



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0003698
Fieldwork ID:	MON-0032197

About the designated centre

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

The designated centre comprised of four purpose built units in a campus setting on the outskirts of a large city. The service provides full-time residential care to adult males and females with an intellectual disability and / or autism. Three units were located close to each other and the fourth was located within the wider campus. The units situated close to each other had a kitchen, a living room, separate laundry facilities and single bedrooms. These units had more than one communal area and some had visiting rooms. In addition, one of these units contained a single occupancy apartment comprising a sitting room with dining facilities, kitchen, bedroom and bathroom. The remaining unit was a single occupancy apartment located within the wider campus and this contained a kitchen, dining and sitting room area, a bedroom and bathroom. The staff team consisted of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Wednesday 8 February 2023	09:30hrs to 18:00hrs	Elaine McKeown	Lead
Wednesday 8 February 2023	09:30hrs to 18:00hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This was an unannounced focused inspection of the designated centre to ensure the residents were being supported to have a good quality of life in a safe environment while being supported as per their assessed needs.

This designated centre was comprised of four purpose built bungalows located on campus settings. Three of these bungalows were located close together on the same grounds of an activation centre with two of these bungalows interconnected while the third bungalow was interconnected to another bungalow that was part of another designated centre operated by the same provider. These three bungalows had a capacity for between five and six residents each while the fourth bungalow which made up this centre supported one resident giving the centre an overall maximum capacity of 18 residents. On the day of inspection 17 residents were present in the centre, 16 of whom were met by inspectors.

Both inspectors visited two bungalows each during the inspection at different times during the day. The inspectors were informed by the person in charge that visiting the three larger bungalows could take place at any time during the day but the resident in the fourth bungalow would prefer to meet the inspectors in the afternoon so they could complete their usual morning routine with their staff. However, in the afternoon when contacted by the person in charge, staff explained that the resident expressed a preference to meet one of the inspectors at the end of the day which was facilitated. On arrival in the evening, the resident greeted the inspector and spoke about a current news item taking place in Europe. They were watching a news programme about the issue at the time. The resident spoke about their day which included a walk with staff. Staff present encouraged the resident to talk about a number of different community locations that they had visited in recent months which included attending an open day in a community fire brigade station. Within a short period of time the resident clearly indicated that they wished to end their conversation with the inspector. The inspector thanked the resident for meeting with them and left the bungalow as per the expressed wishes of the resident.

Shortly after the inspection commenced inspectors visited two of the bungalows. Upon entering one of these, where five residents were living, it was seen that three residents were in one of the bungalow's sitting rooms or the dining area with a staff member present. The inspector visiting this bungalow was informed that a fourth resident was in bed while the fifth resident had gone to the nearby activation centre. The three residents who were in the communal areas at this time did not communicate verbally and did not engage with the inspector. They did appear content at this time and soon some were supported with breakfast in the dining area.

The inspector performed an initial walk through of this bungalow and noted some rooms in the bungalow were locked at this time including a music room. When the inspector asked a staff member why these rooms were locked, he was informed that

this was because of one resident's interest in plastic bottles but later on another staff member indicated that it was because a different resident would look to access the music room during the night where a television was present. The locking of some of the doors noted by the inspector during the initial walk through were not included in the centre's restrictive practice register nor had they been notified to the Chief Inspector as required.

Later on in the morning the residents present in this bungalow left for a period to go for a walk with staff. The inspector used that time to conduct a more detailed walk through of the premises and noted that some doors which been earlier locked, including the music room, were now unlocked. It was seen that the door connecting the kitchen to the dining area remained locked while a counter between these two rooms had a shutter pulled down preventing the kitchen from being seen from the dining area. The dining area was nicely furnished in general but the presence of the closed shutter and a medicines trolley located in one corner of the dining area did lessen the homely feel of the area.

