



**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 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	06 October 2023
Centre ID:	OSV-0005509
Fieldwork ID:	MON-0041057

About the designated centre

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

Cork City South 6 provides residential support for two adult male residents with an intellectual disability and autism. The centre is located in a residential area of a city suburb and is within walking distance of local amenities such as shops, pharmacies and other social facilities. The designated centre is a compact two-storey house. There is a kitchen-dining area, sitting room, staff toilet and office located on the ground floor. There are three rooms and a bathroom located on the first floor. Both residents have their own bedroom and the third room has been decorated as a relaxation room; an alternative space for residents to use. There is a walled garden to the rear of the property and parking facilities to the front of the house. Residents have access to transport at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 6 October 2023	10:50hrs to 19:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

Overall, from what the inspector observed, the two residents living in this centre were happy and well cared for in their home by a committed and caring core staff team. There was evidence that residents were consulted with in the centre and that residents were supported to maintain links with their families and that residents were accessing community facilities on a regular basis.

The centre comprises one small two storey house located in a housing development, close to a busy urban area. Residents had their own bedrooms and shared bathroom facilities and communal areas, such as a kitchen and dining area and a sitting room. There was also an office in the centre. A spare room had been furnished to provide residents with an additional space to relax. This room had comfortable seating and multisensory equipment and staff reported that one resident in particular enjoyed spending time there. There was a long garden at the rear of the property. This was overlooked on all sides by other houses, although a hedge had been planted in an effort to provide some privacy to residents.

The living areas available to residents were small and due to this storage was somewhat limited. Staff lockers and a staff fridge were located in the dining area of the centre due to space constraints. However, there was adequate space available for both residents to spend time together or alone in separate areas if they wished. The shower-room was observed to require some attention to ensure that infection prevention and control measures were fully effective.

Two residents lived in the centre at the time of the inspection and the inspector had an opportunity to meet with both residents. The inspector saw that the living arrangements in place suited both residents, who had specific needs and preferences. The centre, while busy at times when both residents and two staff were present, provided a peaceful environment for residents and residents had ample opportunities to spend time alone.

On arrival to the centre, both residents were present. Staff present told the inspector that one resident was being provided with supports by staff in the centre as part of their assessed needs and did not attend day services. Another resident was overheard getting ready for the day, attending to their personal hygiene and preparing to leave for day services in the company of the staff in the centre. Residents were seen to be well presented and staff were seen and heard to encourage residents to be independent in aspects of their own personal care and provide assistance, such as verbal prompts, if required.

Residents were observed to be comfortable in their home and moved about the centre freely. Residents were supported with external activities using the centre vehicle for much of the day and were observed to return to the centre for some meals and for short periods between these activities. While present in the centre, residents were observed to spend time in their bedrooms or in the communal areas

of the centre, watching TV and on their tablet devices. Residents in this centre enjoyed various activities such as walks, visits to the beach, horse-riding, meals out, the cinema, shopping. Residents had been away for an overnight break during the summer months also. Both residents left the centre together to go for a walk on the beach on the evening of the inspection.

The inspector saw that staff were making efforts to build positive relationships with the residents. For example, one staff member was observed to take part in a tabletop activity with a resident and it was evident that the resident was enjoying this. Staff also told the inspector that residents liked their own space at times and were observed to provide residents with opportunities to spend time alone in the sitting room or their bedrooms if desired. Residents were observed to seek staff support on occasion and were provided with any requested supports in a manner that respected residents dignity and autonomy.

Both residents communicated using their own preferred methods and were supported by staff that were familiar with their communication methods and preferences. One resident spoke briefly with the inspector following their arrival and communicated with the inspector and staff on duty about their plans for the day, showing the inspector their blackboard where they liked to write their schedule. The other resident, following their return from day services, interacted on a number of occasions with the inspector on their own terms, joining the inspector in the office where the documentation was being reviewed. On a number of occasions they brought the inspector to the kitchen area to communicate that they were looking forward to a cup of tea or meal that staff were preparing for them.

Staff were observed to speak with and interact respectfully with residents and to support them in line with their assessed needs. For example, one resident became a little anxious for a short period about their schedule following the arrival of the inspector. The staff member communicated clearly with the resident in line with the support plans in place and the resident was seen to respond positively to this. This was in line with the residents' positive behaviour support plan.

The inspector did not have an opportunity to meet with family members during this inspection. However, some feedback from families was viewed in satisfaction surveys that had been completed. This feedback was seen to be positive with family members saying that the centre was a "home from home" for a resident and that their relative "gets excellent care" in the centre.

