Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 October 2022
Centre ID:	OSV-0003695
Fieldwork ID:	MON-0037803

About the designated centre

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

Cork City South 1 consistent of three large detached two-storey houses located on the outskirts of a city. Combined the three houses can support up to 25 residents. The houses mainly provide a full-time residential support for residents with intellectual disabilities and autism of both genders, over the age of 18 but can also provide some respite. Individual bedrooms are available for all residents in each house and other facilities in the houses include bathrooms, sitting rooms, dining rooms and kitchens. Support to residents is provided by the person in charge, house parents, care assistants and staff nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 October 2022	10:25hrs to 19:00hrs	Conor Dennehy	Lead
Tuesday 25 October 2022	10:25hrs to 19:00hrs	Lucia Power	Support

What residents told us and what inspectors observed

Residents spoken with highlighted the negative impacts that the presentation of a fellow resident could have on them when in their home. Some residents did speak positively about living in the centre and demonstrated an awareness of their rights. While large parts of the houses visited were seen to be well furnished and homelike, areas were seen which needed further cleaning and maintenance.

During this inspection two of the three houses which made up this designated centre were visited by inspectors. When one of these houses was visited no residents were present but in the other house all seven residents living there by met by the inspectors after they returned to the house from their day services. While in this house inspectors had an opportunity to observe residents in their environment and in their interactions with staff and their fellow residents who they lived with. Inspectors also had an opportunity to speak to residents as a group and to some individually.

One of the residents spoken with individually said that they loved living in the centre and talked about an upcoming birthday. This resident showed an inspector a colouring book that they were working on and appeared to be looking forward to going shopping with a staff member and some fellow residents. Another resident spoken with indicated to an inspector that they had lived in their home for a long time and that they liked it there. When asked what they liked about living in the centre the resident responded with "the people" and later said that staff were good to them. Staff members present during this inspection were observed and overheard to interact respectfully and positively with the residents they were supporting.

Another resident spoken with on a one-to-one basis told an inspector about their day services where they met other people and did some colouring. This resident told the inspector that they liked their day services and liked living in the centre. The resident spoke about wanting to go to on a trip to Sweden and also talked about other countries that they had visited such as England and France. After this the resident showed the inspector their bedroom and pointed out some family photographs that were hung up on the bedroom walls. It was indicated by the resident that they liked their bedroom.

One of the inspectors had an opportunity to have a discussion with a group of the residents met during this inspection. During this discussion the residents demonstrated an awareness of their rights including their right to be safe in their homes. However, they did highlight that they found things with one particular resident they lived with to be difficult and that they struggled to understand the resident's presentation at times. These residents also highlighted how the resident's presentation had changed since the start of the COVID-19 pandemic and that this resident would respond well to certain staff but not others.

Aside from speaking with these residents inspectors also reviewed relevant

documents relating to resident's lives in this centre. Amongst these were incident reports which highlighted the impact that one resident's presentation could have on their peers. For example, on one occasion some residents were shouted at by their fellow resident for two hours with impacted residents guided to another part of their home in responses and given assurance. Following one such incident, one of these resident was supported to lodge a complaint and highlighted that they did not like living with their peer when they presented like this. This complaint remained open at the time of this inspection.

Information on how to make a complaint was seen to be on display in this house while complaints was a topic that was covered during monthly resident meetings that took place in this house. An inspector reviewed notes of such meetings and found they also covered areas such as safeguarding and fire safety. During the initial part of this inspection, inspectors were informed that such meetings were happening in each of the three houses of this centre. However, when an inspector visited the house where no residents were present, it was indicated that no such meetings were taking place there.

Both houses visited by inspectors were generally found to homelike and well-furnished. For example communal areas were found to have framed photographs of residents and Halloween decorations present. It was seen though in one house that personal private information relating to the residents living there was on display in a communal area which impacted their privacy. All residents did have their own individual bedrooms, one of which was seen by an inspector. While this bedroom was found to be nicely furnished and personalised, the inspector did observe that part of the ceiling appeared stained. In the same house it was also found that the ceilings of some bathrooms needed painting with some spots of mould present. Some radiators were also seen to need some maintenance.

While both houses were generally found to be clean in large areas, in one house, some areas were seen which needed further cleaning which included two separate toilets. One of these had rusted fittings and some brown spatters on the toilet seat while the other was visibly dusty and had some brown streaks evident on the toilet bowl rim. These were highlighted to the person in charge who subsequently made a maintenance request to address this matter during the inspection. It was also indicated to the inspector that there was no cleaning records or any cleaning schedule in place for this house.