Some signs were on display in this area including information on how to make a complaint while there was also an easy-to-read version of a newspaper hanging up on a notice board, which contained articles relating to events around the world including the British royal family. The story was a major event at the time this version of the newspaper was printed by the staff team. In the larger sitting room of the bungalow some photographs of residents were on display and this room was seen to be nicely furnished and homelike with couches and a television present. It was seen though that one part of the flooring of this sitting room had a number of circular marks present. Some maintenance issues were also observed in the hallway of this bungalow, including parts of some skirting boards being discoloured and some exposed screw holes. The person in charge had completed an extensive facilities work list for the whole designated centre following a review with the facilities manager in August 2022 and the clinical nurse specialist in infection prevention and control (IPC) on 2 February 2023. This will be further discussed in the quality and safety section of this report

It was observed by both inspectors, the three larger bungalows had photos of individual residents on the walls and identified which bedroom belonged to what resident while one resident had a specific area of one bungalow available to them which could operate as an apartment if needed. Each resident had their own individual bedroom, some of which were seen through open doors. It was noted that these were nicely furnished and decorated with facilities provided for residents to store their personal belongings such as wardrobes. For example, one resident had a large canvas photograph of them and some family members on their bedroom wall while another resident's bedroom had a number of sensory items present which the resident liked. These bedrooms were seen to be clean as were all rooms visited in including the bathroom facilities present. An inspector did note though that a floor plan in one of the bungalows indicated that there was a separate toilet beside one resident's bedroom but in reality, no such toilet was present. Staff also informed inspectors in advance, if a resident had expressed a preference for people not to enter their bedrooms when they were not present and this was respected during the

inspection.

On one occasion, an inspector met with residents when they had returned to one of the bungalows after a walk around the campus. While the residents did not engage with the inspector, one resident who moved between various rooms, was observed to smile on one occasion. Residents were again found to be generally content at this time with some residents sitting watching television in the larger sitting room. However, one resident vocalised while some medicines were being given and after this the resident was supported by staff members to go to the apartment area of the bungalow with a door in the hallway connected this area to the rest of the bungalow locked. A staff member remained with this resident during the time. The staff on duty while an inspector was present in this bungalow were observed and overheard to interact with residents in a pleasant and respectfully manner throughout. For example, one resident was due to leave this bungalow to go to a wildlife park with staff from the activation centre. Their departure got delayed slightly so one of the staff in this bungalow explained this to the resident.

The inspector did see at one point though that a staff member from an adjoining bungalow (which was part of another designated centre) briefly entered and exited this bungalow via a link corridor connecting the two bungalows. The door to this link corridor was locked but could be opened by entering a code in a keypad with the code seen to be written down near the key pad. It was later indicated to inspectors that it would happen regularly for staff from some bungalows to enter other bungalows via these link corridors. A similar link corridor was also present between two of the other bungalows which made up this centre, both of which were visited by inspectors. When an inspector arrived at one of these bungalows, four residents were present while a family member of one of these residents was just leaving the bungalow having been there on a visit to see their relative. Initially one of the residents was in their bedroom, another resident was asleep in a recliner chair in a living room while two residents were in the dining area. None of these residents engaged with the inspector at this time. A fifth resident who also lived in this bungalow was partaking in a planned community activity with staff. On their return in the afternoon they appeared to have enjoyed the social outing. The inspector also observed meals being prepared with a request made by a resident for particular drink promptly provided by a staff member. Staff members then supported those residents who needed assistance with their meals and it was seen that this was done in an unhurried manner. It was noted by the inspector that there was a sociable atmosphere present during this meal time between residents and staff present.

Staff present in the third large bungalow demonstrated their knowledge of the assessed needs and preferences of each of the five residents living in the house. One resident began vocalising while the inspector was present in the dining room. Staff were observed to immediately understand that the resident was seeking to go to the music room to listen to their preferred music. The resident was supported by a staff member to go into the music room as staff discussed with the resident what they would like to listen to. The inspector was informed that another two residents had already left with their activation staff to attend a planned physical education class. One of these residents and a staff member returned to get the resident's

reading glasses. The inspector met this resident in the kitchen as they entered the house. The inspector observed a staff member communicating with the resident using sign language explaining who the inspector was and the purpose of the visit. The resident smiled and acknowledged the inspector before returning to the activation centre.