This inspection found some non compliance with the regulations. However, overall, the two residents living in this centre were being afforded safe and person centred services that met their assessed needs. 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

This centre is run by COPE Foundation. The provider have previously submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the providers registered centres. This centre had previously been inspected in September 2022 and following that inspection a decision had been made to renew the registration of the centre.

There was a clear management structure present in this centre. The person in charge reported to a person participating in management (PPIM), who in turn reported to the Chief Operations Officer. The inspector found on the day of this inspection that the governance and management systems in place were overall providing for a good quality service for the residents in this centre, although some improvements were required.

The person in charge was not present on the day of this inspection. A person nominated to participate in the management of this centre was available and made themselves available in the centre for a period during the inspection. Feedback was provided remotely to both these individuals in the days following the inspection. Staff had the support of an on-call member of senior management at night and at times when a member of the centre's local management team was unavailable.

The statement in purpose in place at the time of this inspection set out that the person in charge of this centre had remit over two designated centres. The PPIM was an area manager who had a very large remit with responsibility for thirteen designated centres and four day services at the time of this inspection. The PPIM was available to staff and residents in the house in the event of the person in charge being absent or if additional supports were required and there was evidence that this individual was responsive to concerns highlighted. For example, there was evidence that staffing issues in the centre had been escalated to the provider.

The person participating in management spoke with the inspector about the overall arrangements in place for oversight of the centre and how they maintained contact with the person in charge. This individual presented as familiar with residents and their needs. They also spoke about how the provider was responding to specific issues that had been identified, such as the remit of the area managers. There was a plan for the remit of these individuals, including the person participating in the management of this centre to reduce. They also spoke about the challenges in maintaining a full staff complement in the centre despite ongoing recruitment efforts and about their hopes that the skill mix of staff available in the centre would be enhanced with the addition of some social care workers to the staff team.

There was evidence that the person in charge maintained a presence in the centre and staff were familiar with this individual. The person in charge was seen to work on the roster with residents. There was also evidence that the PPIM visited the centre on occasion and was familiar with the residents and available to staff if

required for telephone support and in emergency situations. However, there was some evidence that the management team in place were unable to always maintain full oversight, in part due to the remit of the PPIM. There was limited evidence that the PPIM maintained a strong presence in the centre at all times due to their remit at the time of the inspection, or that the systems in place for oversight were ensuring that some issues were identified and appropriate actions taken.

For example, some of the documentation in the centre required review to ensure that it accurately reflected any changes or learning that had occurred. Following specific adverse incidents, some learning had been documented but this was not always recorded or used to inform or update relevant risk assessments and support plans. This meant that important information relevant to keeping residents safe from harm might be unavailable to staff or lost over time. This is discussed in further detail in the quality and safety section of this report. Also, the annual review in respect of this centre was overdue to be completed as required by the regulations.

Consistent staff who were familiar with the residents were important for both residents in this centre to meet their assessed support needs. Staff working in the centre told the inspector about the impact that unfamiliar staff might have on the residents that lived in the centre. A staff rota was viewed in the centre. This set out the current and past staffing arrangements for the centre. A proposed roster was not available at the time of the inspection and staff told the inspector this was usually issued one week in advance..

The inspector saw that a small experienced, core staff team, including some relief staff provided residents with a level of consistency of care. However, this core staff team was being supplemented by agency staff on a regular basis and these were often not very familiar or were new to the centre and unfamiliar to residents. There was evidence that some actions were taken to mitigate against this, such as efforts to always have at least one core, familiar staff member rostered for each shift.

The information available to the inspector showed that over an eight day period in July there was no staff member on the day time roster that could drive the centre vehicle. Given the assessed needs of the residents in this centre, the size and layout of the centre, and evidence that showed one resident was recovering from a leg injury that meant he could only walk short distances, this was a significant period of time for residents, particularly the resident that did not access external day services, to spend without access to a vehicle for external activities. The activity records and daily notes for this resident during this period indicated that, aside from a home visit on one day, they spent most of their time in the centre, although there was some evidence of short periods of time out of the centre on occasion.

