not part of the designated centre and will be removed from the designated centres' training matrix. Completed on 31.07.2024 <p>Plan to complete training for the identified staff in other designated centre</p> <ul style="list-style-type: none">• Two staff fire safety training to be completed by 02.09.24• Two staff to complete safeguarding. To be completed by 30.09.24, 1 staff 13.8.24, relief staff outstanding has not been onsite since prior to inspection	

<ul style="list-style-type: none"> • Four staff to complete safety intervention. Completed 19.8.24 for outstanding 2 staff, staff booked for 2 day course 23&24 of sept 2024, relief staff to complete 31.12.2024 • Four staff to complete PPE training. To be completed by 30.09.24 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • Following the staffing analysis, the WTE staff funded number will be reviewed and updated in the statement of purpose. To be completed by 10.10.2024 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Residents whose finances are supported by family members will be afforded the conversation with support from the Assisted Decision-Making lead, social worker and PIC to support discussion around opening a bank account. <p>To be completed by 15.01.2025</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • External walls of the Designated Centre escalated to Facilities Manager through PEMAC system. As agreed with facilities painting to be completed by 30.04.2025 	
Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Vents in two bathrooms to be cleaned and added to the cleaning schedule for the centre. Completed on 02.09.24
- PPE stock within the Designated Centre has been reviewed to ensure stock is within date. Completed on 1.08.2024
- PPE stock is will become added to monthly walkaround audit. Completed on 02.09.24

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Further consent will be documented in conjunction with each resident regarding restrictive practice within the designated centre. To be completed by 02.09.24
- Consultation with two residents who share a bedroom will be documented in each residents' personal plan to ensure clarity and consent regarding sharing a bedroom. Completed on 13.08.2024
- CCTV cameras will be stored within doored press, with no visual access to residents to maintain dignity and privacy . To be completed by 30.09.2024
- Residents will be consulted with regarding the use of CCTV cameras on the grounds of the designated centre. This will be logged in the restrictive practice log. To be completed by 02.09.2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	15/01/2025
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/10/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2024

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2025
Regulation 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	02/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/10/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	30/09/2024

	age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			
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	30/09/2024