The inspector also met another resident in the sitting room of this bungalow. They proudly spoke of their employment which they completed for an hour each week day with staff from an external cleaning company, contracted by the provider to complete household cleaning within designated centres. The resident also outlined the household chores within their home that they attended to regularly. These included assisting staff with completing the scheduled cleaning of frequently touched points. The social activities which the resident enjoyed included shopping and meeting friends in social settings, they used public transport on occasions to access some community locations. Staff introduced a resident to the inspector as they were leaving to go over to the activation centre. Staff explained that this resident liked to socialise with their peers which included visiting another house in the designated centre with a dedicated one to one staff member. This had been described as a positive experience for the resident. However, on review of this resident's activities record this had only occurred on one occasion in January 2023. As part of their scheduled activation programme, the resident was to be provided with one to one staff support from a male staff at least once weekly. In addition, some activities being documented for residents in the designated centre included medical appointments or attending scheduled appointments for other allied healthcare professionals. This will be further discussed in the quality and safety section of this report.

In summary, residents were being supported by a dedicated core group of staff and regular relief staff were in place to provide assistance due to the six whole time equivalent vacancies at the time of this inspection. The provider was actively seeking to recruit additional suitable persons to fill these posts. Some evidence was seen during this inspection of improvements being made by the provider in the governance and management of this designated centre. However, not all residents were being supported to participate in meaningful activities regularly due to the impact of depleted staffing resources at times. In addition, goals identified for some residents were seen to be repeated since 2020 and no evidence of progress being made on current goals such as going on holidays during 2023 for other residents.

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

This centre is run by COPE Foundation. Due to concerns in relation to regulation 23 Governance and Management, regulation 15 Staffing, regulation 16 Training, regulation 5 Individualised assessments and personal plan and regulation 9 Rights, the Chief Inspector is undertaking a targeted inspection programme in the providers 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.

As highlighted earlier in this report, two of the bungalows which made up this centre were connected via a link corridor while a third bungalow was similarly connected to another bungalow that was part of a different designated centre. Staff spoken with during this inspection indicated there were times when nursing staffing assigned to one bungalow of the centre would be required to provide some cover to the adjoining bungalow (whether it was part of this designated centre or another designated centre) if there was no nursing staff was on duty in the adjoining bungalow. When speaking with the person in charge for the centre it was indicated that such instances rarely happened. On that day of inspection appropriate staffing levels were observed to be present in three of the four bungalows visited by inspectors.

However, on arrival in the fourth of the bungalows, an inspector was informed that three staff members should have been on duty but at that time only two staff members were present. A third staff member was later seen present in this bungalow but prior to this inspection the provider had previously identified that three staff were needed in this bungalow to support the assessed needs of the residents living there. However, there had been occasions when three staff might not always be present. The person in charge had documented occasions when gaps in staffing resources had occurred since May 2022. The provider was seeking to address this but in response to such situations, staff who were specifically assigned to support activities for residents of the centre, would be redeployed to support this bungalow if staffing levels were lower than required. This reduced the activation's staff ability to facilitate activities for residents. As previously mentioned there were six whole time equivalent staffing vacancies in this centre including for one activation staff who was primarily intended to be assigned to one bungalow of this centre.

In response to such vacancies some agency staff (staff sourced from an external agency to the provider) were being used in the centre. The use of agency staff had the potential to negatively impact staff continuity and consistency with certain documentation reviewed during this inspection highlighting that some residents had a preference for familiar staff. However, it was indicated, in discussions with the person in charge and staff directly employed by the provider, that the agency staff members who worked in this centre did so on a regular basis. A staff member

spoken with also indicated that they had recently taken part in staff meetings which were attended by the person in charge and some clinical nurse managers (CNMs) assigned to this centre. In addition, an action from the annual review completed in September 2022 regarding consistent staffing levels resulted in a weekly agency staff request submitted by the person in charge to support gaps in staff resources, facilitating staff training and planned leave.

