



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

Issued by the Chief Inspector

Name of designated centre:	Cork City South 8
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	26 April 2023
Centre ID:	OSV-0007806
Fieldwork ID:	MON-0030502

About the designated centre

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

The designated centre was located in a suburban area of a major city. The centre was comprised of two adjacent individual houses. Each house had three floors. One house was a home for four adult females and one house was for three adult males. Each house had a small secure back garden with a shed. The ground floor of each house had a hallway, living room, kitchen, toilet and laundry room. The first floor comprised of three single bedrooms and a bathroom in one house while the second house had two single bedrooms, a bathroom and a staff office. The second floor of each house contained a large single bedroom. The houses had a parking area / courtyard to the front. The development was a gated community. There was transport available to residents parked in the car parking area. The staff complement consisted of nurses and care assistants.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 April 2023	10:00hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

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

The inspector was able to meet five of the residents living in this designated centre at times during the day that suited their routines. As a result of recent changes to public health advice regarding the requirement of the use of personal protective equipment (PPE) the inspector was able to meet with the residents without wearing a face mask. The inspector was informed by one of the resident's that this was a positive development.

The inspector was introduced to one resident on arrival at the designated centre. They had plans to go shopping with a staff member before going to meet a family representative later in the day. The resident spoke about what they liked to do while relaxing in the designated centre which included watching a particular genre of film. The resident was supported by staff to attend their day service at times that suited their routine. For example, they could attend for a few hours a day and staff were available to support the resident if they chose to participate in other activities. The resident could travel independently on public transport but had expressed their preference for staff to accompany them on occasions. The resident had their own mobile phone which they used to contact staff if there were any changes to arrangements that had already been agreed. For example, if the resident wanted to stay longer at their day service to participate in an activity they spoke with the staff on duty to let them know. The resident was supported to make independent choices in their daily life which included meal choices, activities and maintaining connections with family representatives

The inspector was introduced to three residents living in the adjacent house during the morning. One resident chatted with the inspector in the sitting room. They joked at times as they conversed with the inspector. They were observed to enjoy interacting with familiar staff. They spoke about activities that they enjoyed which included baking. The resident was very proud of their bedroom, which they showed the inspector. It was brightly decorated with ample space for the storage of their personal possessions which included a television and other accessories.

Another resident was introduced to the inspector while they were sitting in the kitchen. The resident communicated without words but was able to comprehend the spoken word very well. The resident informed the inspector that they were very happy living in the designated centre. They had their nails painted and staff explained how the resident had a preference to attend a particular outlet to get this treatment done regularly.

The third resident was being supported by one staff when introduced to the

inspector. This person had a vision impairment and relied on staff to safely mobilise. The resident also found it difficult at times to tolerate noise. This was observed by the inspector when there were conversations taking place in the kitchen. The inspector noted the staff member assisted the resident in advance of them becoming anxious to leave the room and lie down on a couch in the adjacent sitting room. The inspector also observed a peer resident to provide reassurance and comfort to the resident while they were in the sitting room.

Staff were observed to engage with the residents to make plans for the day ahead which included going out for lunch. Staff outlined how the residents had enjoyed the recent return of their regular day service since the beginning of March 2023. Staff explained that the residents liked to engage in community activities on their days off. Plans were flexible to reflect any changes that might arise including weather conditions.

The inspector met another resident briefly in the afternoon when they returned specifically to meet with the inspector. The resident had attended their day service where they had spent time with their friends. The resident enjoyed an active lifestyle which included sports. They were due to attend a training session after speaking with the inspector. They explained about a few upcoming planned trips abroad in the summer. They were very excited about these trips. The resident had only moved into the designated centre in August 2022. They told the inspector they were happy living in the designated centre, enjoyed the staff support and had known the peers they were now living with for a few years. In addition, they maintained regular contact with their peers with whom they had previously lived with in another designated centre. The resident had independently arranged to visit these peers the evening before this inspection. The resident stated they had enjoyed a lovely evening chatting and catching up with their friends.