The inspector spoke with some of the staff members that were on duty during the inspection. Some staff told the inspector that they were frustrated by some ongoing issues in the centre and discussed this with the inspector. Staff spoken to were knowledgeable about residents and their support needs and were very positive about the capacities and talents of residents. Staff were familiar with safeguarding procedures and all staff spoken to told the inspector that they felt that residents were safe in this centre and that overall their assessed needs were being met on a

day-to-day basis. Staff also spoke about some of the activities that residents enjoyed and some recent goals that residents had achieved or were working on and staff were proud of the achievements and progress that residents had made.

Staff spoken to also discussed some of the current issues in the centre, including the ongoing issues in maintaining full consistency of the staff team and the lack of available staff that could drive the centre vehicle on occasion. It was evident that staff working in the centre were committed to providing a good service to the individuals living there and ongoing staffing and resourcing issues, such as access to staff who could drive the centre vehicle, were highlighted by staff as having the potential to negatively impact on the care and support received by the residents in the centre on occasion.

Two staff supported the two residents in this centre by day and night, with additional staffing or management supports if required for specific activities or appointments. In the event that one resident was away from the centre, at least one staff remained in the centre at all times to support the remaining resident. While lone working arrangements were provided for in the statement of purpose for this centre and on the whole, one-to-one staffing was adequate to support residents, the inspector identified some issues that required review. Due to ongoing resource issues at provider level, staff in this centre now regularly supported one resident to attend their day services. This meant that the other staff member on duty would be lone working with one resident during this period of time, when previously two staff would have been available to one resident during these hours. Staff told the inspector that this additional staff member during these hours meant that day-to-day household activities such as shopping and running errands were easier to manage and that there were specific activities that the resident who did not attend day services enjoyed that were easier to facilitate when two staff were available.

Staff told the inspector that when two staff had previously been available for this period the remaining resident would have had access to enhanced opportunities to take part in some community based activities that they enjoyed. For example, staff told the inspector that the resident enjoyed going on walks at the seaside. The inspector was told that this was more difficult to facilitate when only one staff member was on duty with the resident, particularly for less experienced staff or staff that the resident was not fully familiar with. A staff member told the inspector that following a specific incident that had occurred while lone working with the resident, they had highlighted some issues to management about the arrangements for staff to use toilet facilities when lone working with the resident on external activities of a longer duration. On reviewing the available documentation, there was no evidence available on the day of the inspection to show that these concerns had been appropriately considered either prior to, or following, this incident. For example, there were no identified controls in place in the event that a lone working staff member became unwell or needed to leave a resident unattended to use toilet facilities while partaking in activities in the community. Given the specific needs of the residents in this centre, this was an important consideration to mitigate against specific risks and required further review.

The next section of the report will reflect how the management systems in place

were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

A staff roster was viewed but the proposed staff rota was not available in the centre on the day of the inspection. Documentation in the centre showed that staffing levels were being maintained as per the statement of purpose. A core staff team was in place that consisted primarily of health care assistants and the person participating in management told the inspector that it was hoped to improve the skill mix in centre by employing more social care workers in the future. There were two vacancies on the staff team and the roster viewed showed that these were regularly being filled by unfamiliar agency staff and this did not provide residents with consistency of care. For example, during a one month period eight different agency staff had provided cover on 12 separate days and regular staff told the inspector that they often did not know the agency staff that worked alongside them.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, the person in charge had ensured that staff had access to appropriate training, including refresher training. Although some staff were overdue training in positive behaviour support or managing potential and actual aggression (MAPA), all staff had at least one of these trainings completed and there was evidence these training sessions had been booked for the period following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that this centre was at all times adequately resourced. While a vehicle was available to residents, residents could not always avail of this due to a lack of staff that were permitted to drive this vehicle. For example, it was identified that during one period of time prior to the inspection, no staff member that could drive the centre vehicle had been on the staff roster during the day for a period of eight days when one resident was unable to access public transport or walk long distances due to an injury.

A clearly defined management structure was in place in the designated centre and management systems such as auditing schedules were in place. While the

management team did maintain a good presence in the centre, there was some evidence that oversight wasn't fully maintained. For example, some of the documentation in place required review to ensure that learning from incidents and up-to-date information was circulated to all staff in a timely manner. Also, an annual review had not been completed at the time of the inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. Some amendments were required to ensure that this accurately reflected the services provided in the centre. An updated statement of purpose was provided to the inspector on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Some restrictions in place in the centre had not been appropriately identified and notified to the office of the chief inspector as required.

- TV located behind Perspex in sitting room
- Locked press in kitchen (medication press)

Judgment: Not compliant

Regulation 34: Complaints procedure

An easy-to-read complaints procedure was available for residents. Staff spoken to were aware of their responsibilities in this area. A complaints log was maintained in the centre and this included required details such as the outcome and the satisfaction of the complainant. Complaints were seen to be responded to and taken seriously in this centre.