The provider was aware of gaps in the mandatory training and supervision of staff within the designated centre. This was highlighted in the most recent annual review and the six monthly provider led audits completed in June 2022 and December 2022. Staffing resources was identified as an escalated risk in the designated centre and remained unresolved at the time of this inspection. As part of the revised oversight arrangements in this designated centre a number of actions had been identified. For example, the person participating in management had met with the person in charge and a schedule of staff supervisions was developed. This schedule required the first staff supervision of all staff in 2023 to be completed by the end of March 2023. This was documented as progressing as scheduled during January 2023 by the person in charge. The person participating in management had set a review date of the progress of this action for mid-February 2023 to ensure ongoing oversight of the process. In addition, a planned training schedule was in place for 2023 with staff booked on up-coming training including managing behaviours that challenge. However, the staff team had been requested in December 2022 to complete four e-learning modules on human rights. The date given to staff for completion was 31 January 2023. At the time of this inspection over 40% of staff had yet to complete the modules. The inspectors were informed the date for completion had been extended to 28 February 2023.

The person in charge worked full time and was supported in their role by clinical nurse managers. Their remit at the time of the inspection was over two designated centres, however, this was expected to be reduced to just this designated centre in the weeks after this inspection. They were familiar with the assessed needs of all of the residents, demonstrated their knowledge of their role and responsibilities throughout the inspection. They had attended regular meetings with management and actively participated in progressing with actions identified by the provider. For example, they had participated in the development of an information pack for new and relief staff working in the houses which outlined the information required for the daily running of each house. It also included information on the Health Information and Quality Authority (HIQA) requirements and maintaining standards. In addition, the person in charge outlined plans to ensure consistency of staff supports being provided for all residents. This included all staff would be required to work in each of the houses over a 12 week period to ensure they were aware of the assessed needs of each resident and could provide support if required due to gaps in staffing resources of familiar staff in a house.

Regulation 15: Staffing

There was a planned and actual rota in place, however, on the day of the inspection this did not accurately reflect the actual staff on duty in one of the houses. There was a core staff team available to support the needs of the residents. While there were staff vacancies at the time of this inspection, regular relief staff were available. However, the number of staff supporting the assessed needs of the residents was not always in –line with the statement of purpose and the size and layout of the designated centre

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured a staff training and supervision schedule for 2023 was in place. There was evidence of ongoing review of the training requirements of staff within the designated centre. However, over 40% of staff had not completed on-line training modules regarding human rights as requested by the provider by the end of January 2023. In addition, while all staff had completed mandatory training in fire safety and infection prevention and control, not all staff had completed their refresher training in safeguarding and managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had actively progressed with elements of their service improvement plan which was evident in this inspection. This included prioritising escalated risks relating premises and staffing resources. However, consistent and appropriate levels of staffing resources to support the assessed needs of the residents in-line with the statement of purpose promoting a safe and appropriate service were not always in place in the designated centre.

Judgment: Substantially compliant

Quality and safety

The majority of residents who lived in this centre did not communicate verbally but efforts were made to determine residents' choice and given them information through various means as demonstrated on this inspection. For example, as

previously mentioned, one inspector observed a staff member explaining to a resident using the resident's preferred communication style who the inspector was while another staff member explained how they looked for a different resident's bodily language to determine if they were happy with something or not. In one bungalow of the centre an inspector saw how monthly resident forum meetings had been recorded with individual residents. During such forums staff were prompted to ask relevant questions such as whether residents were happy and if they liked their home. Notes of such forums were kept with responses being positive overall which were indicated as being informed in some instances by residents' appearance or by the views of familiar staff.

Aside from such forums when reviewing records relating to some residents, inspectors came across documents that were titled as consent booklets. These booklets gave some easy-to-read information on what consent was while highlighting that residents had the right not to give consent. At the back of these booklets were consent cards indicating if individual residents had given consent to receive treatment from particular health and social care professionals such as general practitioners. It was seen though that some of these consent booklets appeared to be from 2017 and it was unclear if or how they had been reviewed since while one resident's consent card had no entries so it had not been completed. This was highlighted to the person in charge who indicated that some of these consent booklets had been removed and that the area of residents' consent was being considered in light of some upcoming changes in Irish law.

