



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 17
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	16 August 2022
Centre ID:	OSV-0005518
Fieldwork ID:	MON-0028671

About the designated centre

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

Cork City North 17 is comprised of two bungalows which are connected by a link corridor and located in a residential area on the outskirts of Cork City. Each bungalow is comprised of three individual bedrooms, kitchen-dining area, sitting room and laundry room. There is also a large shared bathroom in each bungalow equipped to meet the needs of the residents with an additional separate toilet facility. An activity room is located in the circular shaped link corridor and an outdoor sensory garden area is located at the rear of one of the bungalows. The designated centre also has an office and staff facilities. The designated centre provides full-time residential services for six adults, both male and female with a severe or profound degree of intellectual disability and complex needs. Residents are supported by a staff team that comprises of both nursing and care staff day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 August 2022	08:50hrs to 17:10hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

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

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

On arrival, the inspector was introduced to one resident who was ready to go to their day service. The resident smiled broadly as the person in charge introduced the inspector to them. The resident communicated without words, but their expressive language included eye contact and facial expressions which indicated their delight to engage with familiar staff. The resident was very proud of their appearance and it was evident that they had been supported by staff with their personal care. The resident smiled when staff remarked on their fashionable footwear and clothing. Staff spoken to during the inspection outlined the ongoing supports this resident required, which included positioning and feeding protocols. Staff spoke of recent changes required to support the resident and demonstrated up-to-date knowledge of the protocol in place to support the resident's nutritional intake.

The inspector was then briefly introduced to two other residents in a dining room who were being supported by staff members to have their breakfast. The inspector met the residents a number of other times during the day. One of the residents was supported by staff to attend their scheduled day service. The other resident had staff support to engage in community activities during the day with another peer. These residents enjoyed a spin to a local community amenity area during the day. Another resident indicated to staff that they didn't wish to go out in the community during the morning and this was facilitated by the staff team. The inspector later observed this resident sitting in their comfort chair in a sunny room, with a preferred blanket over them and a relaxed expression on their face. Music was playing in the background. Staff explained the resident was able to make their preferences known by gestures and body movements. The resident was also observed to be supported by staff to have their meal in the middle of the day in an un-rushed manner in the dining room.

One resident had already left to attend their day service before the inspector arrived. The inspector met this resident later in the afternoon when they returned to the designated centre. They were sitting comfortably with a familiar staff and was observed responding with smiles and vocalisations when the staff spoke directly to the resident. The staff included them in the conversation as they were informing the inspector what interests and activities the resident enjoyed, such as social outings in

the community.

The inspector spoke with three family representatives during the inspection. One representative spoke on the phone with the inspector. They outlined how the support and care shown to their relative especially during the pandemic helped to reduce their family stress and worry about their relative. Staff were fully aware of the specific care needs of their relative and interactions with peers living in the designated centre were described as being positive for their relative. The resident was enjoying attending regular day service two days every week at the time of this inspection. The family were in regular contact with the providers of the day service to ensure additional service provision would be facilitated for their relative once adequate staffing levels were available. The family representative spoke of how photographs were regularly sent to them of the resident enjoying and part-taking in many different activities. These provided the family representatives with assurance regarding their relative being content and happy in the designated centre.

A family representative of a resident who had transitioned into the designated centre in January 2022 met with the inspector in person during the inspection. The resident had previously lived with some of the other residents in another designated centre and the family representative outlined how the resident appeared to enjoy being re-united with their friends again. The resident was described as being less anxious and engaging well in many activities both in their day service and in this designated centre. For example, lying on a water bed in the sitting room and listening to music on their speaker. The inspector observed the resident enjoying this activity during the afternoon as described by their relative. The ongoing support from the staff team had assisted the family representative to bring their relative home for a few hours each week and to join the resident at their weekly swimming sessions that had been taking place in the months prior to the inspection. The family representative did outline that their relative required a lot of space and found the bedroom small. However, the staff team and provider were aware of this issue and the current bedroom had been re-designed to create additional space before the resident moved into the designated centre. There was also a number of communal spaces that the resident was able to use freely to support them to engage in preferred activities, which included the water bed.

