



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

## Issued by the Chief Inspector

Name of designated centre:	Cork City South 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	13 December 2023
Centre ID:	OSV-0003695
Fieldwork ID:	MON-0041756

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	22
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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 13 December 2023	09:55hrs to 19:30hrs	Conor Dennehy	Lead
Wednesday 13 December 2023	09:55hrs to 17:30hrs	Elaine McKeown	Support

## What residents told us and what inspectors observed

Generally positive feedback was received from residents but some residents did raise some issues around the activities they could do. Staff and management were seen to interact with and support residents in a positive manner throughout the inspection. The houses where residents lived were generally homely although the appearance of some flooring did vary in some of the houses. Overall, the atmosphere encountered in all three houses was pleasant while inspectors were present.

This centre was made up of three different houses all of which provided residential care mainly but also some respite care. Two of the houses were located side-by-side one another and were open seven days a week while the third house was located 15 minutes' drive away and operated on a Monday to Friday basis. Inspectors commenced the inspection by first going to the two houses that were located side-by-side. On the day of the inspection six residents were present in one of these houses while eight residents were present in the other. All fourteen of these residents were met by at least one of the inspectors during their time in these houses.

All of the six residents who lived in one of the houses had already left to attend their day services when the inspectors arrived. One inspector reviewed documents and completed a walk around of the communal areas of this house during the day before the residents returned in the late afternoon. The person in charge introduced this inspector to the six residents as they returned to the house. All of the residents appeared happy to welcome visitors to their home. The conversations held with the residents varied from individual conversations to a group discussion with an inspector about recent social events, upcoming plans for the Christmas period and plans for the future. All of the residents were observed to participate and engage well in the conversations that were taking place.

One resident spoke about their plans to travel to other countries during 2024. They also enjoyed meeting a friend weekly to going running with them and enjoyed reading newspapers at the weekend, naming their preferred papers. The resident explained how they would look up words or phrases on the Internet if they did not understand what they meant. The resident informed the inspector that they did like to stick to their preferred routine in the evenings which included watching particular television programmes but also liked to spend time with their peers.

The residents in this house were observed to engage in their usual routine, which included putting on their slippers, sorting their laundry or making their lunches for the following day independently. All the residents greeted each other in a friendly manner and were observed to be respectful to their peers when they were talking in the group discussion with the inspector. The conversation flowed freely, with residents eager to talk about their family and important persons in their lives. There was a display of dance moves from one of the residents and another spoke of the

importance of Christmas to them as this was their first Christmas in the designated centre.

All of the residents in the house were wearing festive jumpers and had enjoyed seasonal activities in their day services. They were observed to be jovial and festive in the banter and conversations. In addition, the inspector was also questioned by the group during the conversation and responses were provided to all of the questions put to the inspector. Overall, the residents spoken with in this house were very happy with their home. They told the inspector they were aware of future plans to move to another house. The residents outlined how the person in charge and senior management had explained that these changes would probably be happening during 2025 and that they would be consulted in any decisions being made about their future.

In the house next door eight residents were living there at the time of inspection. When the inspection commenced three of these residents were present in the house with the other five initially away from the house attending day services. The three residents who were present were observed to spend time watching television in the house's living room with one of them also doing some colouring. These residents greeted the inspector that was present in this house but two of them did not communicate verbally. As the inspection progressed, staff were overheard asking residents if they wanted to do some shopping. These residents were then supported by staff to get their coats before leaving the house with staff to go shopping.

When the three residents returned to the house, they had dinner. One resident indicated to the inspector that they had had turkey and ham for dinner and that it was nice. The three residents then sat together in the house's living room for a period watching television with the residents seeming content and relaxed. During this time a fourth resident returned to the house from day services. They initially greeted the inspector before joining the other three residents in the living room to watch television. A member of staff then supported two of the residents to have their nails done while another staff member put on a particular movie for residents to watch. One of the residents appeared to really enjoy this and was heard to sing along to some of the songs in the movie.

The other four residents who lived in this house began to return as the inspector's time in this house neared its conclusion. Some of these residents greeted the inspector with one indicating that they had had a good day. Staff present at this time were heard to help residents and respond to their queries. For example, one resident asked what staff were on later that night with a staff member informing the resident about this. Another resident also queried who had sent a Christmas card to the house with a staff member providing the answer for this. Some of the residents who had returned to the house from day services were seen to be wearing Christmas jumpers and like the residents in the neighbouring house, they too had enjoyed seasonal activities in their day services.