In summary, some areas of the houses visited were highlighted as needing maintenance and cleaning but large parts of both houses were well presented. While residents spoken with did give some positive views, they also highlighted some negative impacts due to the presentation of a fellow resident. This was also evident from documentation reviewed during this inspection.

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

Areas of non-compliance identified during previous inspection remained in need of improvement. These included the submissions of required notifications and the overall oversight of this centre.

This centre was registered until March 2024 with an inspection of this centre carried out in October 2021 having raised concerns around oversight and about the quality and safety and care and support provided to residents. Similar findings were found during a further inspection of the centre in July 2022 during which an urgent compliance plan was issued to the provider related to governance and safeguarding. As the July 2022 inspection did not provide sufficient assurance that previously identified concerns had been addressed, the provider was issued with a warning letter later that month. This highlighted that if the provider did not come into compliance with relevant regulations then the Chief Inspector may the cancel the registration of this centre.

In light of this the provider was requested to submit a response to this warning letter by a designated date. However, the provider did not submit a response to HIQA in a timely manner. The warning letter response ultimately received by the provider along with the compliance plan response for the July 2022 inspection outlined the steps the provider was going to take to come back into compliance. In doing so the provider indicated that they would address the majority of regulatory breaches identified by 14 October 2022. In light of this and taking into account the circumstances of the centre HIQA decided to carry out the current inspection after this date to assess the compliance levels in the centre and the supports to residents.

This inspection found that actions had been taken since the July 2022 inspection which resulted in improvements in some areas. For example, staff working in the centre had been facilitated to complete performance development reviews. Efforts had also been made to improve oversight in the centre with compliance trackers in place while staff meetings and management meetings had taken place in recent months. Despite this, it again found on this inspection that a number of areas, which had been previously raised as areas of concern during the October 2021 and July 2022, remained non-compliant.

One of these areas related to the submission of required notifications to the Chief Inspector. Under the regulations the Chief Inspector must be notified of specific events occurring in the centre which have the potential to negatively impact residents within three working days. While some notifications had been submitted in a timely manner since the July 2022 inspection, during the current inspection it was found that some instances of a safeguarding nature had not been notified as required. During the feedback meeting for this inspection it was indicated that these instances would be notified retrospectively. It also noted that despite the efforts being made, oversight of this centre continued to be an area in need of

improvement.

For example, during this inspection one of the three houses that made up this centre was briefly visited by the inspector. During the inspector's time in this house he noted to a number of regulatory breaches which are referenced elsewhere in this report. Taking into the evidence gathered while in that house, there was not evidence of a meaningful management presence there on a consistent basis. It was also noted that the person in charge was responsible for a total of two designated centres and taking into account the overall findings of this inspection, this remit was not ensuring effective administration of the current centre.

The person in charge oversaw the staff team that was provided to support residents with staff members on duty observed to interact appropriately, respectfully and warmly with residents in one house. It was also noted that efforts were being made to provide a continuity of staff support which is important to maintain professional relationships. However, in one house of the centre it was found that the staffing arrangements needed review to ensure that residents were consistently supported to engage in activities at certain times. In another house, an assessment completed had highlighted that higher staffing levels were needed at certain times to support residents. Based on rosters reviewed during this inspection such staffing levelling were not always provided.

Regulation 14: Persons in charge

A number of actions were identified during this inspection where were the direct responsibility of the person in charge under the regulations such as notifications and personal plans. As the person in charge was responsible for a total of two designated centre, this did not provide assurances that appropriate arrangements were in place to ensure effective administration of the current centre.

Judgment: Not compliant

Regulation 15: Staffing

In one house of the centre it was found that the staffing arrangements needed review to ensure that residents were consistently supported to engage in activities at certain times. An assessment completed had highlighted that higher staffing levels were needed in another house at certain times to support residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed performance development reviews and additional training had been provided since the previous inspection in some areas. Refresher training in positive behaviour support was needed for some staff along with training in manual handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

Areas of non-compliance identified during two previous HIQA inspections continued to remain non-compliant based on the findings of this inspection. This did not provide assurance that there was effective oversight of this centre overall.

Judgment: Not compliant

Regulation 31: Notification of incidents

Not all notifications of a safeguarding nature had been notified to the Chief Inspector at the time of this inspection.

Judgment: Not compliant

Quality and safety

Improvements continued to be required in areas such as residents' personal plans, safeguarding and residents' rights.

HIQA inspections in October 2021 and July 2022 had identified areas in need of improvement related to the review and involvement of residents in their personal plans. On the current inspection it was found that some actions had been taken about this and most residents had completed a person-centred planning meeting to identify goals for these residents to achieve. Such a process is intended to involve residents in the reviews of their personal plans. While goals identified aims such as foreign holidays, it was found that some of these goals were not meaningful while one resident spoken with outlined different goals then were indicated in their

personal planning documents.