Judgment: Compliant

Quality and safety

The inspector observed that the two residents living in this centre were happy and well cared for. The wellbeing and welfare of residents was, for the most part, maintained by a good standard of evidence-based care and support. On the day of this inspection it was seen that overall safe and good quality supports were provided to the residents that lived in this centre by a committed staff team. However, some issues in relation to access to staff that could drive the centre vehicle were impacting on residents' rights to freely access the community as desired. Also it was identified that improvements were required to ensure that the documentation in place provided staff with up-to-date information and reflected learning from incidents.

Residents were seen to be supported in line with their assessed needs during the inspection and staff working with the residents presented as committed and focused on providing good quality person centred care for the residents living there. Both residents in this centre were supported to attend various activities and access the community on a regular basis by the staff that supported them. However, as mentioned in the previous section, this was on occasion impacted by the availability of staff members permitted to drive centre vehicles. Residents were supported to visit their families on a regular basis. Residents had access to day services if they wished and one resident was at the time of the inspection being supported by the staff working in the centre to attend day services. The other resident was supported with a day service programme in the centre as per their own wishes and assessed needs.

The premises was laid out to suit residents and their assessed needs. The maximum occupancy of the house was two residents and this was in line with and suited to the needs of the residents that lived there. Overall, it was observed that the premises was neat and clean and decorated to suit the needs and preferences of the residents. Residents had access to spaces where they could spend time alone or in the company of staff and visitors and residents were observed to be comfortable and happy in their home. A spare bedroom had been converted to provide an additional space for residents to relax in if they preferred.

Positive behaviour support plans were in place for residents. These were comprehensive and contained good guidance for staff and were developed in conjunction with people that knew the resident well. Overall, staff were observed to support residents in line with these plans. One of these plans contained reference to specific recommendations but it was not clear from the documentation viewed on the day of the inspection if these recommendations were being carried out. For example, this plan referenced a graded exposure technique be used to assist the resident in using the public bus. There was evidence that showed that this resident did on occasion travel on the bus. However, it was not clear if the recommendations in the residents' behaviour support plan were being carried out on these occasions. Use of a graded exposure technique was not referenced or reflected in any of the documentation in place for the resident including a risk assessment in relation to travelling on the bus and there was no information available to provide new staff

with guidance about what this technique involved.

One resident also engaged in responsive behaviours that could impact on their own privacy and dignity if in public. The centre was located in an urban area with houses to both sides of the property and was also overlooked by other houses at the rear of the property. An incident had occurred whereby a neighbour had observed this resident engaging in a specific behaviour while in their back garden. A hedge had been planted at the side of the garden to protect this residents' privacy and dignity and there was a plan in place to support the resident when they used the back garden. However, a risk assessment in place had not been updated to reflect this incident and therefore it was unclear if the measures in place would fully protect the residents' privacy and dignity as the hedge would not impede the view from the houses overlooking the garden at the rear of the property.

Residents were supported to access healthcare supports in this centre. There was evidence to show that residents had access to a variety of allied health professionals including a general practitioner. Nursing supports were not required full-time in this centre but residents did have access to nursing supports if required. One resident had recently attended hospital following an injury. While it appeared that this resident did receive appropriate medical attention and supports, healthcare plans in place had not been updated to reflect this injury or to provide guidance to staff about how to manage the residents' care following this injury. There was evidence in the documentation viewed of follow-up or aftercare in relation to this injury. Familiar staff spoken to on the day of the inspection did appear to have knowledge of these needs and of the supports that the resident required. However, given that residents were sometimes supported by less familiar or unfamiliar staff, it is important that the support plans in place are up-to-date and provide sufficient guidance to staff about residents and their support needs.

A risk register was in place that identified some of the risks present in this centre. Regular staff spoken to had a good awareness of potential and actual risks for residents. However, not all risks were identified as appropriate. For example, there was no risk assessment in place that outlined the control measures to mitigate against specific elements of lone working in the centre. Also, risk assessments in place were not consistently updated to reflect learning from adverse incidents. The inspector saw that the risk assessments in place relation to specific responsive behaviours of residents did not reflect all incidents that had occurred. For example, there had been an incident where a resident had potentially ingested a chemical substance. While there was a risk assessment in place that identified the risk of ingesting foreign substances for this resident, this had not been updated following this incident and the control measures identified in this risk assessment did not reflect the learning from this incident. One risk assessment did not fully take into account the adverse impact some responsive behaviours could have on a residents' privacy and dignity.