Upon leaving this house it was observed that residents were sat together in the house's living room with the atmosphere, as it had had been throughout the day, being calm and relaxed. It was noted though, when reviewing daily notes in this

house, that there had been times in recent months where one resident was described as screaming or wailing loudly including at times during the night. It was indicated that at such times the resident would be redirected to their bedroom and that this resident's presentation had not impacted other residents. One daily note entry was seen though where the resident's wailing was described as upsetting other residents in the house. The inspector was informed that this resident's presentation had improved in the weeks leading up to this inspection.

After finishing in the two houses that were located side-by-side, one of the inspectors went to visit the third house that made up this centre. The inspector was initially greeted by a staff member at the front door before a resident arrived and asked the inspector who he was. The inspector introduced himself and showed the resident his identification. The resident then alerted the person in charge to the inspector's presence before highlighting to the inspector that he needed to sign into the house's visitors' log. This resident was one of eight residents who were present in the house at the time of the inspector's visit with the inspector meeting seven of these residents.

While the inspector was in this house for a shorter period than had been the case for the other two houses, it was seen that most residents spent time together in the communal areas of the house. The atmosphere at this time was very jovial with a staff member present, the person in charge and another member of the centre's management all seen and overheard to engage positively with the residents. The inspector spoken with some of these as a group with residents talking about their families and plans for Christmas amongst others. These residents generally attended day services during weekdays and when the inspector asked if they did anything in the evenings after day services, some residents responded that they could not as there was only one staff member on duty in the house. Some residents had complained about this and this will be discussed further elsewhere in this report.

One resident though did tell the inspector that they were going out to play tennis that evening. This resident offered to show the inspector their bedroom with the inspector accepting this invitation. This resident's bedroom did appear somewhat bare in its appearance with a wall vent noted to be partly painted over. The resident also indicated that they wanted a bigger desk and a lamp for their bedroom. When asked by the inspector if they had told staff about wanting these, the resident responded that they had not. Despite this, the resident did also inform the inspector that they liked their bedroom and like living in the house. The inspector was later informed by the person in charge that getting a new desk was a goal for this resident with a new desk having already been obtained for them that was awaiting assembly.

After showing the inspector their bedroom, this resident sat with the inspector as he was reviewing some documents for this house. During this time the resident chatted to the inspector about various topics and commented positively on the support they received from staff. The resident said that they played tennis weekly and had won three medals for this. They mentioned that they played golf also and had done some ballroom dancing in their day services with the resident showing the inspector a photo of this on their mobile phone. Aside from this phone, the resident also had

their own laptop computer which they said they brought with them into day services each day they attended. The inspector left this house soon after this but as he was leaving it was noted that a taxi had arrived at the house to collect this resident to take them to their tennis that evening.

It was noted that the communal areas of this house were clean and homelike with some Christmas decorations seen to be on display. Some of the décor in some areas of the house, such as the kitchen area, did appear somewhat dated but overall this house was homelike in its general appearance. In the two houses that had been visited earlier in the inspection, it was observed that these reflected the personal preferences of the residents living there. On the day of the inspection, these two houses were found to be well ventilated and clean with Christmas decorations present. While there were some posters evident in some communal areas, these were noticeably reduced from previous inspections which added to a more a homely feel although an office area was located in one house's dining room.

When visiting the two side-by-side houses it was also apparent that some maintenance works had been completed in recent months. This was particularly evident in new flooring that had been put down in some of the communal areas of these houses which contributed to the houses looking less dated than previously. It was noted though that the flooring in some residents' bedrooms in these houses did continue to look dated, particularly in comparison to the new flooring installed in communal areas. The person in charge had outlined that there was a schedule of works planned for the houses in the weeks after this inspection. New furniture had also been ordered and was scheduled to be delivered before Christmas.

In summary, twenty-one of the twenty-two residents that were present in the three houses of this centre were met during the course of this inspection. Pleasant atmosphere were encountered in all three houses with residents appearing content and/or generally providing positive feedback to inspectors. Some residents did raise some issues around staffing arrangements impacting their ability to do activities in the evenings. Some works had been completed in the two side-by side houses which contributed to these houses having a less dated feel and appearance.

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

While some improvement had been made, there remained a number of regulatory actions on this inspection. Some of these were recurrent actions from past inspections in areas such as staffing and notification of incidents. This indicated that the overall oversight of the centre continued to need improvement.