It was also noted that, for the goals that had been identified for residents, it was not set out when such goals were to be achieved by or who was to support the residents in achieving these goals. In addition, in one of the houses visited during this inspection it was found that some residents' personal plans had not reviewed in over 12 months nor had some residents completed a person-centred planning meeting recently. In particular one resident was found not to have had such a meeting since 2019. In the compliance plan response for the July 2022 inspection it was indicated that all residents would have a centred planning meeting by 30 September 2022.

That inspection had also highlighted negative impacts on the lived experiences of some residents in one house of this centre. This remained the case at the time of inspection as evidenced by incidents occurring in the centre and discussions with some residents as referenced earlier in this report. It was also noted that a compatibility assessment had been completed which highlighted a clear incompatibility amongst residents in this house. This assessment highlighted the continued negative impact on some residents' lived experiences in their home with negative impacts highlighted regarding the exercise of their rights in their home and their safety.

In response to this matter the provider was considering the transition of one resident to another designated centre operated by the same provider. This resident was indicated as having visited this other centre in advance of this potential move. However, inspectors were informed that the proposed transition of this resident had not been discussed with the resident and their representatives while a relevant assessment to determine if this other centre would be suited to the resident's needs had not been completed. It was also found that the transition process being followed for this resident up to the current inspection was not consistent with the provider's relevant policy in this area.

Ahead of this potential transition efforts were being made to reduce any potential negative impacts on residents living there and since the previous inspection staff members had completed relevant safeguarding training. A positive behaviour support plan was also provided for one resident which was intended to provide guidance for staff on how to support this resident to engage in positive behaviour. Staff spoken with demonstrated a good awareness of this plan. It was noted though that a recommendation had been made in December 2021 to gather particular data to help better understand and support the resident's behaviour. While some of this data had begun to be collected, this had only started in the days before this inspection, there was still a gap pertaining to records in relation to capturing residents pain. One of the residents has a dementia screening that required further review and referral for further screening.

Regulation 17: Premises

Maintenance works were found to be required in one house which included painting and repairs to some radiators. In another house areas were seen which needed further cleaning most notably some of the toilets in the house.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The planned transition of a resident away from this centre to another of the provider's centres had not been discussed with the resident or their representatives. A relevant assessment to determine if this other centre would be suited to the resident's needs had not been completed.

Judgment: Not compliant

Regulation 27: Protection against infection

Relevant infection prevention and control assessments were not being completed as required. A contingency plan in one house was found to require updating. Some expired personal protective equipment was noted during this inspection but the majority was found to be in date. In one house it was indicated there was no cleaning schedule or cleaning records in place.

Judgment: Not compliant

Regulation 28: Fire precautions

While fire safety systems where in place in the houses visited, in one house it was seen that some fire doors were not closing fully under their own weight which could limit their effectiveness to provide a safe evacuation route in the event of a fire occurring. In the same house records provided suggested that no fire drill had been completed for a period of two years but that a number of fire drills have been completed in 2022. However, for the drills records provided it was not indicated what time of day most drills took place on or what residents participated in the drill.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Based on a compatibility assessments appropriate arrangements were not in place to meet the assessed needs of all residents in one house. While the majority of residents had completed a recent person-centred planning meeting at the time of this inspection, some had not. Some of the gaols identified for residents were not meaningful while for the goals identified it was not set out when these goals were to be achieved by and who was responsible for supporting residents with these goals. Some resident personal plans had not been appropriately reviewed in over 12 months.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A resident had a positive behaviour support plan in place and staff spoken with demonstrated a good awareness of this. A recommendation, made in December 2021, to gather particular data to help better understand and support the resident's behaviour had only begun to be followed in the days leading up to this inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Based on incidents occurring in one house of the centre, the registered provider had not ensured that all residents living there were protected from all forms of abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

Monthly resident meetings to consult with residents and give them information were not happening in one house of this centre. Private personal information related to residents was seen to be on display in a communal area of another house. Based on a computability assessment conducted, the presentation of one resident was negatively impacting other residents' exercise of their rights in their home.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cork City South 1 OSV-0003695