The inspector saw that the residents in this centre were supported to communicate in their preferred manner and that there were support plans in place to guide staff members in this. There were obvious efforts to facilitate and support residents with communicating their needs and wishes. For example, the inspector observed one

resident using a blackboard for schedule planning and staff were observed to encourage the resident to use this independently to document their wishes in relation to their activities for the day. Another resident was observed to attend to specific elements of their daily and personal care routine independently and was offered assistance when they approached staff and indicated they required it. This appeared to be in line with the residents own preferences in relation to how they communicated and were supported and this provided for a calm and relaxed environment for residents.

Staff in this centre had completed training in human rights. A staff member provided an example of how this training had informed their practice. They told the inspector that following an incident with the centre vehicle, the residents had been waiting for a long period of time for a new vehicle and this was causing anxiety. The staff member had put in a complaint about this on behalf of the residents about this and the issue had been resolved.

The previous inspection had identified some issues in relation to residents having access to the internet for their mobile devices and the wifi in the centre was not working. Since the previous inspection, the person in charge and provider had made alternative arrangements for residents so that they could access the internet on their own mobile devices. Residents used a hotspot on a mobile device to facilitate this. Residents were observed on the day of the inspection using mobile tablet devices and presented as satisfied with this arrangement. A staff member did report that on occasion when both residents were present there was potential for this arrangement to be ineffective. However, the inspector did not find any evidence to suggest that this arrangement was impacting negatively on the residents at the time of this inspection. There were no recent incident reports or complaints in respect of the internet service being provided to residents and a sample of residents' daily notes viewed did not indicate any occasions where residents had been unable to access the internet due to the arrangements in place, or any impact that this arrangement was having on residents.

Regulation 10: Communication

Residents were supported and facilitated to communicate in accordance with their needs and wishes. Support plans were in place to guide staff in this area. Residents had access to the internet for their tablet and mobile devices, magazines and television and were supported to maintain contact with their families through the use of mobile devices if desired. Staff were observed to assist residents to use tablet and mobile devices when required.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was providing residents with appropriate care and support, having regard to their assessed needs and their wishes. Residents had access to facilities for occupation and recreation and had opportunities to participate in community based activities in accordance with their wishes, capacities and developmental needs and were facilitated to take overnight breaks. . Residents were supported to develop and maintain personal relationships and links with their family and with the wider community. There was evidence that support was provided to residents to maintain family contact if desired by residents.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was overall clean, adequately maintained and decorated in line with residents individual preferences. There were adequate cooking facilities and outdoor space was available to residents. Some premises issues were present that could prevent effective cleaning.

- Shower-room required attention to ensure that infection prevention and control measures could be fully effective
- No pedal bins in centre
- Build up of grease in the extractor hood in the kitchen
- Damaged floor covering in the kitchen
- Laminate cracked and peeling on some kitchen units

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place. A risk register was in place that identified some of the risks present in this centre. Risk assessments were not in place for all risks present in the centre. The risk posed by staffing shortages and use of unfamiliar agency staff on a very regular basis had not been documented. Also, risk assessments in place did not always contain the most up-to-date information. For example, following specific incidents, relevant risk assessments had not been updated to ensure that all controls were in place and documented to provide staff guidance and inform staff of any changes or additional control measures that were required.

- Risk assessments in place did not address specific concerns that had been raised by staff following an incident while lone working on an external activity.

- Risk assessments in relation to specific responsive behaviours of residents did not reflect incidents that had occurred eg. Ingesting foreign substances.
- A risk assessment did not fully take into account the adverse impact some responsive behaviours could have on a residents' privacy and dignity.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, there were good infection prevention and control measures in place in this centre. The centre was observed to be very clean, there were hand sanitisation facilities available and a colour coded cleaning system was in place with the appropriate equipment provided for staff. Some premises issues were present that could prevent effective cleaning and these are covered under Regulation 17: Premises.

Judgment: Compliant

Regulation 28: Fire precautions

There were overall good fire safety systems in place including an alarm system and regularly serviced fire fighting equipment. Emergency lighting was in place and fire drills were being completed on a regular basis, including simulated night times drills. Staff had completed appropriate fire safety training. Some containment measures required review.

