



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 October 2022
Centre ID:	OSV-0003291
Fieldwork ID:	MON-0031632

About the designated centre

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

Cork City North 5 consistent of three units all located within one large building in a city. Combined the three units can support a maximum of 28 residents. The centre mainly provides a full-time residential support for residents with intellectual disabilities of both genders and over the age of 45 but it also provides one respite place. Individual bedrooms are available for most residents but some twin rooms are in the centre. Other facilities available for residents include bathrooms, sitting rooms, dining rooms, kitchens and linen rooms. Support to residents is provided by the person in charge, nursing staff, care assistants and activation staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Thursday 27 October 2022	09:30hrs to 17:35hrs	Conor Dennehy	Lead
Thursday 27 October 2022	09:30hrs to 17:35hrs	Laura O'Sullivan	Support

What residents told us and what inspectors observed

Residents generally appeared calm, content or happy in the centre. Staff members were observed to support residents appropriately but staff members spoken with did raise concerns around the ability of residents to be engaged in activities. While parts of the centre were reasonably presented and maintained, other parts required further maintenance and cleaning.

This designated centre was comprised of three units all of which were located within one large building. On the day of this inspection one resident was at home with their family and 24 residents were present in the centre, 17 of whom were met by the inspectors. While most of these residents did not significantly engage with inspectors, some of them did speak with the inspectors who also had an opportunity to observe interactions between residents and staff, review documentation and assess the premises that had been provided for the residents to live in full-time or to avail of respite in.

It was observed that parts of the premises were reasonably presented and furnished with efforts made to make the centre homelike. For example, in some areas it was seen that there were framed resident photographs and art works hung on the walls while well maintained outside courtyard areas were available for residents. Most residents had their own individual bedrooms, some of which were seen by inspectors and were found to be brightly decorated and personalised. Other bedrooms though were designated as twin rooms which could be shared by two residents at the same time. At the time of this inspection only one of the designated twin room was being shared by two residents.

An inspector was informed by a member of the centre's management that these residents had never raised any issues around the sharing of a bedroom. However, a staff member told inspectors that during the night one of the residents in the twin room could wake the other resident that they were sharing with. Another twin-room was being used by only one resident but on the day of inspection it was indicated that a resident from another of the provider's centres was in the process of transitioning into the current centre to share this bedroom and had already visited in advance of this.

In the months leading up to this inspection some maintenance works had been carried out for this centre which included putting down some new floors. Despite this inspectors did observe some areas which needed further attention such as the painting of walls and some ripped furniture. In addition, while it was acknowledged that the centre was large in its overall size and areas were seen that were reasonably clean, inspectors did observe other areas that needed further cleaning. For example, parts of some floors were found to be sticky while further cleaning was also noted to be required around some skirting boards.

Additional cleaning was also found to be required in a specific area of the centre

where only one resident lived in. This was particularly evident in two bathrooms in this area, one of which was used by the resident. A staff breakroom was present in this area which also needed further cleaning. For example, in the breakroom inspectors observed an overflowing bin while a sink appeared unclean with an unidentified green substance seen in the sink hole. Given the overall presentation of this area, inspectors issued an urgent action to the provider on the day of the inspection related to the cleaning of this area.

When this area was visited by inspectors it was observed that it appeared bare in its overall appearance compared to other parts of the centre. Some maintenance works had been carried out recently in this area including new flooring although other maintenance works was required with a hole noted in the ceiling for example. Both inspectors found this area to feel cold when initially visiting although the resident living there indicated that they did not feel cold. A ring button to call for assistance was provided in this area. An inspector pressed this button twice but no one responded to it.

An activity room was also present in the same area but it was seen that this was partly being used to store some cleaning equipment with some staff members spoken with highlighting storage within the centre overall as being an issue. When inspectors were walking around other parts of the centre they observed some boxes of personal protective equipment (PPE) waiting to be disposed of stored in a hall and some boxes of sanitary products stored at the bottom of a stairwell. In addition, during the early part of this inspection some resident wheelchairs were seen stored in another hall and while these were removed from there by the inspection's end, it was observed that some of them had been moved into a bathroom.