At the time of this inspection this designated centre was registered until March 2024. Prior to this inspection, the centre had been inspected on four occasions during the centre's current period of registration in October 2021, July 2022, October 2022 and July 2023. During these inspections particular concerns were raised around the oversight of the centre and about the quality and safety and care and support provided to residents. Such concerns had prompted a warning letter to be issued to the provider in July 2022. While there had been some improvement since then, particularly relating to safeguarding, a high level of non-compliance was found during the July 2023 inspection as had been found during the prior three inspections. The majority of the provider's responses to the July 2023 inspection were deemed to be satisfactory. However, the responses for Regulation 15 Staffing and Regulation 23 Governance and management did not provide sufficient assurances as how the provider would come into compliance in these areas.

Since then the provider had submitted an application in August 2023 to renew the centre for a further three years. In accordance with the Health Act 2007, such an application can only be granted if the provider is in compliance with relevant regulations. As such it was decided to conduct the current inspection to assess the provider's compliance with regulations in more recent times to assess what progress had been made since the July 2023 inspection. In submitting the registration renewal application, the provider had submitted a statement of purpose (SOP) for the centre. This is an important governance document which forms the basis of a condition of registration and sets out the services to be provided. In the SOP submitted it was indicated that the provider's mission was empower the residents of this centre to lead as full and independent lives as possible, by promoting social inclusion and facilitating a range of various activities. Despite this, the current inspection found that the staffing arrangements provided were not consistently supporting this.

In some of the centre's houses it was highlighted how the staffing arrangements in place would not support residents to avail of activities in the evenings away from the houses. While this was not always the case, and it was acknowledged that the provider was making ongoing recruitment efforts in a challenging staffing climate generally, some residents had complained about this in July 2023 and November 2023. These complaints remained open and unresolved at the time of this inspection. In addition, the provider had also identified that additional staffing supports were needed to support residents with applications made to obtain such staff support. While it was noted that the provider had submitted these applications to their funder, under the regulations the responsibility for ensuring that staffing is in keeping with the needs of the residents and the centre's SOP rests with the registered provider namely COPE Foundation. Despite this, all of the staff spoken with during this inspection were familiar with the assessed needs of the residents. Such staff were also observed to interact with the residents in a professional and respectful manner throughout.

Apart from staffing, the provider is also responsible for ensuring that there is effective management systems and oversight of a centre. During this inspection there was evidence of improved adherence to auditing schedules which is important in ensuring that there is systematic monitoring of a centre. In addition, from

speaking with management of the centre it was outlined how issues relating to this centre would be raised through the provider's organisational structure. However despite this, and while improvement was found in some areas, the current inspection identified a number of regulatory actions. Some of these were recurrent actions from previous inspections. For example, on the current inspection it was found that Regulation 31 Notification of incidents was not in compliance with similar findings evident during the October 2021, July 2022, October 2022 and July 2023 inspections. In addition, as will be discussed further below, the provider had not satisfactorily addressed all concerns relating to fire safety that were raised by the July 2023 inspection despite indicating that they would be in compliance with Regulation 28 Fire precautions by 30 November 2023.

It was noted though that the provider did have plans and proposals for this centre which, if implemented, could improve both the oversight and quality of service received by residents. One of these involved the residents living in the two side-by-side houses transitioning to new homes. In October 2023 the provider had submitted a plan about this to the Chief Inspector of Social Services indicating that this could be accomplished by early 2027. The provider highlighted though that this plan was subject to various external factors, including the availability of suitable housing, which could impact such time frames. A proposal had also been made by the provider to their funder to make the third house a standalone designated centre that operated seven days a week. Such a proposal would require additional resources being provided. Additionally, in October 2023, the provider had indicated that a new person in charge would be appointed for this centre in its current form during November 2023. This had yet to happen and it was suggested that this would happen in January 2024 although there was not a definitive date for this. This proposed change would involve the new person in charge being responsible for this centre only with the current person in charge being responsible for two centres.

### Regulation 15: Staffing

Staffing arrangements had impacted residents' abilities to engage in activities away from the centre. Such matters were reflected in an escalated risk for this centre that remained open at the time of this inspection. The provider had determined that additional staffing was needed to support the needs of residents with there being evidence of residents' needs increasing.

Judgment: Not compliant

### Regulation 22: Insurance

Appropriate evidence of insurance was provided for this centre as part of the registration renewal application submitted although it was noted that the insurance

document provided was due to expire on 31 December 2023.