Both houses were found to be warm and clean. Decor reflected the individual preferences of those living in the houses. Photographs recent and from years gone by were on display. Some of the residents had known each other for many years and had celebrated milestone events together. The inspector noted there was minimal signage on display. The person in charge explained that if a visual menu planner was used in one of the houses, it could be a source of anxiety for one of the residents. While weekly planning including meals did take place, residents were supported to make individual choices for their meals. For example, residents were encouraged to view the food options available within the fridge and other food presses. The residents living in the other house had expressed their preference not to have a meal planner on display in their home.

The staff team had supported residents to remain safe during a recent outbreak of COVID-19 in the designated centre. The outbreak was confined to one house and the residents affected had recovered. Staff had all completed up-to-date refresher training in infection prevention and control measures (IPC) and there was evidence of regular cleaning taking place. Shared learning following the outbreak and a review of the designated centre's contingency plan had taken place. However, gaps were identified in some documentation, this will be further discussed in the quality

and safety section of this report.

The provider had ensured an annual review and internal six monthly audits had been completed in –line with regulatory requirements. Consultation with the residents and family representatives was evidenced in the annual review which was completed in November 2022. There were positive comments relating to the home-like atmosphere. Some family representatives expressed that they would like a definite time frame for the return of day services for their relatives which had been impacted by the pandemic in March 2020. These residents had returned to their days services since the start of March 2023.

However, the inspector was not assured some actions relating to fire precautions that had been identified in the reports had been adequately addressed at the time of this inspection. This included effectively supporting one resident to safely evacuate from the building. This will be further discussed in the quality and safety section of this report.

Other issues identified during the most recent internal audit in March 2023 included that some residents goals were limited and rights based. For example; residents having a goal of returning to their day services. The provider had identified that additional support and education for the staff team was required on the stepped approach to goal setting in advance of this inspection. All staff had attended training on human rights and those spoken with during the inspection demonstrated their knowledge on supporting residents to make choices and actively be involved in their local community.

In summary, the findings of this inspection found residents were provided with care and support from a dedicated staff team. However, further improvements were required to ensure effective fire safety evacuation plans are in place for all residents and gaps in staff training were addressed. In addition, gaps in documentation also required review. These included ensuring all residents had appropriate contracts of care in place, personal plans and meaningful goal identification/progression.

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

Capacity and capability

Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15: Staffing, Regulation 16: Training and development, Regulation 5: Individualised assessments and personal plan and Regulation 9: Rights, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the

provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan, the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the provider's registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

The inspector met with the person in charge of this designated centre. Their remit at the time of this inspection was over four designated centres. However, the provider had identified another staff member to take up the role of person in charge of this designated centre. This person was in position a few days before this inspection and was getting a detailed handover from the current person in charge. The inspector also met this person during the inspection. The inspector was informed that the remit of the new person in charge would be over this designated centre. The required changes to the application to renew and supporting documents were being processed by the provider.

However, since the previous inspection of this designated centre in March 2021, the provider had not ensured consistent and ongoing adequate arrangements were in place to ensure effective governance and oversight arrangements to meet regulatory requirements to notify the Chief Inspector of adverse incidents in writing within three working days. While the person in charge was on planned leave in February 2022, an adverse incident was not reported for six days. In addition, more recently while the person in charge was on leave in March 2023 no updates were provided regarding the status of the outbreak within the designated centre.

At the time of this inspection there were a number of staff vacancies. This included the absence of the clinical nurse manager (CNM) due to extended planned leave since January 2023. There were regular social care relief staff available to support gaps in the roster. However, the large remit of the person in charge prior to this inspection and the absence of the CNM did impact on the oversight and governance of the designated centre prior to this inspection. The person in charge had submitted the resources and skill mix of staff required to the provider as part of the service improvement plan at the end of January 2023.