As inspectors moved around the centre throughout the day it was observed that residents appeared well-presented while staff members on duty were seen to interact positively and respectfully with the residents. Residents generally appeared calm and content. Most residents met by inspectors did not engage verbally with the inspectors but some resident did smile and wave at inspectors when met. Other residents did engage verbally with inspectors. For example, one resident showed inspectors their watch while another resident told an inspector about electronic drums that they had. It was also noted that positive feedback from the family members of residents was contained within the centre's most recent annual review with comments made including "very happy" and "very caring".

In addition, one resident, who specifically requested to meet the inspectors, told them that they had lived in the centre since it had opened and liked it there. It was indicated by this resident that they did not know where their personal plan was but that they had a member of staff who served as their key worker (a staff specifically assigned to support a resident) who the resident had met that morning. However, the resident also told inspectors how they would like to get out more but that there was "no-one to take me". While the resident did indicate that they did meet their family during the week, they also said that "I'm stuck inside for the rest of the week".

Staff members spoken with also raised concerns around the amount of activities that

could be provided for residents in the centre. A sample of resident's activity records were reviewed by inspectors and while it was noted that some activities were indicated as happening such as getting coffee and going to the cinema, there were other days where residents not recorded as having done any activities. During the inspection in one unit it was seen at one point that a staff member and residents were sorting through some Christmas cards and that some of these residents later went out for a walk. On their return one resident told an inspector that they had gone to a garden centre and had enjoyed this.

In summary, while some activities were happening the centre there appeared to be times in the centre when activities, either within the centre or elsewhere, were limited. Inspectors observed residents generally to be calm, content, happy and well-presented. Further cleaning and maintenance was need in some areas of the centre.

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

Improvement was needed in various areas including staffing, the provision of training and the notification of incidents. The overall findings of this inspection did not provide assurance that the centre was in compliance with the regulations nor that there was appropriate follow-up actions for all identified areas of concern.

This centre had been previously inspected by the Health Information and Quality Authority (HIQA) in February 2019 and October 2020 where overall good levels of compliance with relevant regulations were found. However, since then there had been multiple changes in the person in charge for the centre while in the months leading up to the current inspection, HIQA received information from multiple sources, including the provider, which raised concerns in various areas such staffing, cleaning, overall governance and safeguarding. As a direct result of some of this information, some notifications of a safeguarding nature were notified to the Chief Inspector but based on the accompanying information provided, these notifications had not been submitted in a timely manner.

In response to some of the other information received, HIQA sought assurances from the provider in in areas such as governance and staffing in July 2022. In response the provider indicated that they were assured that there was effective governance, operational management and administration of the centre and that staffing levels were in accordance with the centre's statement of purpose at that time. In the same assurance it was also indicated that the provider had appointed a new experienced person in charge for the centre. Under the relevant regulations the person in charge must have minimum levels of experience and qualification with the

recently appointed person in charge meeting these requirements. Staff members spoken with during this inspection also talked positively of this person. However, the regulations also require the role of person in charge to be full-time but based on the information provided during this inspection, the person in charge was not working full-time in the centre.

The person in charge oversaw the staff team that was provided to support the residents of this centre. In accordance with the regulations the staffing arrangements should be consistent with the needs of residents and the centre's statement of purpose. The statement of purpose for the centre specifically indicated that there was to be three staff whose specific role was to support activities for residents in the centre. Only one such staff was in place at the time of inspection who was responsible to support activities for all residents but this staff could be required to cover other staff shifts as happened on the day of inspection. Given the number of residents who availed of this centre, these staffing arrangements negatively impacted the potential for all residents to engage in activities. This was evident from documents reviewed and discussions with a resident and some staff as referenced earlier in this report.