Judgment: Compliant

### Regulation 23: Governance and management

There remained a number of regulatory actions found on this inspections with some being recurrent actions from past inspections. Taking into account the finding across all five inspections during the centre's current registration period, this did not provide assurance that there had been effective governance and oversight of this centre for some time. The proposals submitted by the provider, particularly relating to staffing, indicated that the centre was not adequately resourced.

Judgment: Not compliant

### Regulation 3: Statement of purpose

An SOP was in place that contained most of the required information. It was seen though that details of the staffing provided in one house needed updating given a recent change. The stated room size for one bathroom in one house did not match the size indicated on separate floor plans provided while the size for an en suite bathroom in the same house was not stated in a consistent manner. The stated room sizes in the SOP for a number of rooms in another house did not match the room sizes in the floor plans provided also. Some changes were indicated in the provider's complaints process so care was needed to ensure that the information around complaints in the SOP was consistent with such changes.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Under this regulation specific incidents or occurrences in a designated centre, including any restrictive practices used, must be notified to the Chief Inspector within specified time periods. However, some environmental restrictive practices in use had not been notified on a quarterly basis as required despite rights restrictions checklists completed in October 2023 indicating that they had been. An incident from September 2023 where a resident's presentation had upset other residents had not been notified as a safeguarding concern within three working days as required. While retrospective notifications around such matters were submitted to the Chief Inspector following this inspection, this was the fifth inspection in a row where this

regulation was found to be in non-compliance.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Some information around the complaints process in some houses was not consistent or needed updating. While complaints had been logged around residents in one house accessing activities and there was evidence of review of these complaints, one of them had been raised in July 2023 and remained open at the time of this inspection. Similar complaints had also been made more recently in November 2023.

Judgment: Substantially compliant

### Quality and safety

There was evidence of progress in some areas such as personal planning. However, further review of risk assessments was required, residents were still adversely impacted in accessing community activities at times and further assurances were needed regarding aspects of fire safety.

The July 2023 inspection raised concerns around some areas of personal planning with the provider indicating that such matters would be addressed by January 2024. Although this time frame had not passed, there was evidence of progress found on this inspection. For example, personal plans were found to contain consistent information for residents who had a diagnosis of dementia. Residents had also identified meaningful goals and were being supported to achieve these such as one resident participating in snooker games in the evenings. Another resident wanted to join a library and this was supported by staff. However, a number of goals that were identified lacked time frames and details of the people responsible to assist residents to achieve these goals. For other goals it was unclear what progress had been made since they had been identified. For example, one resident had a goal identified in September 2023 to go to the cinema but there was no documented evidence of progress for this. It was noted though that the staff team were scheduled to attend training in January 2024 in relation to goal planning in a stepped approach.

However, as referenced earlier in the report, the staffing arrangements in place in some houses did not support residents to engage in activities away from the houses. This was particularly evident in one house where they could be one staff on duty with up to eight residents. While it was noted that efforts were made to address this, residents in this house had complained about this and also raised it with an inspector during this inspection. Notes of weekly resident meetings in this house in

recent months made reference to residents only being able to do in-house activities due to staffing. It was read though that such meeting notes occasionally referenced some external activities residents did such as eating out, playing tennis or playing pool. Residents' activity records in the other houses did list some community based activities but there were also a number of days when residents were not recorded as having participated in an activity. For example, in November 2023 one resident was not recorded as having done any activity on 15 days but on one day that month a chiropody appointment was listed as an activity they did. Such findings seemed contrary to the provider's mission to empower residents by promoting social inclusion and facilitating a range of various activities as outlined in the centre's SOP.

The same SOP also provided that residents would be consulted with. Evidence of such consultation was found during this inspection including discussions between residents and their key workers, weekly resident meetings and monthly advocacy meetings. In one house though it was noted that the content of some weekly meetings could be repetitive while documentation provided in another house indicated that the last monthly advocacy meeting there had taken place in July 2023. This was contrary to the compliance plan response for the July 2023 inspection where the provider had indicated that such monthly meetings would continue. The July 2023 inspection also raised some privacy concerns in another house where it had been found that hourly checks on residents were being performed at night without a clear rationale or evidence of resident consultation. On the current inspection it was found that such matters had been raised with residents and inspectors were informed that such checks had stopped. On arrival in this house to commence the inspection, an inspector noted though that the door of one resident's bedroom was held open by a cloth. This was queried and it was indicated that this had not been used to perform checks on the resident but had been left from the previous day by an external cleaner.