As previously mentioned in this report, the provider had ensured that internal six monthly audits in August 2022 and March 2023 had been completed. In November 2022, an annual review had been completed in the designated centre as per the regulatory requirements. The inspector acknowledges that the provider has reviewed their overall governance and management oversight in the designated centre as part of an ongoing service improvement plan. However, a number of issues in this designated centre had been repeatedly identified on audits since August 2022 and remained unresolved at the time of this inspection. These included the review of residents' personal plans and the identification/progression of meaningful goals. The effective and safe evacuation of a resident from the designated centre. In addition, residents were not provided with contracts of care in

this designated centre that reflected the services provided and charges.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. The inspector was informed during the inspection that the remit of the current person in charge was being reduced by the provider. A new person in charge had been identified for this designated centre with a period of handover and ongoing supports in place for the person new to the role in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team available to support the needs of the residents, which was in –line with the statement of purpose and the size and layout of the designated centre. There was an actual and planned rota, which demonstrated the ongoing changes required to provide a person centred service to all residents. Residents were also being supported by regular relief social care staff known to them. However, at the time of this inspection the vacancy due to planned leave of the CNM was directly impacting on the consistent oversight and administrative duties being completed within the designated centre in the months prior to this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed training including refresher training in fire safety, safeguarding and infection prevention and control. The person in charge ensured ongoing review of the training requirements of the staff team with training scheduled for 2023. In addition, all staff had attended scheduled supervision.

However, at the time of this inspection some training that had been identified as being required by staff working in this designated centre remained outstanding, this included managing behaviours that challenge, food safety, sign language and medication management.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider has ensured a directory of residents was maintained in the designated centre. It had been subject to recent review and updating following the provider's internal audit in August 2022.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of governance, leadership and management arrangements in the designated centre to ensure the provision of quality care and services to residents. The provider was actively progressing with a number of actions as outlined in their service improvement plan submitted to HIQA. This included increased oversight by senior management of internal audit findings in the designated centre. However, some actions had been repeatedly identified in audits with the issues remaining unresolved at the time of this inspection. These included the safe evacuation of all residents from the designated centre and timely review of

personal plans reflective of meaningful goals for residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had not ensured all residents were provided with a written agreement reflecting the terms by which they reside in this designated centre. For example, one resident's contract was for another designated centre.

In addition, the terms of some residents' contracts did not accurately reflect the services that were being provided to them in the designated centre and the charges that were applicable.

Judgment: Not compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of all quarterly reports. However, not all adverse events had been reported as required by the regulations.

In addition, the provider had not ensured that regular updates on the status of a recent outbreak of COVID-19 in the designated centre had been submitted as outlined by the chief inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy which had been subject to recent review in January 2023. Residents were aware of the process to make a complaint and had access to easy-to-read information regarding complaints within the designated centre.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further improvements required to ensure the effective evacuation of all residents and all residents personal plans were subject to regular review as required.

The provider had systems in place to ensure the safety of residents from the risk of fire, which included fire alarm and emergency lighting. However, only two quarterly systems checks were completed in the designated centre during 2022 by external contractors. Staff were not completing twice daily fire safety checks within the designated centre as per the provider's policy. Auditors had identified this as an issue in November 2022, but it remained unresolved in the months since then.

Each resident had an personal emergency evacuation plan (PEEP) in place, which were subject to regular review. However, historical information regarding one resident was not reflective of the current designated centre and the resident actively participated in regular fire drills when they were present in the designated centre. Another resident experienced difficulties evacuating during fire drills, on some occasions refusing to leave the building. The inspector reviewed information contained within documentation of completed fire drills regarding possible learning or actions.

These included references to particular footwear that might be of assistance when a drill was taking place for the resident. However, this information was not contained within the PEEP for the resident. In addition, the reluctance of the resident to evacuate had been highlighted in the November 2022 annual review report as not being reflected in their PEEP. This had been addressed with details of instructions to be given to the emergency services in the event of the resident remaining in the house if there was a fire. However, the inspector was not assured that adequate measures had been documented as been considered to support the resident to engage with staff while completing fire drills. In addition, the resident's bedroom, which they liked very much was on the second floor of the building requiring the resident to descend two flights of stairs. The safe and timely evacuation of all

residents from the designated centre required further review.

While progress was being made by the staff team on the review of residents personal plans, not all personal plans had been subject to review within the previous 12 months. Personal goals also required further review to ensure they were meaningful to the individual and the progress was consistently documented. While no updates were reflected in some resident's personal goals others lacked information on actions being taken due to barriers affecting the person attaining the goal. For example, one resident had a goal to attend a particular sporting event. The tickets were very expensive. No alternatives or review of options were documented for the person to progress with this goal or revise the goal for another alternative.