The person in charge also informed inspectors that they were looking to engage an independent advocate to support all of the residents who lived in this centre. In addition, there was evidence that residents were being supported to raise complaints. Most notably one resident had been attending a day service away from this designated centre in another location 5 days a week prior to the COVID-19 pandemic. This day service was ceased during the initial stages of the pandemic and while the resident had resumed going there, this was only for two to three days per week. It was indicated that the resident and their family had expressed for the resident to be able to return a day service five days per week as they had done before. As this had not happened the resident had been supported and facilitated to raise a complaint about this matter. In addition, the day service had cancelled the services at short notice on a number of occasions in December 2022. This had adversely impacted the routine for the resident on these occasions. The person in charge was scheduled to meet with the day service manager in the weeks after this inspection to establish if the day service could continue to meet the assessed needs of this resident.

The resident wanting to return to their day service five days a week was identified as goal for the resident as part of their most recent person-centred planning process. This process was intended to find out what residents were happy or unhappy about while living in this centre and to identify goals for them to achieve. It was also served as means for residents and their representatives to be involved in the reviews of residents' individualised personal plans, which are a key regulatory requirement as will be discussed below. Inspectors saw records of person-centred planning documents that had been completed for a sample of residents within the

past 12 months. It was seen that goals were identified for some residents including things such as doing more community activities and holidays. It was noted that responsibilities for supporting residents to achieve these goals were assigned with most seen to be assigned to a staff team rather than individual staff. Some time frames for achieving these goals were indicated but for some residents' goals it was noted that no time frames were given.

There was some evidence that a number of the identified goals for residents had been achieved. For example one resident had taken a holiday while another resident had been supported to get some sensory items. However, when looking at the most recent goals identified for residents along with goals that had been identified for the residents previously, there was limited evidence available how some goals had been progressed or if they had been achieved at all. It was also notable that current goals identified for some residents that had been carried over for these residents from previous years. This was something that had been highlighted by a previous HIQA inspection in September 2020. In addition, it was seen how activities which some residents had enjoyed prior to the pandemic, such as bowling, were not part of residents current goals so it was unclear if this was something that these residents wanted to do or not.

The September 2020 HIQA inspection also identified areas for improvement regarding activities provided. Inspectors reviewed a sample of activities records for residents in this centre in recent months and did see some community based activities such as going to shopping centres and eating out. However, the recorded entries of such activities actually taking place were limited and suggested that meaningful activities away from this campus based designated centre were limited. For example, "spins" were recorded as an external activity while for one resident records reviewed indicated that for they had only gone on an external activity twice in 2023 at the time of inspection. The inspectors were informed of how the staff team had included some residents in one of the houses in this centre in a wedding celebration and facilitated other residents to attend a funeral of a peer. However, inspectors did review records of other external activities which documented when residents attended scheduled health care appointments. Residents were more often recorded as participating in internal activities such as walks. Some residents also had "centre" recorded as an activity they did. It was indicated that this referred to residents attending the activation centre that was located on the same grounds of three of the four bungalows that made up this centre but it unclear what the residents were actually doing at these times.

It was acknowledged though that some residents did have particular preferences and needs which would limit the scope of activities they would participate in. The needs of residents were set out in their individual personal plans, a sample of which were reviewed by inspectors. Under the regulations such plans must be informed by a comprehensive assessment of all health, personal and social care needs on an annual basis at least. While assessments of health needs had been carried out and it was indicated by the person in charge that some social needs would be assessed through the person-centred planning process, the personal plans reviewed did not appear to have been informed by a comprehensive assessment of all needs. The provider's internal auditors had identified gaps in the documentation contained

within the personal plans of residents during the previous two internal audits completed in May and Nov 2022. Actions included quarterly reviews to be completed by the staff team, with the person in charge or delegated CNM to document when reviews were completed. It was also indicated that, while some easy-to-read information was available for residents on health matters, residents did not have easy-to-read versions of their personal plans which is another regulatory requirement.