In the same house another resident's bedroom was observed to be held open by a laundry basket throughout the inspection. While it was indicated that this was done by the resident, it was later suggested by one staff member that this laundry basket was placed there by staff to monitor the resident given their particular health needs including at night. While it was acknowledged that this resident did have particular health needs, this would have privacy implications while it was not clear if alternatives to this had been considered. In addition, the door to this resident's bedroom was a fire door so keeping it open with the laundry basket in this way would negate the intended purpose of such a fire door to prevent the spread of fire and smoke. Following the inspection, it was indicated that this matter had been reviewed in consultation with the resident and that an alternative measure around this door was being pursued. Aside from this though other issues were observed in fire doors in two of the three houses that made up this centre. These included fire doors not closing fully under their own weight and/or noticeable gaps under some of the fire doors.

Similarly to holding a fire door open, such issues had the potential to negate the intended purpose of these fire doors. Inspectors were inform that a review of these fire doors and taken place and some remedial works were to take place although it was not indicated when these would be completed. Other than fire doors, the July

2023 inspection also raised a concern around fire evacuation and fire drills carried out not reflecting a night-time situation when residents would be in bed and staffing levels would be at their lowest. In response, the provider had indicated that fire drills would be conducted to reflect such situations. On the current inspection, fire drills records were reviewed in two of the houses and in one house it was noted that fire drills had been done to reflect a night-time situation. While this was positive some issues were noted around these drills which will be discussed elsewhere in this report. In the other house multiple fire drills had been completed with low evacuation times recorded with one of these drills indicated as being a night-time drill. However, this drill record indicated that two staff had been present during this drill even though only one staff member was on duty in this house at night.

It was also noted that this drill record did not indicate where residents were located at the time of the drill. An inspector was informed that all residents were downstairs in the house when such night-time drills occurred in this house. In addition, it was indicated to the inspector that the second staff who had participated in these drill had been called to come to this house from another location in advance of this drill to help in conducting them. This meant that such drills were not reflective of either a night-time situation when residents would be in bed or of minimum staffing levels for the house. Therefore, the provider had yet to provide assurances that this house could be safely evacuated at night. This was of particular importance as this house had a capacity for up to nine residents, some of whom had higher needs compared to residents in the other two house. For example, one resident, whose bedroom was on the first floor of the house, had been assessed as needing to live in a bungalow with the resident indicated as requiring one-to-one staff supervision when using the stairs.

Matters related to fire safety had been risk assessed along with other matters in the centre via the provider's systems for the assessment and management of risks in the designated centre. However, on review of risk assessments for some residents in one house, these were documented and rated as being high risks. These included access to hazardous chemical materials. The control measures in place were documented as being the same for all of the residents which was not reflective of their individual assessed needs. In addition, the rationale for the risk was unclear as none of the residents had presented with behaviours that would place them at risk of harm prior to the risks being assessed. The provider also had a system for the recording and review of incidents occurring in the centre but it was found that some incidents were not logged in this in a timely manner or not logged at all. For example, an entry in a daily noted indicated that the presentation of one resident had upset their peers but this had not been logged via an incident report nor had it been considered as a safeguarding concern at time. While this was considered as a safeguarding matter following the inspection, the delays in recording incidents occurring impacted the review and monitoring of risk in the centre.

## Regulation 12: Personal possessions

Some residents did have their own bank accounts but some rights restrictions had been identified regarding residents' access to their own finances. Such residents' finances were managed by either their families or the provider. While it was indicated there was no issues with the former arrangements, it was highlighted that getting access to residents' finances managed by the provider could take up to a week.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

While there was some evidence of community based activities for resident along with internal activities, in some houses residents were not always able to avail of external activities due to the staffing arrangements in place. When reviewing a sample of activity records for some residents, numerous instances were seen where residents were not recorded as having done any internal or community based activity externally.

Judgment: Not compliant

### Regulation 17: Premises

The houses that made up this centre were reasonably presented overall and efforts had made to make two of the houses feel less dated. The appearance of some flooring did vary in these two houses though while new furniture was also scheduled to be delivered. Given their needs, one resident, whose bedroom was on the first floor of one house, had been assessed as needing to live in a bungalow.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents' guide was in place for this centre that contained all of the required information such as a summary of the services and facilitates provided.