While the residents in this designated centre had been adversely impacted during the pandemic with regards to access to their day services and employments, there was evidence of improvement at the time of this inspection. The residents were being supported to engage regularly in activities of their choice. At times group activities worked well as per the expressed wishes of the residents. Alternative individual activities were also facilitated to support interests such as sporting events. The staff team ensured ongoing consultation with the residents to ensure they were happy in their home.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Staff were supporting one resident to communicate without words while they awaited training in this area. Residents were supported to maintain contact with friends and family representatives, this included the use of mobile phones. The staff team had ensured ongoing and effective communication was maintained with family representatives.

In addition, electronic tablet devices were available for use by residents which was an action from the previous inspection in March 2021. There were still issues with Wifi connectivity outside of the provider's control. However, staff were able to support residents to access Wifi within the houses via alternative methods while the issue was being resolved.

Staff demonstrated how they were supporting one resident to communicate without words while training in sign language remained outstanding. This will be actioned under regulation 16: Staff training

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends while adhering to public health guidelines. While family representatives did not visit the houses regularly, staff outlined how such visits would be supported to ensure space and privacy would be provided. In addition, residents and their visitors accessed local cafes and restaurants in the community. Residents' were also supported to visit their family homes in –line with expressed wishes of the resident and the family representatives.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been impacted during the pandemic and were unable to attend their day services. One resident had been supported to return to their employment during 2022 and other residents in one of the houses returned to their day services. The residents in the second house had only returned to their day services at the start of March 2023. Staff had supported the residents to engage in activities within their home and in the community in the absence of their day service during this period of time. Family representatives and staff had advocated on behalf of the residents seeking the return of the services. All residents were reported to be happy to have returned to the regular routine of their day service while still availing of rest days so they can continue with social community activities.

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean and homely. There was evidence of progression with issues identified by the provider and person in charge relating to general wear and tear. Internal painting had taken place with more scheduled after upgrade works had just been completed in some areas including a bathroom in one of the houses in the days before this inspection.

The inspector observed a number of light fittings in one house that only had a bulb in place. This included the top floor hallway and bedroom. This area had three fittings with no decorative fixture to reduce glare. Another fitting in the sitting room only had a bulb in place. The person in charge explained that a fitting had been purchased for the sitting room but was unaware of the reason no fittings were in place on the top floor at the time of this inspection.

The rear garden areas required maintenance. The person in charge outlined that the works required were scheduled to be completed by external contractors in the weeks after this inspection. In addition, improvements to the access route to the garden sheds was also highlighted for completion. On the day of the inspection cardboard was in place outside the entrance of the two garden sheds to reduce the extent of mud and dirt through which staff and residents would have to walk through to access household cleaning equipment that was being stored in the sheds.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Residents were supported to make choices daily and availed of opportunities to enjoy eating out socially. For example; on the day of the inspection three residents enjoyed their lunch in a preferred restaurant in a local shopping centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. It had been updated to reflect the current services provided in the designated centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had moved into the designated centre in August 2022. The transition period was short which the inspector was aware of prior to this inspection. However, the resident assured the inspector that they were very happy in their new home, enjoyed the support of regular staff and continued to remain in contact with their friends from their previous home. The person in charge had supported the resident to visit this designated centre in advance of moving in. The resident was also actively consulted in the decision making and time-line process.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk in the designated centre. There were no escalated risks in the designated centre at the time of this inspection. There was an action identified in the annual review in November 2022 which required the person in charge to ensure there was a robust review of hazards in the designated centre. This had been completed in a timely manner.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections which included regular cleaning of frequently touched areas and IPC audits. The person in charge had ensured regular review of the designated centre's contingency plan. Hand hygiene audits and refresher training for staff in IPC had been identified as actions in the annual review. The person in charge had ensured these actions were completed.