The inspector also met one of the residents with their family representative. The resident smiled with their eyes as their relative spoke of how well the resident was getting on in the designated centre. The person checked regularly with the resident during the conversation that they agreed with what was being said about their care and support in the designated centre. The family representative was assured that staff were familiar with the individual needs of their relative. For example, if the resident became uncomfortable or displayed a change in their behaviour, the staff team would assist the resident to change the activity or return to the designated centre. Family representatives and extended family members were always welcomed by the staff team. The resident was also supported to enjoy the company of a family pet and go out for walks in the local community with relatives, as well as attend family events.

The inspector reviewed four completed questionnaires. All respondents were family

representatives of residents in receipt of services in the designated centre. All responses outlined the positive impact the staff team and house was having for their relative. For example, descriptions included a warm, welcoming atmosphere at all times and choices being made for residents in line with their known preferences and best interests. However, it was also noted that the re-introduction of pet therapy had not happened, which one resident really enjoyed. This was discussed with the person in charge during the inspection and the inspector was assured that the matter was being followed up. This will be further discussed in the quality and safety section of this report.

The inspector completed a walkabout of the communal areas at the start of the inspection while some of the residents were being supported by staff with their personal needs. The designated centre was bright and well ventilated with adequate multiple communal space to support all six residents. All of the residents required various levels of staff or mechanical support to aid their mobilisation. There were two kitchen-dining areas both being used to support the individual needs of the residents. Residents were observed to enjoy spending time in one of the sitting rooms at different times during the day. The central activation area which linked both sides of the designated centre was also a space residents were observed to enjoy during the day. Residents' bedrooms were observed to be clean and decorated in line with personal choices, such as paint colours, bed size and photographs. There was evidence of scuff marks on some of the walls, doors and door frames throughout the designated centre. The person in charge, outlined how ongoing maintenance was required due to the high level of activity in the centre which included the daily use of wheelchairs and other comfort chairs by the residents. In addition, one resident was able and encouraged to move independently around the designated centre. On the day of the inspection, staff from the maintenance department were on site to refresh and repair the paintwork in a number of areas. Discussions were ongoing regarding possible solutions to reduce the extent of repeated damage to the painted surfaces that was happening in many areas throughout the designated centre.

Throughout the inspection, staff were observed to support the residents in a respectful and professional manner. In addition, staff had adapted the support provided to residents during the recent spell of hot weather. For example, cooling fans were provided in rooms to aid the comfort of the residents. Staff had put lighter fabric sleep-wear on residents to aid a restful night sleep and fluid intake and cool drinks were regularly offered to ensure residents were being supported to keep adequately hydrated. During the inspection, staff were observed to put sun-cream protection on residents before they went out on the transport vehicle. Staff also showed the inspector a fashionable backpack which was in keeping with a resident's preferences. Adaptations had been made by the resident's keyworker to the backpack and it was planned to be used to transport essential equipment required to support the resident's feeding regime in a more discreet way.

The inspector was informed of the concerns that had been raised relating to staffing levels during January 2022 in the designated centre. Due to the impact of the ongoing pandemic at that time, the skill-mix and numbers of staff supporting the six residents at times during the day were impacted. At times unfamiliar staff were

providing support to the residents. Staff spoken to during the inspection outlined how they maintained the safety of the residents and supported residents to engage in meaningful activities within the designated centre. In addition, residents were supported to make a complaint. This was progressed in line with the provider's procedural and policy guidelines and resolved by the provider by March 2022. The provider ensured minimal staffing levels were maintained in the designated centre, including the evening time to ensure all residents' assessed needs could be met.

While the findings of this inspection found residents were supported to have a good quality of life, with person-centred care and support provided by a dedicated staff team, a number of issues required further review by the provider. These included the oversight and governance in the designated centre, staff training and the completion of documentation relating to safe food and nutrition practices in line with the provider's procedural guidelines.