Judgment: Compliant

### Regulation 26: Risk management procedures

Incidents occurring in this centre were not being logged in a timely manner which impacted the review and monitoring of risks in the centre. Some risk assessments for residents were rated as being high risks with the control measures in place documented as being the same for all of the residents. This was not reflective of the residents' individual assessed needs while the rationale for some risks was unclear.

Judgment: Not compliant

### Regulation 27: Protection against infection

Records provided indicated that staff had completed relevant training in areas such as hand hygiene. All three houses were observed to be clean on the day of inspection. The person in charge had reviewed the documentation used to record cleaning activities to reduce the risk of gaps. These new forms had only been introduced two days before the inspection but were aimed at assisting staff to accurately record the activities completed. A cleaning schedule had also been introduced into one of the houses having been previously found not to be present during inspections in October 2022 and July 2023. In addition, the provider had employed an external cleaning company to carry out cleaning duties in all of the houses each week. Guidance was available in the houses on infection prevention and control with this having been updated since the July 2023 inspection. During the October 2022 and July 2023 inspection it was found that some personal protective equipment (PPE) had expired or had passed its stated validity date. In response it was indicated that an audit had been carried out to ensure that all PPE was in date in all areas of the centre.

- Despite this, on the current inspection an inspector identified boxes of face masks that had expired in June 2023 and July 2023 in one house with one of these located in a prominent location. This suggested the PPE audit conducted had not been totally effective. A box of recently expired antigen tests was also found in the same house.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Areas for improvement were identified regarding fire safety in the centre. These included;

- Not all weekly checks as required by the provider were being documented as being completed by the staff team.
- Some residents' personal emergency evacuation plans (PEEPs) were not



reflective of learning from drills or changes in the assessed needs of some residents. For example, a fire drill conducted on 15 August 2023 noted that one resident delayed others as they descended the stairs. This information was not reflected in the resident's PEEP

- None of the fire drills completed in one house contained details of the scenario of the possible source of the fire.
- In another house a fire drill had not been conducted that reflected a night-time situation when residents would be in bed and minimal staffing would be on duty. Given the needs and number of residents in this house, this did not provide assurance that this house could be safely evacuated at night-time.
- In two houses some issues were noted with some of the fire doors present. These included doors not closing under their own weight and/or gaps under the fire doors.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Since the July 2023 there had been improvement in aspects of personal planning. However, a number of goals that were identified for residents lacked details of the person responsible to assist the resident to achieve the goal and a time frame. For other goals it was unclear what progress had been made.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' health needs were being assessed and monitored with health care plans provided within residents' overall personal plans. Residents were being supported to attend various health and social care professionals in a timely manner and in line with their expressed wishes. For example, one resident had a recent review from a dietitian with the recommendations made known within the staff team. This included a reduction in the frequency of checking the resident's weight and the portion sizes of their meals. Other health and social care professionals availed of by residents included chiropodists, opticians and the provider's dementia care team. Residents were also supported to undergo specific health interventions such as receiving vaccines.

Judgment: Compliant

### Regulation 8: Protection

Residents had intimate care plans in place with a sample of these seen noted to have been reviewed since the previous inspection. Records provided indicated that all staff had completed safeguarding training. Despite this, an instance where the presentation of one resident had upset their peers had not been considered as a safeguarding concern at the time.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was evidence that residents were being consulted through discussion with their key workers and weekly resident meetings but in one house it was seen that the content of these meetings was repetitive. Monthly advocacy meetings were also taking place in two houses, but in the third house an advocacy meeting had not taken place since July 2023. The provider's advocacy and assisted decision making officers were due to come to centre to meet residents. Staff on duty were overheard and observed to interact with residents in a respectful manner throughout the inspection.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Cork City South 1 OSV-0003695

Inspection ID: MON-0041756

Date of inspection: 13/12/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"><li>• The registered provider will continue to strive towards having full staffing at all times and are committed to ensuring that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the Statement of Purpose, layout of the centre and in line with the current funding allocation.</li><li>• Stages of recruitment:<ul style="list-style-type: none"><li>• Advert to go out for part-time evening staff by 29th February.</li><li>• Recruitment process to be completed by 30th April</li><li>• Part time staff commencement by 30th June.</li></ul></li><li>• The PPIM and PIC will review the current monitoring systems in place to ensure that issues that impact on the quality, safety and healthcare supports provided are identified in a timely manner and in line with the overall service plan for the centre.</li><li>• Staffing in CCS1 was discussed at the registered providers allocations meeting and it was agreed that specific part time roles would be advertised to support residents in a person centred way across evenings/ weekends to engage in activities of their choice, the provider is committed to filling these positions.</li><li>• Since the inspection 1 WTE &amp; 1 additional relief staff has commenced in this Centre</li><li>• The Provider has commenced a decongregation plan for CCS1, a further review of skill mix and staffing resources is part of this process. When this review is completed, and if additional resources are required, a business case will be submitted to the HSE for additional funding.</li><li>• The provider has recently submitted a business case to the HSE for an uplift for funding</li></ul>	

in response to residents changing needs.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 23: Governance and management