During one such discussion with a staff member, it was also indicated that they were overdue refresher training in the use of a particular rescue medicine which also impacted their ability to support residents in certain areas. Training records provided for the inspectors indicated that a number of staff had either not completed required training or were overdue refresher in areas such as fire safety, safeguarding and infection prevention and control (IPC). The centre had identified risk related to staffing and staff training which had been escalated internally by the person in charge. Such escalated risks were referenced in an unannounced visit conducted by a representative of the provider in early in October 2022. These unannounced visits were one of the monitoring systems in operation for the centre to assess the quality and safety of care and support and were reflected in written reports which were reviewed by an inspector.

It was noted that such visits did focus on relevant areas related to the services provided to residents and also highlighted areas for improvement. Annual reviews were also being completed for the centre, which under the regulations must assess if the services provided are in keeping in relevant national standards. An inspector read the report of the most recent annual review conducted in November 2021 and while this did contain some relevant information, it did not assess the centre against relevant national standards. However, despite the monitoring systems that were in place for this, the current HIQA inspection found high levels of non-compliance with three urgent actions issued during this inspection as discussed elsewhere in this report. While the provider's responses to these urgent actions did provide some assurances, it was noted that some regulatory actions identified during this inspection were known to the provider but had not been adequately addressed for some time.

For example, the need for additional staff to support activities had been highlighted in the two previous HIQA inspections in February 2019 and October 2020 while issues related to personal plans had been highlighted by the provider's own

monitoring systems in 2019, 2020, 2021 and 2022 but remained in need of improvement. While some quality improvement plans were in place for this centre at the time of the current inspection, such findings did not provide assurance that there was appropriate follow up action for all areas in need of improvement related to this centre and overall the compliance levels in this centre had deteriorated from previous HIQA inspections. It was acknowledged though that the provider, at the request of the Chief Inspector, had recently commenced an overall service improvement plan for all of its designated centres and was in the early stages of its implementation.

Regulation 14: Persons in charge

A suitable person in charge was in place for this centre but at the time of inspection they were not working full-time in the centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The staffing arrangements in this centre were not in keeping with needs of residents or the centre's statement of purpose. This was particularly evident regarding the provision of staff to support activities for residents which had been highlighted by two previous HIQA inspections in February 2019 and October 2020.

Judgment: Not compliant

Regulation 16: Training and staff development

Based on the records provided staff had either not completed or were overdue refresher training in areas such as fire safety, IPC and safeguarding while a staff member spoken with indicated they were overdue refresher training in the use of a rescue medicine. Some staff also required manual handling training.

Judgment: Not compliant

Regulation 23: Governance and management

High levels of non-compliance were found during this inspection with three urgent

actions issued on the day of inspection. Such findings did not provide assurance that the centre was safe and consistent with residents' needs nor that there was appropriate follow-up actions to identified areas of concern. The most recent annual review conducted did not assess the centre against relevant standards.

Judgment: Not compliant

Regulation 31: Notification of incidents

Some incidents or allegations of a safeguarding nature had not been notified to the Chief Inspector within three working days as required by the regulations.

Judgment: Not compliant

Quality and safety

Urgent actions were issued related to fire safety, IPC and healthcare decisions related to residents. Areas such as personal plans were also found to require improvement.

Under the regulations all residents should have individualised personal plans in place which are intended to set out residents' needs while also providing guidance on how to support these needs. The regulations also require such plans to be reviewed annually with the maximum participation of residents and their representatives. Inspectors reviewed a sample of such plans and, while it was indicated that such plans were in process of being reviewed, some parts of these personal plans had not been reviewed since 2019. In addition, a person-centred planning process, which could be used to involve residents in the reviews of these personal plans had not been completed since 2019 also while some intimate care plans in place were found to contain limited guidance on how to support residents in this area.