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

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a person-centred service for residents. The provider had completed some actions from the previous inspection that had taken place in August 2021. However, issues that still remained unresolved at the time of this inspection included gaps in staff training.

The provider had requested to make a change to the services provided in this designated centre in May 2022. An application to vary the conditions of registration were submitted to the Health Information and Quality Authority,(HIQA). The provider no longer provides respite services in this designated centre. All residents in the designated centre were in receipt of full time residential care at the time of this inspection. This was described by staff to have had a positive impact on the residents. They no longer had to adjust to different residents in receipt of short term respite services. The consistency of the group assisted all of the residents to engage in activities individually or in small groups and participate in regular organised activities with staff support.

The person in charge worked full time and had remit over a total of four designated centres at the time of this inspection. They were very familiar with their role and responsibilities. They were assisted in their role by clinical nurse managers, CNM1. The inspector was aware that the responsibilities for the person in charge had increased in May 2022. This increase had impacted the oversight and governance of

this designated centre. The person in charge ensured they regularly were in contact with the staff and available by phone while on duty. However, they were unable to complete formal supervision as outlined in the provider's procedural guidelines for all staff in this designated centre. For example, formal staff supervision for some staff in 2022 had not commenced. One staff member had not had supervision since February 2021 while others had not had supervision documented since November 2021. The ability for the person in charge to spend time in this designated centre had also been reduced in recent months. The person participating in management had recently been appointed to the role for this designated centre. The inspector met both of these staff members during the inspection.

The staffing requirements of this designated centre included waking staff at night time. The person in charge outlined how staff were required to complete two month rotations on day and night shifts with the activation nurse and CNM1's working across both daytime shifts. Staff had a handover email between shifts which was also sent to the person in charge, to ensure all staff were up-to-date with any changes or relevant information regarding the designated centre. There had been a number of staff meetings in recent months. Most recently in July 2022 and prior to that in May 2022. Topics and issues discussed included infection prevention and control (IPC) matters, laundry management, staffing and supporting resident's individual routines to attend day services. However, while the annual performance review of staff was also discussed in May 2022 this had not been completed by the person in charge at the time of this inspection. At the time of this inspection two staff positions remained vacant. The inspector acknowledges the provider was actively seeking to fill these posts. However, while some relief staff were available, replacement staff to cover planned and unplanned leave were not always available. The person in charge had provided assistance to the staff team on the front line when required.

The CNM's and person in charge were responsible for completing a schedule of audits in this designated centre. While the schedule of audits was being completed with some actions documented as being progressed or closed, other actions remained unresolved. For example an easy-to-read menu had been identified as an action in a protected mealtime audit completed on 1 August 2022. This action had also been identified in a similar audit in May 2022. An unannounced provider-led audit completed in February 2022 had identified an action requiring immediate review of a fire exit in the designated centre by a person competent in fire safety to establish if it was fit for purpose. This had not taken place at the time of this inspection. However, the inspector was shown the particular exit during the inspection. The inspector was informed this would not be a route that the residents or staff would use to evacuate the building, as there was no exit to external areas outside the designated centre for residents to safely evacuate to in that location.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been

submitted as per regulatory requirements.
Judgment: Compliant
Regulation 14: Persons in charge
The registered provider had ensured that a person in charge had been appointed to work full-time and they held the necessary skills and qualifications to carry out their role.
Judgment: Compliant
Regulation 15: Staffing
There was a consistent core staff team to support the assessed needs of the residents in the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to maintain safe staffing levels. However, two whole-time staff posts remained vacant and the person in charge was required to work on the front line at times to support residents. In addition, staff members were not replaced while on planned or unplanned leave.
Judgment: Substantially compliant
Regulation 16: Training and staff development
The training records of staff identified gaps in refresher training for a large number of the core staff team. All staff had completed training in safeguarding and IPC. However, over 62% of staff required refresher training in fire safety and managing behaviours that challenge. Another 37% of staff required refresher training in manual handling which was required to safely support the assessed needs of the resident in receipt of services in this designated centre.
Judgment: Substantially compliant
Regulation 19: Directory of residents
The provider had ensured all information as outlined in Schedule 3 was updated and

maintained in the directory of residents.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