Not Compliant

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

- To improve monitoring and governance systems, the PIC and PPIM will meet 1:1 on a monthly basis at the Designated Centre to review progress, and if barriers are presenting how can they be resolved.
- The registered provider has a HIQA and internal audit action plan dashboard in place that is updated on a regular basis by PIC, and jointly reviewed by the PIC and PPIM at 1:1 manager meetings.
- The register provider has access to the dashboard and they can view at any stage to ensure the Centre is being effectively monitored.
- Dashboard is also reviewed at COO and PPIM 1:1 monthly meeting and where progress, and any barriers are discussed.
- This oversight tool enables the staff, PIC, PPIM and the provider increased visibility to monitor actioning of tasks to increase regulatory compliance or barriers to tasks which inhibit increasing regulatory compliance.
- The registered provider is committed to ensuring that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the Statement of Purpose, layout of the centre and in line with the current funding allocation.
- The provider has recently submitted a business case to the HSE for an uplift for funding in response to residents changing needs.
- Since the last inspection the PIC's remit has reduced from two designated centres to one designated centre. This will enhance governance and management for all regulations including regulation 15.
- As communicated in 2023 and as referenced during the December inspection, an experienced PIC has now commenced in Cork City South 1 on 29th January.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose will be reviewed and updated to reflect:

<ul style="list-style-type: none"> <li>• Correct details of staffing provided</li> <li>• To ensure floorplans are captured accurately</li> <li>• That the updated complaints process (Management of Feedback, Comments, Complements and Complaints Policy &amp; Procedures, Dec 2023) will be captured in the Statement of Purpose.</li> </ul>	
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"> <li>• The PIC will ensure to include the environmental restriction noted by the inspector in the centers' next quarterly returns to the Chief Inspector.</li> <li>• The PIC has put systems are in place for the timely notification of incidents as per regulatory requirements.</li> <li>• A local protocol will be developed by the PIC for staff in relation to timely and appropriate reporting and documenting of incidents.</li> <li>• The newly appointed PIC has introduced new reporting systems for all incidents this includes incident report log. Additionally, staff will receive information from designated officer and will be required to update safeguarding training to improve knowledge regarding the reporting process</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that the updated complaints process (Management of Feedback, Comments, Complements and Complaints Policy &amp; Procedures, Dec 2023) will be consistently displayed and adhered to in all houses.</li> <li>• Complaints will be actioned as per policy, a copy of complaints (July 2023 &amp; November 2023) have been forwarded to the Quality and Safety Team for review as per the registered providers policy.</li> </ul>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• The Rights Restriction log will be continuously monitored and updated.</li> <li>• Residents timely access to their monies will be brought for further discuss by PPIM to the register provider to explore improving current systems that are in place to ensure</li> </ul>	
Regulation 13: General welfare and development	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> <li>• The PIC will continue to ensure in as far as is possible within the current staff allocation, that residents are given as many opportunities as is possible to meet their goals and activities.</li> <li>• Staffing in CCS1 was discussed at the registered providers allocations meeting and it was agreed that specific part time roles would be advertised to support residents in a person centred way across evenings/ weekends to engage in activities of their choice, the provider is committed to filling these positions.</li> <li>• Since the inspection 1 WTE &amp; 1 additional relief staff has commenced in this Centre</li> <li>• The provider has recently submitted a business case to the HSE for an uplift for funding in response to residents changing needs.</li> <li>• Natural supports will be explored such as families, volunteers and people who would already be involved in such activities to possibly support individual residents to take part in external activities/community groups.</li> </ul>	
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"> <li>• The registered provider shall ensure that the premises of the designated center are of sound construction and kept in a good state of repair externally and internally.</li> <li>• Visual floor covering survey will be completed by PIC &amp; PPIM, actions from same will be presented at resource meeting with Facilities Manager for sign off.</li> <li>• Regarding assessed needs of one resident PPIM has and will continue to actively review all residential vacancies within the organisation and furthermore across the Cork Kerry Region, when a suitable vacancy becomes available, this resident will be put forward to the residential forum for consideration to transfer to a more suitable home.</li> </ul>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• The PIC will carry out a full review of the designated centre risk assessments and the risk register will be updated to reflect all risks within the centre and risk rated accordingly.</li> <li>• The PIC will ensure that the risk register serves to set out actions to reduce and where possible eliminate all such restrictions and help focus and promote the rights of the residents.</li> <li>• The PIC will review the centre risk register 3 monthly or more frequently where</li> </ul>	