Staff had completed a post-outbreak review following the most recent outbreak. It was identified that staff had adhered to good IPC practices and worn appropriate personal protective equipment (PPE) during the outbreak. Up-to-date guidance was available for staff to access. The Health Information and Quality Authority (HIQA) self-assessment in preparedness had also been subject to regular review, the most recent review completed in February 2023.

During the inspection, documentation completed by staff regarding the cleaning of frequently touched points was reviewed. Some gaps were identified. For example; on the 24 and 25 April 2023 checklists were not completed. In addition, the frequency of some cleaning activities listed as part of the daily checklists were not always completed such as mopping of floors or cleaning of window ledges. This was discussed with the staff present if the frequency of some items on the checklist required further review to ensure tasks were being completed at an appropriate frequency each week while ensuring effective IPC measures remained in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider ensured that there was systems in place for the management of fire and safety, including fire alarms and emergency lighting. Actions from the previous HIQA inspection were completed.

However, not all the required quarterly fire safety checks by an external contractor had been completed in 2022. No check was documented as being completed in Q1 or Q4 in 2022.

All residents had PEEPs in place. However, the information contained in two of the PEEPs required further review and updating.

Further review of the evacuation plan and the supports in place for one resident to effectively evacuate was required to ensure the resident could safely evacuate the building in the event of a emergency situation.

Staff were not completing daily fire checks in-line with the provider's policy on fire safety. Checks were not being completed twice daily. This had also been identified as an issue in the November 2022 annual review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured all residents had been supported to have a comprehensive assessment of their health, personal and social care needs by appropriate health care professionals on an annual basis.

Not all residents goals were meaningful to the individual. The progression of goals was not always documented and barriers to achieving goals were not reflective of alternatives being considered.

In addition, the person in charge had not ensured the resident who had moved into the designated centre in August 2022 had a personal plan prepared reflecting their assessed needs within 28 days of admission to the designated centre.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported to access their own general practitioner and allied health care professionals as required. The provider also had a community health nurse available to provide oversight to the residents' healthcare needs in this designated centre as required. Following the annual report in November 2022 all residents had a thorough review of their healthcare needs completed by the community nurse.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

At the time of this inspection residents were being supported to have freedom to exercise choice and control in their daily lives. Increased opportunities were becoming available to residents to attend activities such as swimming. Resources were available to support individual or group activities. Residents' privacy and dignity was observed to be respected by staff throughout the inspection. Residents were supported to independently access public transport in –line with their wishes. Other residents were supported by staff to use public transport if they wished. The residents had access to a dedicated transport vehicle at all times. A number of residents were also supported to independently access the security gates with a code. Other residents who required staff support to exit/enter the designated centre were encouraged to use the fob to open the gates with staff present. Staff endeavoured to support residents in this designated centre to maximise their independence while ensuring their ongoing safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	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 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City South 8 OSV-0007806