While systems were in place to monitor governance in this designated centre which included annual review and six-monthly audits being completed; further review was required to ensure effective governance and management arrangements. This included the supervision of staff and the progression and completion of actions identified during audits in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured a resident and their family representative were provided opportunities to visit the designated centre before their admission. All residents had contracts of care in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy. Staff had supported residents to make complaints relating to staffing levels in the designated centre and this had been managed and progressed in line with the provider's policy on complaints.

Judgment: Compliant

Quality and safety

Overall, residents' well being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further improvements were required regarding the completion of some documentation relating to food and nutrition for residents. Follow up was required for an action identified in the provider's own unannounced audit relating to a fire exit in the designated centre.

Residents were supported to return to community activities once the public health restrictions had eased. These activities included swimming, bowling, cinema, attending day services, visiting social and shopping locations in the community. Residents were supported to engage in daily activities either within the designated centre or out in the community. Activities within the centre included massage, art and baking along with water and sensory stimulation. The staff team included an activation nurse who attended the centre two days each week and provided additional support to the residents and staff team. The progress of goals was documented in either daily activity records or in the residents' personal plans. Each resident had a key worker and the nursing staff supported the completion of medical health checks as required. The inspector was informed that the resumption of pet therapy had been delayed due to circumstances outside their control. It had been

identified as something the residents had enjoyed prior to the pandemic. During the inspection, the person in charge outlined actions they planned to take in the weeks after the inspection to try to re-establish this activity for the residents.

The inspector reviewed three personal plans belonging to the residents. All were subject to regular review and involved the residents. Some also had family representatives actively part taking in the planning process. Goals were identified with regard to the individual resident's likes and known preferences. While a number of goals had not progressed due to the impact of the pandemic, some residents were supported to engage in alternative similar activities. For example, getting their nails done in the designated centre during the pandemic. The inspector was informed that two residents were booked to go on an over-night stay and attend a musical event in the months after this inspection and these were part of their personal goals.

Residents were supported to enjoy nutritious meals with choice and variety available daily. Some of these meals were prepared off site to facilitate the staff team assist with residents engaging in other activities during the day. Alternative food options were provided if a resident expressed that they didn't want to have what was being offered to them. For example, staff had offered an alternative breakfast to one resident when they didn't wish to eat their usual choice. However, following a review of the cooking and heating records in the designated centre, it was evident not all records were complete. Not all information required to ensure the safe storage, preparation and re-heating of food had been documented. For example, some entries had no core temperature or temperature checks of reheated food documented in line with the provider's procedural guidelines. In addition, the dietary review for one resident referred to another designated centre. The inspector was informed that the provider and relevant allied health-care professionals were in the process of prioritising the change of feeding, eating and drinks plans for residents within the organisation over to the International Dysphagia Diet Standardisation Initiative (IDDSI).

Staff practices throughout the inspection evidenced good infection prevention and control measures. The most recent public health guidelines were available for staff to reference in the designated centre. The provider had identified a staff member as the COVID-19 lead. All staff members were kept informed of up-to-date information on IPC measures. The person in charge outlined the rationale requiring ongoing temperature checks for the residents and staff. While not required as per the latest IPC guidelines this was still in operation in this designated centre to ensure the ongoing safety of the residents who had complex medical needs.

The person in charge had ensured the HIQA self-assessment for preparedness, was subject to regular review. They had also revised the cleaning checklist for the designated centre to ensure it reflected the centre specific cleaning for this designated centre. There was a dedicated cleaning staff employed in the designated centre. There was evidence of regular cleaning throughout the designated centre. In addition, the staff team had consistently completed daily and nightly cleaning checklists. Staff had also effectively supported residents to remain safe in August 2022 and November 2021 when a small number of the residents contracted COVID-

19. Residents affected were safely supported to self-isolate in their rooms with staff calling to the windows regularly during the day to chat with the residents outside of times they required assistance. Other residents in the designated centre at these times did not contract the illness and all those affected recovered well.