However, it was noted that though specific care plans on supporting the healthcare needs of residents had been reviewed within the previous 12 months while there was also evidence of regular monitoring of residents' healthcare needs. Residents were also supported to access various health and social care professionals such as psychiatrists, general practitioners, physiotherapists and chiropractors. It was indicated though that particular decisions had been made for 11 residents of this centre related to a particular aspect of their future healthcare support. A specific procedure was outlined to an inspector on how such decisions would be reached and documented but there was insufficient evidence of this process in a sample of relevant residents reviewed.

This meant that there was an absence of evidence of proper consultation or

rationale as to why such decisions were made. Some staff spoken with were unsure as to which residents these decision applied to while there was some inconsistencies around these decision contained within residents' personal plans. Given the nature of these decisions, inspectors issued an urgent action to the provider on the day of inspection. In response the provider indicated that a complete review of all documentation and processes in relation to such decisions had taken place the day after this inspection. It was also indicated that involved residents and their families would be consulted around these decision while arrangements were also made to ensure that information related to such decisions was known to staff members.

Inspectors also issued an urgent IPC action regarding the cleaning of one particular area of the centre as referenced earlier in this report. The same urgent action also related to a number of identified gaps in the cleaning records reviewed and some staff members spoken with raising concerns around aspects of the cleaning practices in the centre. The provider responded to this matter by indicating that they were looking to address cleaning concerns and that a deep clean of specific rooms referenced in this report was completed in the days after this inspection. While this was a positive, the initial findings on the day of inspection did not provide assurance that there was consistent and effective cleaning being carried out in the designated centre over a period of time. It was also found that a relevant COVID-19 contingency plan in place for the centre required updating and that a post outbreak review had not been completed following a recent COVID-19 outbreak in the centre.

The centre was provided with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Such doors are important to prevent the spread of fire and smoke in the event of fire while also providing a safe evacuation route. Inspectors did observe though some fire doors being held up by furniture and other fire doors with noticeable gaps under them, both of which could impact the intended purpose of these doors. In addition, the documentation available on inspection raised concerns around the evacuation procedures in the centre. For example, in one unit there was no record of a fire drill being conducted in 18 months while in another unit a fire drill done in August 2022 recorded an evacuation time of four minutes but indicated that six residents did not evacuate during that drill.

Given the number of the residents living in this centre along with their assessed needs, the provider was also issued with an urgent action related to fire evacuation in the centre. In response, the provider submitted additional documentation indicating that a fire drill in one particular unit had been carried out within the previous 12 months in November 2021 and that further fire drills had been completed in the days following this inspection in all units with safe evacuation times indicated per records provided. It was also indicated for the August 2022 fire drill referenced that some residents not being evacuated was contributed to by the fire alarm being serviced at the time of that drill.

Aside from the fire safety systems provided for within the centre, it was also noted that the centre was provided with facilities for food to be stored in. At one point towards the end of the inspection, a staff member in one unit was seen frying some sausages for residents to have which presented a nice smell within the unit. A

resident who lived in this unit told the inspector that the food was good now but “wasn’t the best” previously. It was also indicated that residents and staff had complained about the food previously. At the time of the current inspection residents did have access to certain food and drinks within their home. However, it was indicated that food was not prepared in the centre at certain times with certain meals delivered and that residents were not afforded the opportunity to go shopping for their food.

Regulation 13: General welfare and development

Based on discussions with a resident and staff members along with documentation reviewed, activities and supports for residents to get out into the community were limited at times.