evidence of increased risk or other changes arises.

- The PIC will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.
- The PPIM will review the risk register at 1:1 meeting with the PIC to ensure that effective control measures are in place.
- If warranted the PIC will escalate risks to the PPIM.
- If warranted the PPIM will escalate a risk to the Chief Operations Officer.#
- The newly appointed PIC has introduced new reporting systems for all incidents this includes incident report log. Additionally, staff will receive information from designated officer and will be required to update safeguarding training to improve knowledge regarding the reporting process.
- Furthermore, newly appointed PIC will review all risk assessments and risk register by the 29-2-2024.
- All incidents reports will be reviewed by PIC on a regular basis on governance walk around of the Centre.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Cleaning schedules are in place in all houses, these schedules are reviewed by the PIC on a monthly basis to ensure that all cleaning is recorded as being completed by staff on duty.
- External cleaning hours continue as scheduled.
- The PIC has ensured that PPE in all houses is in date, a staff member in each house has been assigned to complete monthly checks to ensure the ongoing monitoring of expiry dates, these checks will be viewed and signed by the PIC on a monthly basis

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Personal emergency evacuation plans (PEEPS) have been updated to reflect additional supports required in the event of a fire or other emergency evacuation.
- PEEPS have been updated to be reflective of learning from drills or changes in the assessed needs of some residents.
- A staff member has agreed to be responsible for checking that all fire checks are being completed as per schedule, to follow up on maintenance issues relating to fire safety and to ensure that drills and evacuations are being completed as per schedule and records are in place to evidence same, the PIC will oversee these checks on a monthly basis to ensure compliance.

- Person in charge will ensure monthly oversight of fire safety checks & fire drills to ensure that there are no gaps in records and that drills are completed and documented.
- The PIC will coordinate a minimal staff simulation fire drill by 30th of April 2024 to reflect a nighttime evacuation with an external fire consultant present, any recommendations from external consultant's report will be reviewed & actioned.
- External door contractor has completed a fire door survey in all houses within this designated Centre, corrective maintenance will be completed by 30th of April 2024
- Night fire drill/simulation will be completed by 31/1/2024. Risk assessment will be completed and this will be forwarded to the external consultant.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The recording in relation to the progress and effectiveness of residents' personal goals will be reviewed on a monthly basis by keyworkers with residents and all relevant information clearly documented in residents' care plan.
- This will be reviewed monthly by the PIC and evidenced in audit templates within the Centre.
- Key working and goal planning will be added to the agenda of all team meetings.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- The PIC has submitted retrospective safeguarding concerns to the regulator and to HSE safeguarding.
- The PIC will ensure that all safeguarding concerns are reported in a timely manner as per regulation.
- Staff to monitor interactions between residents and escalate any issues of concern as required to the PIC.
- Reporting of issues of concern has been discussed at Team meeting and continues to be an agenda item on all future meetings.
- PIC will conduct a monthly review of specific resident's notes.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Person in charge will ensure monthly oversight of resident's advocacy meetings to ensure continuity of meetings.
- The provider's advocacy and assisted decision making officers will visit residents & staff for the purpose of sharing information around Advocacy & Assisted Decision making by 29th February.

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	29/03/2024
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/06/2024
Regulation 13(2)(c)	The registered provider shall provide the following for	Not Compliant	Orange	30/06/2024

	residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2024
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	31/01/2024

	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.			
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.	Not Compliant	Orange	29/03/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate	Substantially Compliant	Yellow	30/04/2024

	arrangements for reviewing fire precautions.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2024
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	30/04/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/12/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	29/02/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working	Not Compliant	Orange	13/12/2023

	days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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	29/02/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	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	30/04/2024
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	29/02/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	29/02/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	29/02/2024