It was noted though that the sample of personal plans seen by inspectors had been reviewed within the previous 12 months, were subject to multidisciplinary reviews and provided information on supporting residents' needs. For example, guidance was in place on supporting residents with their intimate personal care while specific health care plans were also in place. However, an occupational therapist had recommended a link staff to be nominated/identified for residents in one house to assist a 12 week implementation period of their recommendations to support the residents living in the house. This was documented in the staff meeting notes of 5 January 2023 but had not yet commenced at the time of this inspection. Also contained within residents' personal plans were personal possessions lists which had been reviewed within the last 12 months and were intended to list items that residents owned to help ensure that residents retained control over their possessions. It was seen though that some of these possession lists contained varying levels of information with some lacking details as to what possessions residents actually owned. For example, in some lists residents' personal possessions were recorded in broad terms without indicating the type or amount of possession they had. As such some entries in these lists were written as "clothes" or "shoes". In contrast other residents' personal possession lists gave more details on the items residents owned.

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment of need had been completed for all residents on at least an annual basis. Gaps in the documentation contained within personal plans had been identified by the provider's internal auditors during 2022. However at the time of this inspection, gaps still remained. For example, the progress of some residents goals was not consistently documented. Also, recommendations made by an occupational therapist for a link staff to support a 12 week period of implementing their recommendations for residents in one house had not been commenced at the time of this inspection. In addition, personal plans were not available for residents in an accessible format.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had ensured residents privacy and dignity was maintained. However, residents did not have the freedom to exercise choice and control in their daily lives. For some residents engagement in meaningful activities was not regularly available. For example, some external activities documented included attending health care appointments and the journey to attend that appointment would be documented as a "spin" for the same date on the activity log for the resident. While some residents had been supported to experience a number of infrequent community based activities, regular campus based activities were more frequently provided.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City North 4 OSV-0003698

Inspection ID: MON-0032197

Date of inspection: 08/02/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Recruitment is ongoing to fill staff vacancies • Weekly agency requests made to backfill current vacancies. Regular staff are provided through these agencies • Rosters are planned in advance and developed on a weekly basis • Rosters are updated and reviewed as required. Changes may need to occur due to unexpected absences. Changes are reflected on additionally house list that is reviewed on a daily basis • PIC has oversight of all planned rosters to ensure information is correct 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <p>All staff will have completed online training modules on human rights-based approach to care and support</p> <ul style="list-style-type: none"> • All staff will have safeguarding training completed • All other mandatory training such as safety intervention training and manual handling will be completed throughout the year, a total of 30 staff require these training. Training sessions available each month for the rest of the year. PIC has booked 3 positions on each training session for the rest of year. This will ensure that all staff complete safety intervention training and manual handling training by the end of the year. • Training schedule is in place with dates booked for mandatory training identified 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Recruitment to fill staff vacancies is ongoing • Weekly agency requests made to backfill current vacancies, regular staff are provided through these agencies • Rosters are planned in advance to endeavor to ensure adequate staffing numbers to meet the assessed needs of the residents in the centre 	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • PIC has developed a comprehensive assessment which will incorporate the individual's health and social care needs. This will be completed for all residents in the centre • PIC will review all person centred plans and ways in which goals are set and progress of goals documented. New format is now in place with goals broken down into steps and progress / update of each step completed • New activity records were developed which will clearly identify if the person we support enjoyed the activity and how this was meaningful to the person. • Meetings held with activation team and house staff in how to complete documentation appropriately • MDT for all residents is planned for the 30-3-2023 where current recommendations will be discussed with the members of the MDT • Where a recommendation is made for a link person to be assigned to a resident to implement any programme developed by MDT the PIC will ensure that staff are assigned responsibility for same • Easy read personal plan developed by PIC and PPIM and reviewed by Advocacy Officer. These plans will be made available to all residents 	
Regulation 9: Residents' rights	Not Compliant

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

- New activity records have been developed which identify if the resident enjoyed the activity and how this was meaningful to the person. Staff will also document where a resident refused a choice of activities
- Management team have met with staff and discussed appropriate recording of activities i.e. not to record medical appointments as activities
- Schedule of meetings in place for management team and activation staff to discuss each resident's individual activity preferences
- PIC will review resident's activity records on a monthly basis

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 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	31/08/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	03/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	31/12/2023

	as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Not Compliant	Orange	30/06/2023

	basis.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Not Compliant	Orange	30/06/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/06/2023