Inspection ID: MON-0037803

Date of inspection: 25/10/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Person in charge and PPIM have agreed that person in charge will adjust their working hours to ensure that appropriate arrangements are in place to ensure effective administration of the current centre. Person in charge has assigned a staff member to assist and support completion of Personal Plans and the updating of Person-Centered Plans, these will be complete by 31st January 2023.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing map has been completed by the person in charge, PPIM will bring this to allocations, PPIM will ensure that staffing map will be reviewed to ensure that the current allocation is in line with its funding so residents are consistently supported to engage in activities of their choosing at certain times. Previous assessment completed which highlighted that higher staffing levels were needed in one house within the centre at certain times to support residents will also be discussed at allocations. An individualised business case was submitted to the HSE which requested additional support to ensure recommendations outlined in one residents behavioural plan could be ensured, that has now been approved. Recruitment has commenced to reflect this business case so the appropriate supports can be put in place for resident residing in one of these houses.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development program. • The Person in charge has put a training plan in place for necessary training to be	

completed. The person in charge has arranged the following:
1. PBS training is ongoing further dates have been booked, all staff will have completed training by 31st January 2023
2. Manual handling training dates have been booked for staff, commencing 21st November 2022, all staff will have completed training by 31st January 2023

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Person in charge and PPIM have agreed that person in charge will adjust their working hours to ensure that appropriate arrangements are in place to ensure effective administration of the current centre.

• The person in charge will continue monthly staff meetings.

• The person in charge has scheduled monthly residential forum meetings. A staff member has been identified to support the residential forum meetings, person in charge will be present or review records for all meetings.

• The Provider will continue to ensure that annual reviews and six-monthly unannounced visits are carried out on schedule and that there is a copy made available to residents and staff.

• The PPIM has scheduled monthly one to one meetings with the person in charge and will be in regular phone contact to ensure that management systems are in place that will assure the Provider that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. If further meetings are required, the PPIM and person in charge will schedule these on an ongoing basis.

• The PPIM has scheduled fortnightly face to face meetings with all PICs in Region 4. These meetings have a structured agenda and also create the space for reflection and shared learning.

• The PPIM will visit the designated centre on a monthly basis to ensure that there is evidence of learning and improvement brought about as a result of the actions from annual reviews and unannounced visits

• There is a standard Compliance Plan tracker in place across all designated centres that the Provider has full access to and monitors regularly, this plan is reviewed and updated at scheduled monthly one to one meetings between PIC and PPIM.

• There are regular meetings between the PPIM and the Chief Operations Officer during which compliance with regulations is an agenda item.

• The COO and the Provider discuss compliance with regulations at the monthly meeting

of the Board of Directors. • Registered Provider Service Improvement Plan in place

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Two staff members have been appointed to review behavioural recordings daily and notify person in charge and/or PPIM following review so that the PIC/PPIM can ensure that all notifications in relation to adverse incidents, any allegation, suspected or confirmed abuse of any resident that had occurred in the designated centre are reported in a timely manner (within 3 working days).

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance works were completed included painting and repairs to some radiators by 4th November 2022. A deep clean for one house in the centre has been scheduled and will be completed by 9th December 2022, regular contract cleaning hours have also been approved commencing on the 23rd November 2022 in one house.

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: Transition discussions for one person in the Centre have been on-going, with support and guidance from Positive Behavioral Support Team, Multidisciplinary Team, Admissions Transition Discharge Committee and in conjunction with the resident and their family representatives. Relevant assessments have been completed and brought to the ATD for discussion on 14th December to determine if another Designated Centre would be suited to the resident's needs. All of which are in line with Cope Foundations Admissions Transition Discharge Policy.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection: Infection prevention and control assessments have been completed as required. All contingency plans have been updated. An audit has been carried out to ensure that all personal protective equipment is in date in all areas of the centre. Cleaning schedules and cleaning records are in place in all houses. A deep clean for one house in the Designated centre has been scheduled and will be completed by 9th December 2022, regular contract cleaning hours have been approved to commence on the 23rd November 2022 in one house.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors in all houses have been audited by maintenance, those that were seen at the time of inspection to not be closing fully under their own weight have now been

adjusted to ensure their effectiveness to provide a safe evacuation route in the event of a fire occurring.
Person in charge will ensure monthly oversight of fire drills to ensure that drills are completed and documented to capture what time of day drills took place on and what residents participated in the drill.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• An Admissions Transition Discharge meeting did take place on 14th December 2022 to discuss the relevant findings from Health & Safety Considerations for service user placements form, compatibility assessments / assessed needs of all residents with focus on the possible transition of one individual resident.

• The person in charge has scheduled Person Centered Planning (PCP) meetings for those residents whose personal plans have not been reviewed to occur by 30th November 2022, together with each resident and, with his or her consent, their representative staff/key worker will identify their strengths, needs and life goals, meetings will be completed for all residents and all personal plans will be updated by 31st January 2023

• Monthly residential forum meetings continue, these meetings will be facilitated to ensure that residents are given the opportunity to become more involved in decision-making processes around their daily lives so that they are actively involved and given the freedom to exercise autonomy, choice and independence.