Judgment: Not compliant

Regulation 17: Premises

While parts of the centre was seen to be reasonably presented, clean and furnished, other areas were seen during this inspection which needed further maintenance and cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents and staff had complained about the food previously. It was indicated that food was not prepared in the centre at certain times and that residents were not afforded the opportunity to go shopping for their food.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Based on observations of the inspectors in some areas of the centre, discussions with staff members and documentation reviewed, inspectors were not assured that there was consistent and effective cleaning being carried out in the centre. A COVID-19 contingency plan for the centre required updating and a post outbreak

review had not been completed following a recent COVID-19 outbreak in the centre. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 28: Fire precautions

Inspectors observed some fire doors being held up by furniture and other fire doors with noticeable gaps under them, both of which could impact the intended purpose of the doors. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Parts of some residents' personal plans had not been reviewed since 2019 while residents had not been supported to be involved in a person-centred planning process.

Judgment: Not compliant

Regulation 6: Health care

There was an absence of evidence of proper consultation or rationale as to why specific healthcare decisions were made. Some staff were unsure as to which residents these decision applied to while there was some inconsistencies around these decision contained with residents' personal plans. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 8: Protection

Where necessary residents had safeguarding plans in place. Some intimate care plans in place were found to contain limited guidance on how to support residents in this area.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cork City North 5 OSV-0003291

Inspection ID: MON-0031632

Date of inspection: 27/10/2022

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge has a full-time contract while availing of a leave day one day per week. There are two full time CNM1's in the centre working 12hr shifts across 7 days, therefore, there is a manager onsite during the day. As an interim measure the PPIM will stand in as PIC one day a week. Deputising arrangements are also in place with CNM1's onsite. This arrangement will be in place until a longer and more sustainable arrangement can be found where the PIC works full time hours or a dual PIC post is filled. In the event of absence of PIC, PPIM and CNM1 local arrangements will be put in place for a senior staff nurse to deputise in their absence. Local governance protocols are being drawn up by the PPIM as part of overall service improvement plan</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>There are currently 3 activation positions within CCN5. The 1st is filled full time, 2nd is on leave and the 3rd position is in recruitment process. The second Activation staff is currently on holidays post Maternity Leave and is due back week commencing 23/01/2022. Interviews are scheduled for week beginning 12/12/2022 for the third activation post. Currently it is taking on average 2 – 3 months for new staff to come through the recruitment process. The provider is aiming to have all activation staff in post in CCN5 by 31st March 2023</p>	

Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff meetings took place on the 17/11/2022 and the 18/11/22 to reiterate the importance of staff training and continuous professional development. All staff have access to HSEland and online fire training. Current activation staff completed buccal training on the 16/11/2022. Staff will have updated IPC, Fire and Safeguarding training completed by the end of the year</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability. As per compliance plan for regulation 14 local governance arrangements are being drawn up to ensure good oversight of the centre at all times. The centre has improvement plans developed since 12/07/22, follow up actions have been identified progress is ongoing towards reaching regulatory compliance. The provider has commenced an overall service improvement plan for all of its designated centres and this is in the early stages of its implementation. The PPIM met with the internal auditors responsible for carrying out the annual review and discussed the process of the annual review. The internal auditors assured the PPIM that they have recently changed this to reflect the HIQA standards.</p> <p>As well as local governance arrangements which include PIC, CNM1's and Enhanced Nursing staff, The Regional Manager (PPIM) meets with the PIC (CNM1 in the absence of PIC) on a fortnightly basis to discuss governance and management of the designated centre including oversight of safety and effective monitoring of resident's needs. The Regional Manager meets weekly with the COO and other Regional Managers to discuss these matters under the theme of governance and management. As part of the Service Improvement Plan the Regional Managers and COO will meet with the CEO to discuss matters arising. As part of these processes, a risk assessment has been carried out by executive and regional team members. This CCN5 escalated risk is now part of Cope Foundation's Corporate Risk Register with actions assigned to Executive members.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Each incident referred to on the day of inspection had been submitted retrospectively prior to the inspection. The centre in future will adhere to regulation 31 and ensure that notifications are submitted accordingly. In the absence of the PIC assigned person deputising will submit notifications.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>PCP's and residents' forums will reflect the will and preference of the residents, with regards to activities and community outings on an on-going basis to ensure that, each adult develops and maintains personal relationships and links with the community in accordance with their wishes.</p> <p>There is currently 1 full time activation staff, a second Activation staff is currently on holidays post Maternity Leave and is due back week commencing 23/01/2022. Interviews are scheduled for week beginning 12/12/2022 for the third activation post. Currently it is taking on average 2 – 3 months for new staff to come through the recruitment process. The provider is aiming to have all activation staff in post in CCN5 by 31st March 2023</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A maintenance schedule is in place and the facilities manager has completed a walkthrough of the centre. Maintenance requests are submitted through an internal maintenance system and completed on a priority basis. Cleaners work daily and the supervisor of the external cleaning company visits the centre weekly to review and link with PIC regarding any issues. The corrective cleaning plan continues to be in place as outlined in the urgent compliance plan</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The PIC had met with the catering department in August to improve the quality of the food following complaints. Two choices of dinner are provided daily by the catering department, residents have a right to refuse either option and have an alternative meal. At times residents prepare their own evening meal through a baking/ cooking activity. Residents are given the opportunity to use their kitchen to make their own food but choose not to at this time. Residents forums will document discussions around options to make their own food and residents will be afforded to buy, prepare and cook their own meals if they so wish.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Regular audit checks by external company that is employed to carry out cleaning in the designated centre focuses on consistency and standard of cleaning. Regular engagement by PIC (or deputies) with Manager of external company. Clarification by PPIM to staff, their responsibility around other areas of cleaning in the designated centre. Deep clean completed on 02/11/22. COVID-19 contingency plan for the centre has been reviewed and updated on the 17/11/22. Post outbreak review was completed on the 17/11/2022 following a recent COVID-19 outbreak in the centre. Contingency plan and details from the outbreak review will be shared with staff and residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Updated fire evacuation plan completed on 13/11/22 to reflect roles of staff including night time evacuation; discussed with staff at staff meetings. Review to be completed with regards to the fire design for CCN5 with the council in the building control department, sub compartments to be mapped out. The door release mechanism has been ordered awaiting delivery, holding doors open with furniture discontinued immediately following inspection.</p>	

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> <p>Iplanit, a digital personal planning system will be introduced to Cope Foundation in the second quarter of 2023 on phased basis. This will provide a new way for people to access their support plans. Training commenced in October 2022 and tablets have been secured for the residential centres. CCN5 will be prioritised in the roll out of iplanit. Until this digital system has been rolled out all paper plans are being reviewed and individual PCP meeting will be carried out over the next 4 months. This process is underway and has been scheduled and delegated to key workers in CCN5 to complete.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Consultation was completed prior to 2019 which informs the current DNAR actions. Action has been completed in terms of ensuring the current DNAR agreements are easily accessible by all staff in CCN5. This was also discussed at staff team meetings.</p> <p>As outlined in the urgent compliance plan, the provider is undertaking a full review of DNAR/advanced care planning agreements in CCN5. This encompasses many areas of a resident's life and as such should be given the appropriate time to engage all stakeholders in their very important person-centred process.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Intimate care plans under review to reflect personal guidance for each resident</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/03/2023
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	31/03/2023
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience	Substantially Compliant	Yellow	05/12/2022

	necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.			
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.	Not Compliant	Orange	31/03/2023
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.	Not Compliant	Orange	31/12/2023
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	31/03/2022
Regulation	The registered	Substantially	Yellow	31/12/2022

17(1)(c)	provider shall ensure the premises of the designated centre are clean and suitably decorated.	Compliant		
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	01/11/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	01/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Not Compliant	Orange	17/11/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/11/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	28/10/2022

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	30/06/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,	Not Compliant	Orange	31/01/2023

	which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	31/01/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/03/2023
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Not Compliant	Orange	31/03/2023
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff	Substantially Compliant	Yellow	31/01/2023

	providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.			
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