The person in charge had ensured all individual and centre specific risks had been subject to regular review. There were no escalated risks in the designated centre at the time of this inspection. The provider had measures and actions in place to control identified risks. However, following a review by the inspector of the current risk register, not all controls documented for risks relating to staff welfare were in place. One control documented staff performance to be completed yearly with a review every six months. This was not consistently being completed for all staff. In addition, to reduce the risk of injury to staff while working, all staff were to be provided with manual handling training. As previously mentioned in this report, not all staff had up-to-date training in this course. The ongoing assessment, management and review of some risks in this designated centre required further review.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. On the day of the inspection, a fire safety engineer was on site to review a fault that had been detected during the previous night. The fault was in a sensor in the attic space. All fire exits were observed to be free from obstruction during the inspection. Each shift had an identified fire marshall. Fire drills were carried out regularly, including minimal staffing drills. All were completed in less than three minutes. The person in charge had identified the requirement for an additional fire evacuation mat to support one resident who liked to lie on the water bed and may require staff assistance to get out quickly in the event of an emergency. However, a review of a fire exit by a person competent in fire safety had not been completed as actioned in the provider's unannounced audit of February 2022. As previously mentioned not all staff had up-to-date training in fire safety.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. The staff team had ensured effective communication was maintained with family representatives while public health restrictions were in place or if family representatives were not able to visit.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends while adhering to public health guidelines. In addition, the staff team facilitated residents to visit family representatives regularly.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured residents were provided with appropriate care and supported in line with their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. Ongoing maintenance was required to ensure the premises was kept in a good state of repair internally and externally. This was evidenced on the day of the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the special dietary requirements and assistance required by each of the residents in this designated centre. However, further improvement was required to ensure food was properly and safely prepared, cooked and served consistently in line with the provider's procedural guidelines in the designated centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. In addition, recently published easy –to –read information relating to assisted decision-making was also available for residents at the time of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk. However, a number of risks relating to staff welfare had documented controls in place which included training in manual handling and performance management reviews. These will be each be actioned under Regulation 16 : Staff training and Regulation 23: Governance and management respectively.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare- associated infections. The person in charge had completed the HIQA self-assessment, a contingency plan and a post-outbreak review. Dedicated cleaning staff supported the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and PEEPs that were subject to regular review. However, a review of a fire exit by a person competent in fire safety, identified as an action following the provider's unannounced audit in February 2022, had not been completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. Personal goals were identified and progressed which included social inclusion and re-connecting with family representatives.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate health care was provided to each resident. They were supported to access allied health-care professionals and consultants as required.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected at all times. They were supported to engage in meaningful activities daily either within the designated centre or out in the community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 17 OSV-0005518

Inspection ID: MON-0028671

Date of inspection: 16/08/2022

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: Relief staff will be brought in for planned and unplanned leave as PPIM to bring staffing issues forward to the Cope Foundation Allocations Forum by 30th October	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Dates have been obtained for Manual Handling, Fire and Buccal Midazolam training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has recently resigned from one of the areas of responsibility. This will create more capacity for the PIC to meet with staff members as well as review and document each staff performance. Performance Management for all staff will be completed by 30 Nov. PIC will review all audits and ensure all actions identified are progressed	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A template will be in place to record the temperature of reheated food. This will be kept in the kitchens and signed by staff daily. Template will be reviewed after 3 months	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Gendist will be requested to review one fire exit as it leads into a blocked outdoor area and if it is necessary to have it on the fire map. This will be altered if necessary also ensuring it will be compliant with planning and fire regulations.</p>	

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	30/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2022
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with	Substantially Compliant	Yellow	16/09/2022

	adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2022