• The person in charge as part of staff's Performance Management will:

• Ensure that all staff are informed that they are accountable for the evaluation and updating of resident's care plans.

• Ensure that all resident's capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting resident's independence and preferences is discussed and documented in their personal plan as part of their PCP.

• The person in charge will continue to add the updating of care plans to the agenda of monthly staff meetings to ensure oversight and monitoring, ensuring that goals identified for residents are meaningful, that goals are documented with identified persons responsible for supporting residents with these goals within a timeframe for completion.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All data recommended to be documented in the resident's positive behavioural support plan is documented on a daily basis, two staff members have been appointed to review behavioural recordings daily and notify person in charge and/or PPIM following review of any relevant findings, any findings will then be forwarded to the CNS Behaviour for review and analysis.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Transition discussions for one person in the Centre have been on-going, with support and guidance from Positive Behavioral Support Team, Multidisciplinary Team, Admissions Transition Discharge (ATD) Committee and in conjunction with the resident and their family representatives.

• Relevant assessments have been completed to determine if another Designated Centre would be suited to the resident's needs have been completed in line with Cope Foundations Admissions Transition Discharge Policy that were brought forward to the ATD for discussion on 14th December.

• The ATD did make the decision on the 14th December that the resident would transition to another designated Centre in line with recommendations as per compatibility assessment and proposed transition plan (available on request). However, as part of this resident's transition to this residence, it was also agreed this would be an interim plan, and that the resident would be also included in the CCS1 de-congregation plan in the future.

• An individualised business case was submitted to the HSE which requested additional support to ensure recommendations outlined in one residents behavioural plan could be ensured, that has now been approved. Recruitment has commenced to reflect this business case so the appropriate supports can be put in place for resident residing in one of these houses.

• Two staff members have been appointed to review behavioural recordings daily and notify person in charge and/or PPIM following review of any relevant findings, any findings will then be forwarded to the CNS Behaviour for review and analysis.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Person in charge and PPIM have agreed that person in charge will adjust their working hours to ensure that appropriate arrangements are in place to ensure effective administration of the current centre.

• Monthly residential forum meetings continue, these meetings will be facilitated to ensure that residents are given the opportunity to become more involved in decision-making processes around their daily lives so that they are actively involved and given the freedom to exercise autonomy, choice and independence. A staff member has been identified to support the residential forum meetings, person in charge will be present or review records for all meetings, this commenced week of 7th November 2022.

• Removal of resident's private personal information was completed on day of inspection on 25th October 2022.

• Transition discussions for one person in the Centre have been on-going, with support and guidance from Positive Behavioral Support Team, Multidisciplinary Team, Admissions

Transition Discharge (ATD) Committee and in conjunction with the resident and their family representatives.

• Relevant assessments have been completed to determine if another Designated Centre would be suited to the resident's needs have been completed in line with Cope Foundations Admissions Transition Discharge Policy and were brought forward to the ATD for discussion on the 14th December.

• The ATD did make the decision on the 14th December that the resident would transition to another designated Centre in line with recommendations as per compatibility assessment and proposed transition plan (available on request). However, as part of this resident's transition to this residence, it was also agreed this would be an interim plan, and that the resident would be also included in the CCS1 de-congregation plan in the future.

• An individualised business case was submitted to the HSE which requested additional support to ensure recommendations outlined in one residents behavioural plan could be ensured, that has now been approved. Recruitment has commenced to reflect this business case so the appropriate supports can be put in place for resident residing in one of these houses.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	31/01/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/01/2023
Regulation	The person in	Substantially	Yellow	31/01/2023

16(1)(a)	charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Compliant		
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	04/11/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	09/12/2022
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	07/11/2022
Regulation 25(4)(c)	The person in charge shall ensure that the discharge of a resident from the designated centre	Not Compliant	Orange	31/12/2022

	is in accordance with the resident's needs as assessed in accordance with Regulation 5(1) and the resident's personal plans.			
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Not Compliant	Orange	14/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	09/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	04/11/2022
Regulation 28(4)(b)	The registered provider shall	Substantially Compliant	Yellow	07/11/2022

	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.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector 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.	Not Compliant	Orange	28/10/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/01/2023
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	Not Compliant	Orange	31/01/2023

	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.			
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, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	31/01/2023
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/01/2023
Regulation 07(1)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	31/01/2023

	have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2022
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/12/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	25/10/2022