- One fire door was observed to require review to ensure that it would close fully and provide effective fire containment if required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place that overall identified goals for residents and there was evidence of progression of goals. Overall, plans in place provided good guidance for staff on how to support residents' assessed needs. An annual multidisciplinary review had taken place for residents. However, the person in charge had not ensured that support plans in place were consistently updated to take into account changes in circumstances and new developments. For example, following the diagnosis of a fracture for one resident plans of care were not updated to include all

relevant information for staff and there was no evidence of follow-up or no rationale provided for why follow-up was not required.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents were supported to access healthcare as appropriate. An issue identified in relation to the aftercare following a fracture for one resident is covered under Regulation 5: individualised assessment and personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, there was evidence of very good positive behavioural supports in place in this centre. The environment and low capacity of the centre was in line with residents assessed needs and staff were observed to support residents in line with the guidelines in place in a respectful and consistent manner. The inspector saw that a residents positive behaviour support plan included some recommendations for specific techniques. It was not clear from the documentation in place if these recommendations were being consistently applied and a risk assessment had not been updated to reflect a specific recommendation around travelling using public transport.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken to were familiar with safeguarding procedures in place and told the inspector they would be comfortable to report any safeguarding concerns they had.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' rights were respected in this centre. Service design and delivery supported residents to live a life that suited their own preferences and needs. Staff were respectful in their interactions with residents and residents had autonomy and choice in their lives. Residents were facilitated with family contact and were, for the most part, supported to access the community on a regular basis. At times residents were impeded in community access by the staffing arrangements in place. For example, during a period when a resident did not have access to public transport or was unable to walk long distances due to a diagnosis of a fracture, there were no staff available on the roster to drive the centre vehicle and the resident spent significant periods of time in their home. Given this residents specific needs, this imposed a significant restriction for the resident.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cork City South 6 OSV-0005509

Inspection ID: MON-0041057

Date of inspection: 06/10/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The PIC will ensure that planned staff rosters are accessible to staff in the centre in the event of PIC being on leave. i.e. the most senior staff on duty will have access to planned rosters for the centre. • A social care worker has been recruited and will be appointed to the centre in the coming weeks to enhance the skill mix of the team. • Recruitment is ongoing to fill staff vacancies and reduce agency use in the centre. • A team of familiar relief staff is available to the centre to fill staffing gaps as required. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • A social care worker has been recruited and will be appointed to the centre in the coming weeks to enhance the governance and oversight of the centre. • Following incidents, the PIC will ensure that staff carry out reflective learning from incidents and that risk assessments are reviewed and updated accordingly to encourage a culture of shared learning amongst the team. A local protocol in relation to incidents and reflective learning will be developed and implemented by the PIC. • There are now 6 staff authorized to drive vehicles in the centre. The PIC will ensure that rosters are planned to allow for a driver to be present on each shift. • An annual review has been completed for the centre since the inspection. 	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The locked press that holds medication will be submitted as a restriction in the quarterly returns in January 2024. The PIC will ensure that all relevant documentation as per policy will be updated in relation to this restriction. • The PIC will arrange for the removal of Perspex from TV in the sitting room. Following discussion with staff team and residents it is felt that the Perspex is not required. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Pedal bins have been purchased for the centre and all other bins removed. • Extractor hood in kitchen has been deep cleaned. • Shower room has been deep cleaned and scheduled of deep cleaning will be introduced to ensure effective infection, prevention and control measures. • The PIC has submitted a maintenance request for repair of damaged floor covering in the kitchen and kitchen units. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The PIC will carry out a thorough review of the risk register and ensure that all risks relevant to the centre and the residents will be included in the risk register going forward. 	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The issue with the fire door has been rectified since the inspection and all doors are in working order.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The PIC will ensure that each resident’s personal plan is reviewed regularly in adherence with personal plan audit schedule in the centre. This will ensure that plans are updated to reflect any changes in circumstances for residents. Residents assigned keyworkers will also complete regular audits of personal plans to ensure that the most up to date information is included. 	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The PIC will ensure that risk assessment in relation to the use of public transport is updated to reflect recommendations outlined in positive behavior support plan</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • There are now 6 staff authorized to drive vehicles in the centre. The PIC will ensure that rosters are planned to ensure that a driver is present on each shift. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/05/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	29/02/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	31/05/2024

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2024
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	31/01/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	31/01/2024

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2024
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.	Substantially Compliant	Yellow	28/02/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are	Substantially Compliant	Yellow	31/01/2024

	implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/01/2024