Inspection ID: MON-0030502

Date of inspection: 26/04/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • In line with the restructuring of governance arrangements in the centre a CNM1 will no longer be assigned to this centre and SOP will be updated accordingly to reflect changes of governance when the new manager commences their role as PIC on the 1st June 2023. • The newly appointed PIC will be based onsite ensuring appropriate oversight of all administrative and managerial duties. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Training in the safe administration of medication is delivered in the organization on a regular basis and the PIC shall ensure to nominate staff to participate in same and maintain training matrix to have oversight of when refresher medication training is due for staff in the centre. • Training in positive behavior support is now delivered online via Microsoft teams. The PIC will contact the PBS department for future training dates and ensure that staff who have not completed this training are available to attend. PBS training is scheduled for 31st May and the PIC has assigned staff to attend. • The PIC will contact the speech and language therapy manager to enquire about Lámh training for staff in the centre. • The PIC will ensure that all mandatory and necessary training is planned, booked and completed in a timely manner. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC will ensure that all efforts are made to encourage active participation of all residents in fire/ emergency evacuation drills. • All drills and issues arising from drills will be documented and monitored to endeavor to achieve successful participation of all residents in fire/ emergency evacuation drills. • Each individual's PEEPs will be reviewed and updated accordingly. • In relation to resident's individual goals the PIC will review all person-centred planning documentation and support staff in understanding that resident's goals should be SMART (Specific, measurable, achievable, relevant to the individual and time bound), reviewed on an ongoing basis, reflective of residents will and preferences, ensuring goals are aspirational and cognizant of resident's rights. The PIC will complete regular support plan audits in the centre to ensure effective oversight of all resident's personal plans and goals. 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The PIC will ensure that an updated contract of care/ service agreement reflecting current services received within the designated centre is agreed and in place for all residents of Cork City South 8. • In addition to this the PIC has commenced a review of financial agreements for all residents of Cork City South 8 and is liaising with head of client services around same to rectify any discrepancies. • In the event where an amendment to financial contributions is required this will be completed in conjunction with organizational administration office, residents and/or their representatives. 	
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 PIC will devise a local protocol for the timely submission of notifications in their absence. • This protocol will outline a procedure to be followed when the PIC is on planned or unplanned leave whereby the link PIC / senior staff on duty will be informed of any notifications to be submitted by staff in the center. • The protocol will ensure that a named person is identified for ensuring the timely submission of notifications to HIQA. • The PIC will ensure that the named person has access to the HIQA portal for the designated centre. The PPIM also has access to the portal. • This protocol will be discussed by the PIC at staff team meetings ensuring that all staff are aware of what constitutes a notifiable event, the time frames for submission of same and who to contact to ensure that the notifiable is submitted in a timely manner. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A request for the following works to be carried out has been submitted by the PIC to maintenance department;</p> <ul style="list-style-type: none"> • Internal painting throughout communal areas of both buildings and the bathroom of house 5 • Gardening services had been requested and have commenced since inspection. • Light fittings for top floor of house 5 have been purchased and are in situ. • Light fixture in living room has been service requested and is due for service within the next week. • Service request has been submitted to resurface a pathway from houses to garden sheds. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The PIC will devise a new cleaning schedule for the centre in consultation with the staff team. • Allocation of time frames for each task will be identified in the new schedule. • Cleaning schedules and all other matters in relation to infection, prevention and control 	

will continue to be discussed regularly at staff team meetings.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The PIC shall ensure that all efforts are made to encourage active participation in evacuation of the designated center by all residents. The PIC and the staff team will actively document and monitor all efforts to achieve successful completion of fire evacuation by all residents.
- Exploratory discussions and review of past documentation have taken place with the PIC and staff team. A plan will be developed for affected residents regarding participation in the evacuation process and results will be analyzed. Any and all positive outcomes will then be reflected in the Personal Emergency Evacuation Plans of affected residents.
- One of the two PEEPs identified for review has been completed and the other will be subject to ongoing review and updating post evacuation drills and exercises.
- Schedule of fire checks to include twice daily checks has been in place in Cork City South 8. The PIC has reminded and will continue to remind staff at staff team meetings of their responsibility regarding fire checks and the frequency of which they are expected to be carried out and documented appropriately. A colour coded narrative explaining fire checks, their frequency and where to document same had been provided by the PIC to the staff team.
- Fire Audits are scheduled for Cork City South 8 quarterly.
- The PIC will complete all fire audits and during each audit will monitor quarterly fire checks by external contactors. Should a need be identified during site specific fire audits the PIC will contact facilities manager to follow up on scheduled checks by external contractors.

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:

The PIC will ensure that all residents have a comprehensive assessment of their health, personal and social care needs by appropriate health care professionals on an annual basis.

- The PIC will review all person-centred planning documentation and where necessary ensure that all goals identified are SMART, reviewed on an ongoing basis, reflective of the residents will and preference, ensure that goals are aspirational and not rights based

and cognizant of each resident's rights.

- The PIC in conjunction with the team in the centre will address any barriers to completion of resident's goals and identify alternative strategies to support residents in achieving their goals.
- The PIC shall ensure a full review of the support plan of any resident (new admission or transfer) within the 28-day time frame.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/12/2023

	are of sound construction and kept in a good state of repair externally and internally.			
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	30/09/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	31/08/2023
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	Substantially Compliant	Yellow	30/06/2023

	associated infections published by the Authority.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/05/2023
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	18/06/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to	Not Compliant	Orange	30/09/2023

	reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	18/05/2023